

ORIGINAL

KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION  
WELL COMPLETION FORM  
WELL HISTORY - DESCRIPTION OF WELL & LEASE

Form ACO-1  
September 1999  
Form Must Be Typed

Operator: License # 5447  
Name: OXY USA, Inc.  
Address: P.O. Box 2528  
City/State/Zip: Liberal, KS 67905  
Purchaser: N/A  
Operator Contact Person: Kenny L. Andrews  
Phone: (620) 629-4232  
Contractor: Name: BEST WELL SERVICE

License: \_\_\_\_\_  
Wellsite Geologist: N/A  
Designate Type of Completion:  
 New Well  Re-Entry  Workover  
 Oil  SWD  SIOW  Temp. Abd.  
 Gas  ENHR  SIGW  
 Dry  Other (Core, WSW, Expl, Cathodic, etc)  
If Workover/Re-entry: Old Well Info as follows:  
Operator: OXY USA, INC.  
Well Name: LADNER F # 3

API No. 15 - 067-21503-0001  
County: GRANT  
       - NW - SE - NW Sec. 13 Twp. 27 S. R. 35W  
3890 3899 feet from (S) N (circle one) Line of Section  
2687 3848 feet from (E) W (circle one) Line of Section  
Footages Calculated from NCC GPS Nearest Outside Section Corner:  
(circle one) NE (SE) NW SW  
Lease Name: LADNER MORROW LIME UNIT Well # 403 W

Field Name: LADNER  
Producing Formation: MORROW  
Elevation: Ground: 3016 Kelly Bushing: 3027  
Total Depth: 5565 Plug Back Total Depth: 5494  
Amount of Surface Pipe Set and Cemented at 1698 feet  
Multiple Stage Cementing Collar Used?  Yes  No  
If yes, show depth set \_\_\_\_\_  
If Alternate II completion, cement circulated from \_\_\_\_\_  
feet depth to \_\_\_\_\_ w/ \_\_\_\_\_ sx cmt.

~~Original Comp. Date: 1/12/02 Original Total Depth: 5565~~  
 Deepening  Re-perf.  Conv. To Enhr./SWD  
 Plug Back  Plug Back Total Depth  
 Commingled Docket No. \_\_\_\_\_  
 Dual Completion Docket No. \_\_\_\_\_  
 Other (SWD or Enhr.?) Docket No. E-28,367  
08/20/04 08/20/04 08/20/04  
Spud Date or Date Reached TD Completion Date or  
Recompletion Date Recompletion Date

Drilling Fluid Management Plan OWWO RFR 6/18/07  
(Data must be collected from the Preserve Pit)  
Chloride content N/A ppm Fluid volume N/A bbls  
Dewatering method used N/A  
Location of fluid disposal if hauled offsite:  
Operator Name: N/A  
Lease Name: N/A License No.: \_\_\_\_\_  
Quarter \_\_\_\_\_ Sec. \_\_\_\_\_ Twp. \_\_\_\_\_ S. R.  East  West  
County: \_\_\_\_\_ Docket No.: \_\_\_\_\_

INSTRUCTIONS: An original and two copies of this form shall be filed with the Kansas Corporation Commission, 130 S. Market - Room 2078, Wichita, Kansas 6702, within 120 days of the spud date, recompletion, workover or conversion of a well. Rule 82-3-130, 82-3-106 and 82-3-107 apply. Information of side two of this form will be held confidential for a period of 12 months if requested in writing and submitted with the form (see rule 82-3-107 for confidentiality in excess of 12 months). One copy of all wireline logs and geologist well report shall be attached with this form. ALL CEMENTING TICKETS MUST BE ATTACHED. Submit CP-4 form with all plugged wells. Submit CP-111 form with all temporarily abandoned wells.

All requirements of the statutes, rules and regulations promulgated to regulate the oil and gas industry have been fully complied with and the statements herein are complete and correct to the best of my knowledge.

Signature: [Signature]  
Title: ENGINEERING TECHNICIAN Date 09/27/2004  
Subscribed and sworn to before me this 27<sup>th</sup> day of September  
20 04  
Notary Public: [Signature]  
Date Commission Expires: November 2, 2006

KCC Office Use Only  
 Letter of Confidentiality Attached  
If Denied, Yes  Date: \_\_\_\_\_  
 Wireline Log Received  
 Geologist Report Received  
VCM UIC Distribution  
**RECEIVED**  
**SEP 29 2004**

NOTARY PUBLIC - State of Kansas  
KATHLEEN R. POULTON  
My Appt. Exp. 11-8-06

KCC WICHITA

Operator Name: OXY USA, INC. Lease Name: LADNER MORROW LIME UNIT Well #: 403 W

Sec. 13 Twp. 27 S. R. 35  East  West County: GRANT

**Instructions:** Show important tops and base of formations penetrated. Detail all cores. Report all final copies of drill stems tests giving interval tested, time tool open and closed, flowing and shut-in pressures, whether shut-in pressure reached static level, hydrostatic pressures, bottom hole temperature, fluid recovery, and flow rates if gas to surface test, along with final chart(s). Attach extra sheet if more space is needed. Attach copy of all Electric Wireline Logs surveyed. Attach final geological well site report.

Drill Stem Tests Taken <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(Attach Additional Sheets)</i>  Samples Sent to Geological Survey <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  Cores Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  Electric Log Run <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(Submit Copy)</i>  List All E. Logs Run: <p style="text-align: center;">PREVIOUSLY SENT IN.</p>	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum
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CASING RECORD <input checked="" type="checkbox"/> New <input type="checkbox"/> Used							
Report all strings set-conductor, surface, intermediate, production, etc.							
Purpose of String	Size Hole Drilled	Size Casing Set(in. O.D.)	Weight Lbs./ft.	Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives
Conductor							
Surface	12-1/4"	8-5/8"	24	1698	C	750	6% GEL
Production	7-7/8"	5-1/2"	15.5	5538	C	230	6% GEL

ADDITIONAL CEMENTING / SQUEEZE RECORD

Purpose:	Depth Top Bottom	Type of Cement	#Sacks Used	Type and Percent Additives
<input type="checkbox"/> Perforate				
<input type="checkbox"/> Protect Casing	-			
<input type="checkbox"/> Plug Back TD				
<input type="checkbox"/> Plug off Zone	-			

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used)	Depth
4	5084'-5125'		
	HORNET PKR @ 5051'		

TUBING RECORD	Size 2-3/8"	Set At 5051'	Packer At 5051'	Liner Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date of First, Resumed Production, SWD or Enhr. 09/17/2004		Producing Method <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input checked="" type="checkbox"/> Other (Explain) <u>Injection Well</u>		
Estimated Production Per 24 Hours	Oil BBLs N/A	Gas Mcf N/A	Water Bbls N/A	Gas-Oil Ratio N/A Gravity N/A

Disposition of Gas  Vented  Sold  Used on Lease  Open Hole  Perf.  Dually Comp.  Commingled  
*(If vented, Submit ACO-18)*

METHOD OF COMPLETION

Production Interval  Other (Specify) \_\_\_\_\_

