

**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

ORIGINAL

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: (316) 629-4232
 Contractor: Name: BORDERLINE

License: _____
 Wellsite Geologist: N/A

Designate Type of Completion:
 _____ New Well _____ Re-Entry Workover
 _____ Oil _____ SWD _____ SLOW _____ 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: GARDEN CITY H # 7

Original Comp. Date: 6/17/91 Original Total Depth: 4950
 _____ 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-27,836
4/05/01 _____ 4/05/01 _____ 5/2/01
 Spud Date or Date Reached TD Completion Date
 Recompletion Date _____ _____ _____

API No. 15 - 055-20957-0001
 County: FINNEY
- CE/2 - SW - NW Sec 23 Twp 23 S. R. 34W
3300 feet from N (circle one) Line of Section
4290 feet from W (circle one) Line of Section
 Footages Calculated from Nearest Outside Section Corner:
 (circle one) NE SE NW SW
 Lease Name: SEQUOYAH MORROW UNIT Well # 103 W

Field Name: SEQUOYAH
 Producing Formation: MORROW
 Elevation: Ground: 2937 Kelly Bushing: 2948
 Total Depth: 4950 Plug Back Total Depth: 4895
 Amount of Surface Pipe Set and Cemented at 1939 feet
 Multiple Stage Cementing Collar Used? Yes No
 If yes, show depth set 3085
 If Alternate II completion, cement circulated from _____
 feet depth to _____ w/ _____ sx cmt.

Drilling Fluid Management Plan OWWO KJR 1-8-08
 (Data must be collected from the Reserve 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: Kenny L. Andrews
 Title: ENGINEERING TECHNICIAN Date 5/9/01
 Subscribed and sworn o before me this 9th day of May
20 01
 Notary Public: Anita Peterson
 Date Commission Expires: Oct. 1, 2001

KCC Office Use Only

_____ Letter of Confidentiality Attached
 If Denied, Yes Date: _____
 _____ Wireline Log Received
 _____ Geologist Report Received
 _____ UIC Distribution

NOTARY PUBLIC, State of Kansas
ANITA PETERSON
 My Appt. Exp. Oct. 1, 2001

RECEIVED
 MAY 10 2001
 KANSAS CORPORATION COMMISSION
 OIL & GAS CONSERVATION DIVISION

Operator Name: OXY USA, Inc. Lease Name: SEQUOYAH MORROW UNIT Well #: 103 W

Sec. 23 Twp. 23 S. R. 34 East West County: FINNEY

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 <i>(Attach Additional Sheets)</i>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Name	Top	Datum
Cores Taken	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Electric Log Run <i>(Submit Copy)</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
List All E. Logs Run:				

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		20.00		40	C		
Surface	12-1/4"	8-5/8"	24	1939	C	710	6% GEL
Production	7-7/8"	5-1/2"	14	4949	1 st stage 2 nd stage	395 500	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 <i>(Amount and Kind of Material Used)</i>	Depth
4	4661-86		

TUBING RECORD	Size 2-3/8"	Set At 4600	Packer At 4610	Liner Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date of First, Resumed Production, SWD or Enhr. PENDING	Producing Method <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)			
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 METHOD OF COMPLETION Production Interval

Vented Sold Used on Lease Open Hole Perf. Dually Comp. Commingled _____

(If vented, Submit ACO-18) Other (Specify) _____