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FEB 06 2008
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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: Pioneer
Operator Contact Person: Kenny Andrews
Phone: (620) 629-4200
Contractor: Name: Best Well Service
License: N/A 32564
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: _____
Well Name: _____

Original Comp. Date: 08/29/1991 Original Total Depth: 3038
 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. _____
11/21/2007 07/23/1991 12/19/2007
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 067-21160-0001
County: Grant
 - - C - SW Sec 32 Twp. 30 S. R. 35W
1320 feet from S N (circle one) Line of Section
1320 feet from E W (circle one) Line of Section
Footages Calculated from Nearest Outside Section Corner:
(circle one) NE SE NW SW
Lease Name: Gilbert A Well #: 2
Field Name: Panoma
Producing Formation: Chase/Council Grove
Elevation: Ground: 3006 Kelly Bushing: 3017
Total Depth: 3138 Plug Back Total Depth: 3087
Amount of Surface Pipe Set and Cemented at 818 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.

Drilling Fluid Management Plan WDNH 10-10-08
(Data must be collected from the Reserve Pit)
Chloride content _____ ppm Fluid volume _____ bbls
Dewatering method used _____
Location of fluid disposal if hauled offsite: _____
Operator Name: _____
Lease Name: _____ 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: Production Lead Date February 6, 2008
Subscribed and sworn to before me this 6th day of Feb
20 08
Notary Public: Anita Peterson
Date Commission Expires: Oct 1, 2009

KCC Office Use Only
Y Letter of Confidentiality Attached
If Denied, Yes Date: _____
 Wireline Log Received
 Geologist Report Received
 UIC Distribution

ANITA PETERSON
Notary Public - State of Kansas
My Appt. Expires October 1, 2009

RECEIVED
KANSAS CORPORATION COMMISSION

FEB 07 2008

CONSERVATION DIVISION
WICHITA, KS

Side Two

Operator Name: OXY USA Inc. Lease Name: Gilbert A Well #: 2

Sec. 32 Twp. 30 S. R. 35W 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey <input type="checkbox"/> Yes <input checked="" 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: <u>Cement Bond Log</u>	<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					C		
Surface	12 1/4	8 5/8	24	818	C	325 125	65/35 POZMIX + Additives Class C w/2% CaCl + Additives
Production	7 7/8	5 1/2	14	3135	C	375	65/35 Cl C POZ + Additives
					C	320	50/50 Cl C POZ + Additives

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
2	2552-2560, 2576-2588 (new)	Frac: 3900 bbls 75Q X-link gel w/75% N2 foam;	
3	2605-2624, 2654-2666 (new)	336,000# 16/30 sand	
4	2705-2734, 2762-2778 (new)		
	2880-2896, 2906-2926, 2940-2960 (old)		

TUBING RECORD	Size 2 7/8	Set At 2984	Packer At	Liner Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Date of First, Resumed Production, SWD or Enhr. 12/20/2007	Producing Method <input type="checkbox"/> Flowing <input checked="" type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)
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Estimated Production Per 24 Hours	Oil BBLS 0	Gas Mcf 271	Water Bbls 165	Gas-Oil Ratio	Gravity
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Disposition of Gas Vented Sold Used on Lease *(If vented, Submit ACO-18)*

METHOD OF COMPLETION

Open Hole Perf. Dually Comp. Commingled _____

Other (Specify) _____

Production Interval _____



OXY USA Inc.
1701 N. Kansas
P.O. Box 2528
Liberal, Kansas 67905

February 6, 2008


Kansas State Corporation Commission
Conservation Division – Room 2078
Finney State Office Building
130 South Market
Wichita, KS 67202-3802

RE: GILBERT A-2
SW/4 Sec-32 T-30S R-35W
Grant County, Kansas

Dear Sir:

Please file confidential. Enclosed herewith please find ACO-1 for subject well, along with a copy of the CBL, which was recently recompleted by perforating the Chase zone.

If there are any questions or you require further information, please contact me at the above address or by phone at (620) 629-4200.

Sincerely, 

Kenny Andrews
Production Lead

Enclosure

Cc: OXY – Houston
OXY – Well File

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