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ORIGINAL

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION
WELL COMPLETION FORM

KCC WICHITA

Form ACO-1

September 1999

Form Must Be Typed

WELL HISTORY - DESCRIPTION OF WELL & LEASE

Operator: License # 5447

Name: OXY USA Inc.

Address: P.O. Box 2528

City/State/Zip: Liberal, KS 67905

Purchaser: NA

Operator Contact Person: Vicki Carder

Phone: (620) 629-4200

Contractor: Name: Best Well Service

License: NA

Wellsite Geologist: NA

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: Longwood A-2

Original Comp. Date: 07/30/93 Original Total Depth: 5750

Deepening Re-perf. Conv. To Enhr./SWD

Plug Back 4790 Plug Back Total Depth

Commingled Docket No. _____

Dual Completion Docket No. _____

Other (SWD or Enhr.?) Docket No. _____

05/06/04 05/19/04

Spud Date or Recompletion Date Date Reached TD Completion Date or Recompletion Date

API No. 15 - 081-20760-0001

County: Haskell

SE - SW - NE Sec 3 Twp. 29 S. R. 33W

2130 feet from S (N) (circle one) Line of Section

1650 feet from (E) W (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:

(circle one) (NE) SE NW SW

Lease Name: Longwood A Well #: 2

Field Name: Un-named

Producing Formation: NA

Elevation: Ground: 2955 Kelly Bushing: 2968

Total Depth: 5750 Plug Back Total Depth: 4790

Amount of Surface Pipe Set and Cemented at 1855 feet

Multiple Stage Cementing Collar Used? Yes No

If yes, show depth set 5750

If Alternate II completion, cement circulated from _____

feet depth to _____ w/ _____

Drilling Fluid Management Plan

(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: Vicki Carder

Title: Capital Project Date July 9, 2004

Subscribed and sworn to before me this 9th day of July

20 04

Notary Public: Anita Peterson

Date Commission Expires: Oct. 1, 2005

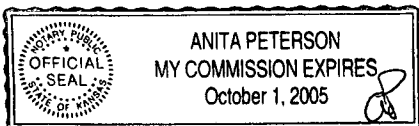
RELEASED
KCC Office Use Only
FROM
CONFIDENTIAL

Letter of Confidentiality Attached
If Denied, Yes No Date: _____

Wireline Log Received

Geologist Report Received

UIC Distribution



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

Sec. 3 Twp. 29 S. R. 33W East West County: Haskell

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 type="checkbox"/> No <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey <input type="checkbox"/> Yes <input type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Run <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Submit Copy)</i> List All E. Logs-Run: _____	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name _____ Top _____ Datum _____
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CASING RECORD <input 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	8	6.65		1855	C		
Production					C		

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
	CIBP @ 5350 w/2 sxs cmt		
4	5148-5153	Acidize - 12 bbls 15% HCL-FE	
	CIBP @ 5120 w/2 sxs cmt		
4	4812-4817	Acidize - 12 bbls 17% HCL-FE	
	CIBP @ 4790 w/2 sxs cmt		
TUBING RECORD		Liner Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Date of First, Resumed Production, SWD or Enhr. NA		Producing Method <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input checked="" type="checkbox"/> Other (Explain) <u>Well TA</u>	
Estimated Production Per 24 Hours	Oil BBLs NA	Gas Mcf NA	Water Bbls NA
			Gas-Oil Ratio 1
			Gravity

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 _____