

STATE CORPORATION COMMISSION OF KANSAS
OIL & GAS CONSERVATION DIVISION
RECOMPLETION FORM
ACO-2 AMENDMENT TO WELL HISTORY

Operator: License # 5447
Name OXY USA Inc.
Address P. O. Box 26100
Oklahoma City, OK 73126-0100
City/State/Zip _____

Purchaser Permian

Operator Contact Person Raymond Hui
Phone (405) 749-2471

Designate Type of Original Completion
 New Well Re-Entry Workover

Oil SWD Temp Abd
 Gas Inj Delayed Comp.
 Dry Other (Core, Water Supply etc.)

Date of Original Completion: 2-7-1955

DATE OF RECOMPLETION:

5-16-88 5-29-88
Commenced, Completed

Designate Type of Recompletion/Workover:

Deepening Delayed Completion

Plug Back Re-perforation

Conversion to Injection/Disposal

Is recompleted production:

Commingled; Docket No. _____

Dual Completion; Docket No. _____

Other (Disposal or Injection)?

API NO. 15- (None issued)

County Rooks

SW SW NE Sec 33 Twp 10S Rge 20 East West

2970 Ft North from Southeast Corner of Section
2310 Ft West from Southeast Corner of Section

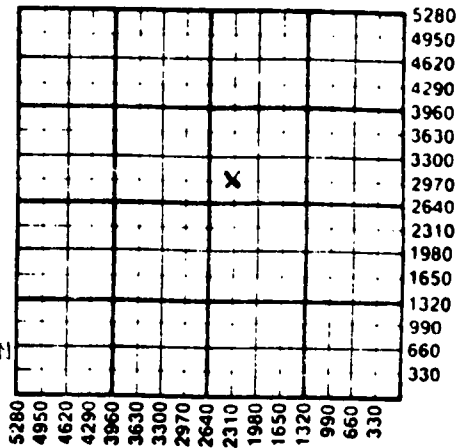
(Note: Locate well in section plat below)
(Formerly Trico Unit #201)

Lease Name TOWNS "A" Well # 1

Field Name Trico

Name of New Formation Shawnee

Elevation: Ground 2136 KB 2141
Section Plat



RECEIVED
STATE CORPORATION COMMISSION

AUG - 3 1989
8-3-1989

CONSERVATION DIVISION
Wichita, Kansas

K.C.C. OFFICE USE ONLY

F Letter of Confidentiality Attached
C Wireline Log Received
C Drillers Timelog Received

Distribution

KCC SWD/Rep NGPA
 KGS Plug Other
(Specify)

INSTRUCTIONS: This form shall be completed in triplicate and filed with the Kansas Corporation Commission, 200 Colorado Derby Building, Wichita, Kansas 67202, within 120 days of the recompletion of any well. Rules 82-3-107 and 82-3-141 apply. Information on 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 any additional wireline logs and driller's time logs (not previously submitted) shall be attached with this form. Submit ACO-4 prior to or with this form for approval of commingling or dual completions. Submit OP-4 with all plugged wells. Submit OP-111 with all temporarily abandoned wells. NOTE: Conversion of wells to either disposal or injection must receive approval before use; submit form U-1.

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 Bryan Humphries Title Engineering Manager Date _____

Subscribed and sworn to before me this 1st day of August 19 89

Notary Public Margha G. Wilson Date Commission Expires 4-1-92

SIDE TWO

Operator Name OXY USA Inc. Lease Name Towns "A" Well # 1

Sec 33 Twp 10S Rge 20 East West County Rooks

RECOMPLETED FORMATION DESCRIPTION:

Log Sample

Name	Top	Bottom
Shawnee	3160	3370

ADDITIONAL CEMENTING/SQUEEZE RECORD

Purpose:	Depth		Type of Cement	# Sacks Used	Type & Percent Additives
	Top	Bottom			
<input type="checkbox"/> Perforate					
<input type="checkbox"/> Protect Casing					
<input checked="" type="checkbox"/> Plug Back TD	3325	3350	Portland	3	
<input type="checkbox"/> Plug Off Zone					

Shots Per Foot	PERFORATION RECORD	Acid, Fracture, Shot, Cement Squeeze Record
	Specify Footage of Each Interval Perforated	(Amount and Kind of Material Used)
4	3184-88	600 gal 15% NE 250 Gal 15% NE

PBTD 3325 Plug Type CIBP & Cement

TUBING RECORD:

Size 2-3/8" Set At 3200 Packer At None Was Liner Run? Y X N

Date of Resumed Production, Disposal or Injection 6-8-88

Estimated Production Per 24 Hours 45 bbl/oil 13 bbl/water

--- MCF gas ---- gas-oil ratio