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ORIGINAL

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JAN 22 2008
KCC

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: Unknown
Operator Contact Person: Rafael Bacigalupo
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 SLOW Temp. Abd.
 Gas ENHR SIGW
 Dry Other (Core, WSW, Expl, Cathodic, etc)
If Workover/Re-entry: Old Well Info as follows:
Operator: _____
Well Name: _____

API No. 15 - 081-21746-00-01
County: Haskell
SE - NW - NE Sec 21 Twp. 30S S. R. 32W
1033.7 feet from S (circle one) Line of Section
1321.6 feet from (circle one) Line of Section
Footages Calculated from Nearest Outside Section Corner:
(circle one) NE SE NW SW
Lease Name: ENTERPRISES A Well #: 1
Field Name: Unknown
Producing Formation: Marmaton/Lower Morrow
Elevation: Ground: 2874 Kelly Bushing: 2885
Total Depth: 5800 Plug Back Total Depth: 5693
Amount of Surface Pipe Set and Cemented at 1746 feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set 3216
If Alternate II completion, cement circulated from _____
feet depth to _____ w/ _____ sx cmt.

Original Comp. Date: 07/26/2007 Original Total Depth: 5800
 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. _____
09/24/2007 07/02/2007 10/03/2007
Spud Date or Date Reached TD Completion Date or Recompletion Date

Drilling Fluid Management Plan WON 4-2809
(Data must be collected from the Reserve Pit)
Chloride content 2700 mg/l ppm Fluid volume 1500 bbls
Dewatering method used Evaporation
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: _____
Title: Capital Projects Date 01/22/2008
Subscribed and sworn to before me this 22nd day of Jan.
20 08
Notary Public: Anita Peterson
Date Commission Expires: Oct 1, 2009

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

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

RECEIVED
KANSAS CORPORATION COMMISSION
JAN 24 2008
CONSERVATION DIVISION
WICHITA, KS

JAN 2003

Side Two

Operator Name: OXY USA Inc. Lease Name: ENTERPRISES A Well #: 1

Sec. 21 Twp. 30 S. R. 32W 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 <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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Name	Top	Datum
Cores Taken	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Heebner	4136	-1251
Electric Log Run <i>(Submit Copy)</i>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Lansing	4200	-1315
List All E. Logs-Run:		Marmaton	4814	-1929
		Cherokee	4984	-2099
		Atoka	5174	-2289
		Morrow	5294	-2409
		Chester	5350	-2465
		(See Side Three)		

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	1746	C	400	A-Con Mixed
					C	200	Class A + additives
Production	7 7/8	5 1/2	17	5772	C (1 st Stage)	225	Class G 65/35 POZ
					C (2 nd Stage)	275 / 50	Class C 65/35 Light / Class C Mixed

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
8	4834-4838' (new)	750 gals 17% FE Acid	
8	5344-5350' (old)		

TUBING RECORD	Size 2-3/8	Set At 5415'	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. 10/16/2007	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 8	Gas Mcf 0	Water Bbls 23	Gas-Oil Ratio	Gravity
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Disposition of Gas Vented Sold Used on Lease Open Hole Perf. Dually Comp. Commingled _____
(If vented, Submit ACO-18)

METHOD OF COMPLETION Other (Specify) _____

Production Interval _____

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Side Three

Operator Name: OXY USA Inc. Lease Name: ENTERPRISES A Well #: 1
Sec. 21 Twp. 30 S. R. 32W East West County: Haskell

Name	Top	Datum
Chester	5447	-2562
St Genevieve	5582	-2697
St Louis		
TD:	5800	

RECEIVED
KANSAS CORPORATION COMMISSION

JAN 24 2008

CONSERVATION DIVISION
WICHITA, KS