

ORIGINAL

STATE CORPORATION COMMISSION OF KANSAS
OIL & GAS CONSERVATION DIVISION
WELL COMPLETION FORM
ACO-1 WELL HISTORY
DESCRIPTION OF WELL AND LEASE

Operator: License # 5447

Name: OXY USA INC.

Address P.O. Box D

City/State/Zip Plainville, KS 67663

Purchaser: _____

Operator Contact Person: J.D. Hininger

Phone (785) 434-7681

Contractor: Name: Duke Drilling

License: _____

Wellsite Geologist: Harold Trapp

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/Reentry: Old Well Info as follows:

Operator: _____

Well Name: _____

Comp. Date _____ Old Total Depth _____

Deepening Re-perf. Conv. to Inj/SWD
 Plug Back PBTB
 Commingled Docket No. _____
 Dual Completion Docket No. _____
 Other (SWD or Inj?) Docket No. _____

4-9-97 4-14-97 5-17-97
Spud Date Date Reached TD Completion Date

API NO. 15- 051-24960

County Ellis

NW-NW-SW - Sec. 25 Twp. 11S Rge. 17 X^E_W

2310 Feet from (N) (circle one) Line of Section

400 Feet from (E) (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:
NE, SE, NW or (SW) (circle one)

Lease Name Colahan B Well # 28

Field Name Bemis - Shutts

Producing Formation Arbuckle

Elevation: Ground 1998' KB 2007'

Total Depth 3480' PBTB OH

Amount of Surface Pipe Set and Cemented at 324' Feet

Multiple Stage Cementing Collar Used? Yes No

If yes, show depth set _____ Feet

If Alternate II completion, cement circulated from 3479'

feet depth to surface w/ 570 sx cmt.

Drilling Fluid Management Plan Att. 2, 2-20-98 U.C.
(Data must be collected from the Reserve Pit)

Chloride content 1700 ppm Fluid volume 1,000 bbls

Dewatering method used Haul off free water on site

Location of fluid disposal if hauled offsite: _____

Operator Name _____

Lease Name _____ License No. _____

Quarter _____ Sec. _____ Twp. _____ S. Rng. _____ E/W

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 67202, 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 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 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 J.D. Hininger J.D. Hininger

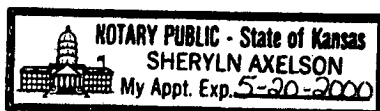
Title Production Coordinator Date 8-11-97

Subscribed and sworn to before me this 11th day of August, 19 97.

Notary Public Sheryln Axelson Sheryln Axelson

Date Commission Expires 5-20-2000

K.C.C. OFFICE USE ONLY
F Letter of Confidentiality Attached
C Wireline Log Received
C Geologist Report Received
Distribution
 KCC SWD/Rep NGPA
 KGS Plug Other
(Specify)



Operator Name OXY USA INC. Lease Name Colahan B # 28

Sec. 25 Twp. 11S Rge. 17 East West County Ellis

COPY

INSTRUCTIONS: Show important tops and base of formations penetrated. Detail all cores. Report all drill stem 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 during test. Attach extra sheet if more space is needed. Attach copy of log.

Drill Stem Tests Taken Yes No
 (Attach Additional Sheets.)

Samples Sent to Geological Survey Yes No

Cores Taken Yes No

Electric Log Run Yes No
 (Submit Copy.)

List All E.Logs Run:

HRI, Spectral Dens Neutron,
 Microlog, Caliper

Log Formation (Top), Depth and Datums Sample

Name Top Datum

See attached Log.

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
Surface	12-1/4	8-5/8"	24	324	Class A	250	3%CC 1#/sk floc.
Production	7-7/8	5-1/2"	14#	3479	Class A/	570	See Ticket

ADDITIONAL CEMENTING/SQUEEZE RECORD

Mid con2

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
	Arbuckle OH 3479' - 3522'		
		Acid 950 gal 15%	

TUBING RECORD		Size	Set At	Packer At	Liner Run
		2-7/8"	3470'	0	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date of First, Resumed Production, SWD or Inj.		Producing Method			
5/17/97		<input type="checkbox"/> Flowing <input checked="" type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)			
Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
	21		2		

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) _____



JOB LOG 4219-5

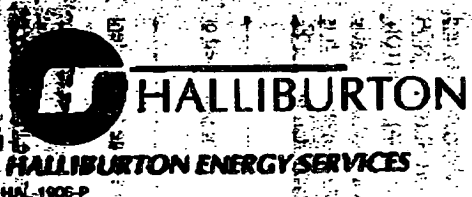
TICKET #	176194	TICKET DATE	4-10-99
BOA/STATE	Ks	COUNTY	Le...
PSL DEPARTMENT	5001		
CUSTOMER REF / PHONE	GARY WAGNER		
API / LAM #	15-051-24760		
JOB PURPOSE CODE	010		

WELL NAME	...	WELL TYPE	...
DEPARTMENT	...	SEC / TWP / RNG	...

DATE	TIME	EMP NAME/EMP#	EXPOSURE HOURS	REMARKS
4/10/99	0800			
4/10/99	0830			
4/10/99	0900			

ORIGINAL

DATE	TIME	EMP NAME/EMP#	EXPOSURE HOURS	REMARKS
4/10/99	0800			Called out
4/10/99	0800			DETAINED @ ACCIDENT SCENE on way to location
4/10/99	0830			On location
4/10/99	0830			DISCUSS JOB
4/10/99	0830			START 8" 24" Csg
4/10/99	0830			Csg on bottom
4/10/99	0830			Rig up to circulate
4/10/99	0900			Rig up to pump truck
4/10/99	0900		150	START MIXING CEMENT
4/10/99	0900		150	850 lbs 570 370cc 1/2" Floack 1sk
4/10/99	0900		150	CEMENT MIXED
4/10/99	0900		150	RELEASE PLUG
4/10/99	0900		150	START DIS PLACEMENT
4/10/99	0900		150	PLUG DOWN @ 303'
4/10/99	0900		150	CLOSE IN @ WELL HEAD
4/10/99	0900		150	WASH UP
4/10/99	0900		150	RECK UP
4/10/99	0900		150	JOB COMPLETED
CEMENT DID CIRCULATE ✓				
Thank you				
Hendrick Lyle				



CUSTOMER COPY
TICKET No. 196194
 PAGE 1 OF 2

CHARGE TO: **OXY USA, INC**
 ADDRESS: **Plainville, KS 67663**
 CITY, STATE, ZIP CODE: **Plainville, KS 67663**

SERVICE LOCATIONS: **1. Hays 25525**
 WELL PROJECT NO.: **B-28**
 LEASE: **Colahan**
 COUNTY PARISH: **Ellis**
 STATE: **KS**
 CITY/OFFSHORE LOCATION: **Plainville KS**
 DATE: **4-10-97**
 OWNER: **OXY**

TICKET TYPE: SERVICE SALES
 NITROGEN JOB? YES NO
 CONTRACTOR: **Duke Drilg**
 RIG NAME-NO:
 SHIPPED VIA: **CT**
 DELIVERED TO: **Wellsite**
 ORDER NO:
 WELL TYPE: **01**
 WELL CATEGORY: **01**
 JOB PURPOSE: **010**
 WELL PERMIT NO:
 WELL LOCATION: **SE Plainville KS**

REFERRAL LOCATION: INVOICE INSTRUCTIONS:

PRICE REFERENCE	SECONDARY REFERENCE/PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.		UNIT PRICE		AMOUNT
		LOC	ACCT	DF		U/M	U/M			
400-117					MILEAGE	44	m	3.20		140.8
001-016					Pump Service	325	Ft	2.30		748.00
030-503					Top Plug	1	EA	95.00		95.00
76A	830.2121				Type M Guide Shoe	1	EA	233.00		233.00
40	806.60059				Control valves	3	EA	90.00		270.00

ORIGINAL

LEGAL TERMS: Customer hereby acknowledges and agrees to the terms and conditions on the reverse side hereof which include, but are not limited to, **PAYMENT RELEASE, INDEMNITY, and LIMITED WARRANTY** provisions.

MUST BE SIGNED BY CUSTOMER OR CUSTOMER'S AGENT PRIOR TO START OF WORK OR DELIVERY OF GOODS.

DATE SIGNED: **4/10/97** TIME SIGNED: **AFE**

SUB SURFACE SAFETY VALVE WAS: PULLED RETURN PULLED RUN
 SURVEY ACREE LIN. DECIDED DIS. ASBEE
 TYPE LOCK DEPTH: OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN?
 BEAN SIZE SPACERS: WE UNDERSTOOD AND MET YOUR NEEDS?
 TYPE OF BUILDING SUB CASING PRESSURE: OUR SERVICE WAS PERFORMED WITHOUT DELAY?
 TUBING SIZE TUBING PRESSURE WELL DEPTH: WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY?
 TREE CONNECTION TYPE VALVE: ARE YOU SATISFIED WITH OUR SERVICE? YES NO
 CUSTOMER DID NOT WASH TO RESPOND

PAGE TOTAL: **1486**
 FROM CONTINUATION PAGE(S): **3550**
 SUB-TOTAL APPLICABLE TAXES WILL BE ADDED ON INVOICE: **5367**

STORMS OR CUSTOMER'S AGENT (PLEASE PRINT): **J. W. Wagner**
 CUSTOMER OR CUSTOMER'S AGENT (SIGNATURE): *[Signature]*
 HALLIBURTON OPERATOR/ENGINEER: **Duke Drilg**
 EMP # **44189**
 HALLIBURTON APPROVAL: *[Signature]*

2-20-1998 3:27PM FROM



JOB LOG 4239-5

TICKET #	TICKET DATE
	4/1/87
BDA / STATE	COUNTY
Ks	Ellis
PSL DEPARTMENT	
5001	
CUSTOMER REP / PHONE	
API / UWI #	APZ 15-051-24960
JOB PURPOSE CODE	035

REGION	NWA/COUNTRY
North America	USA
MBU ID / EMP #	EMPLOYEE NAME
41487	Neil Palumbo
LOCATION	COMPANY
NAH 25525	OXY USA Inc
TICKET AMOUNT	WELL TYPE
14082	01
WELL LOCATION	DEPARTMENT
SE Platteville Ks	5005
LEASE / WELL #	SEC / TWP / RNG
Coburn D-28	25-11s-17w

HES EMP NAME/EMP#/(EXPOSURE HOURS)	HRS	HES EMP NAME/EMP#/(EXPOSURE HOURS)	HRS	HES EMP NAME/EMP#/(EXPOSURE HOURS)	HRS	HES EMP NAME/EMP#/(EXPOSURE HOURS)	HRS

ORIGINAL

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL)(GAL)	PUMPS		PRESS. (psi)		JOB DESCRIPTION / REMARKS
				T	C	Tbg	Csg	
	1845							Called out
	2100							On Location w/ Float Equipment
	2200							Pump Truck Cement on Location
								Discuse Job
								Set up Equipment
	2215							Start new 5 1/2" 14" Csg
								Casing on bottom Drop ball
								Rig up to circulate
	0180					400		BALL THROUGH INSERT
								circulate Rotating Head - connections held
	0235	5	20			200		Rig up to pump TRUCK
	0240	5	12					Pump 2% CIA-fix Water START ROTATING Csg
	0245	4 1/2				200		Pump mud flush
								START mixing cement
		4				100		405 sks MIDCON II 2% CE 14" Flocalets
								165 sks 50/50 Pozmix A 2% Gel
								1% CE 14" Flocalets 12% SALT
								1/2% Halad - 322
	0315	4	265			100		Cement mixed
								wash out pump-line
								Release plug
	0350	6				100		START displacement STOP ROTATING
	0412		84			1500		Plug Down - Release Pressure - Float HELD
	0414							WASH up
	0530							Rack up
								Job Completed
								CEMENT DIA CIRCULATED
								Thank you
								Neil Eldon Ron & Lyle



HALLIBURTON ENERGY SERVICES
HAL-1906-P

CHARGE TO: **OXY USA INC**
 ADDRESS: **KANSAS CITY, MO**
 CITY, STATE, ZIP CODE: **Plainville Ks 67663**

CUSTOMER COPY
 No. **196196 - 0**
 PAGE 1 OF 2

1. HAYS 25525	WELL/PROJECT NO. B-28	LEASE Colahan	COUNTY/PARISH Ellis	STATE KS	CITY/OFFSHORE LOCATION Plainville Ks	DATE 4-16-97	OWNER OXY
2.	TICKET TYPE <input checked="" type="checkbox"/> SERVICE <input type="checkbox"/> SALES	NITROGEN JOB? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	CONTRACTOR Duke Drlg	RIG NAME/NO.	SHIPPED VIA CT	DELIVERED TO well site	ORDER NO.
3.	WELL TYPE 01	WELL CATEGORY 01	JOB PURPOSE 035	WELL PERMIT NO. ALT 15-051-24960	WELL LOCATION 85-7-252E Plainville Ks		
4.	REFERRAL LOCATION	INVOICE INSTRUCTIONS					

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.		UNIT PRICE		AMOUNT
		LOC	ACCT	DF		QTY.	U/M	QTY.	U/M	
000-117		1			MILEAGE	44	Mi		3 20	140 80
001-016		1			Pump Service	3480	Ft		1730 00	1730 00
030-016		1			Top Plug	1	EA	5 1/2 IN	72 00	72 00
030-016		1			Bottom Plug	1	EA	5 1/2 IN	72 00	72 00
12A	825.205	1			Guide Shoe	1	EA	5 1/2 IN	121 00	121 00
24A	815.19251	1			Insert Flat Valve	1	EA	5 1/2 IN	121 00	121 00
27	815.19313	1			Auto-fill Unit	1	EA	5 1/2 IN	76 00	76 00
40	806.60022	1			Centralizer	14	EA	5 1/2 IN	67 00	938 00
320	806.71430	1			Cement Basket	6	EA	5 1/2 IN	116 00	696 00
018-315		1			Mud Flush	500	Gal		75	375 00
018-303		1			Clafix II	2	Gal		30 50	61 00
019-241		1			Rotating Head	1	EA		300 00	300 00

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MUST BE SIGNED BY CUSTOMER OR CUSTOMER'S AGENT PRIOR TO START OF WORK OR DELIVERY OF GOODS

DATE SIGNED: *[Signature]* TIME SIGNED: _____

A.M.
 P.M.

do do not require IPC (Instrument Protection). Not offered

SUB SURFACE SAFETY VALVE WAS:
 PULLED & RETURN PULLED RUN

TYPE LOCK _____ DEPTH _____

BEAN SIZE _____ SPACERS _____

TYPE OF EQUALIZING SUB. _____ CASING PRESSURE _____

TUBING SIZE _____ TUBING PRESSURE _____ WELL DEPTH _____

TREE CONNECTION _____ TYPE VALVE _____

SURVEY

OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN?

WE UNDERSTOOD AND MET YOUR NEEDS?

OUR SERVICE WAS PERFORMED WITHOUT DELAY?

WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY?

ARE YOU SATISFIED WITH OUR SERVICE?
 YES NO

CUSTOMER DID NOT WISH TO RESPOND

PAGE TOTAL	4702	180
FROM CONTINUATION PAGE(S)	9376	25
SUB-TOTAL APPLICABLE TAXES WILL BE ADDED ON INVOICE	14082	05

CUSTOMER ACCEPTANCE OF MATERIALS AND SERVICES The customer hereby acknowledges receipt of the materials and services listed on this ticket.

CUSTOMER OR CUSTOMER'S AGENT (PLEASE PRINT): *[Signature]* CUSTOMER OR CUSTOMER'S AGENT (SIGNATURE): *[Signature]*

HALLIBURTON OPERATOR/ENGINEER: *GAIL PALMBERG* EMP #: *41189*

HALLIBURTON APPROVAL: _____

ORIGINAL

INVOICE



HALLIBURTON ENERGY SERVICES

A Division of Halliburton Company

REMIT TO:
P.O. BOX 951046
DALLAS, TX 75395-1046
Corporate FIN 73-0271280

INVOICE NO.	DATE
196196	04/16/1997

WELL LEASE NO./PROJECT COLAHAN "B" 28		WELL/PROJECT LOCATION ELLIS		STATE KS	OWNER SANE
SERVICE LOCATION HAYS		CONTRACTOR DUKE DRILLING	JOB PURPOSE SHOWN BELOW		TICKET DATE 04/16/1997
ACCT. NO. 59167	CUSTOMER AGENT G J WAGNER	VENDOR NO. E-26	CUSTOMER P.O. NUMBER	SHIPPED VIA COMPANY TRUCK	FILE NO. 23081

DIRECT CORRESPONDENCE TO:

OXY USA INC.
DRAWER D
PLAINVILLE, KS 67663

1102 E. 8TH
HAYS KS 67601
913-625-3431

REFERENCE NO.	DESCRIPTION	QUANTITY	UM	UNIT PRICE	AMOUNT
PRICING AREA - MID CONTINENT					
JOB PURPOSE - CEMENT PRODUCTION CASING					
000-117	MILEAGE CEMENTING ROUND TRIP	44	MI	2.99	131.56
		1	UNT		
001-016	CEMENTING CASING	3480	FT	1,545.00	1,545.00
		1	UNT		
030-016	CEMENTING PLUG SW ALUM TOP	5.5	IN	60.00	60.00 *
		1	EA		
030-016	CEMENTING PLUG SW ALUM TOP	5.5	IN	60.00	60.00 *
		1	EA		
12A	GUIDE SHOE - 5 1/2" BRD THD.	1	EA	121.00	121.00 *
825.205					
24A	INSERT FLOAT VALVE - 5 1/2" BRD	1	EA	131.00	131.00 *
815.19251					
27	FILL-UP UNIT 5 1/2"-6 5/8"	1	EA	69.00	69.00 *
815.19313					
40	CENTRALIZER-5-1/2 X 7-7/8	14	EA	60.00	840.00 *
806.60022					
320	BASKET-CMT-5 1/2 CSG X 17"OD-	6	EA	104.00	624.00 *
806.71430					
018-315	MUD FLUSH	500	GAL	.65	325.00
018-303	CLAYFIX II, PER GAL.	2	GAL	28.00	56.00
019-241	CASING SWIVEL W/O WALL CLEANER	1	JOB	185.00	185.00
504-280	MIDCON-2 STANDARD CEMENT	405	SK	13.53	5,479.65 *
504-130	CEMENT - 50/50 POZMIX STANDARD	165	SK	7.69	1,268.85 *
506-121	HALLIBURTON-GEL. 2%	300	LB	.00	N/C *
509-406	ANHYDROUS CALCIUM CHLORIDE	9	SK	40.75	366.75 *
509-968	SALT	850	LD	.15	127.50
507-210	FLOCELE	143	LD	1.65	235.95 *
507-775	HALAD-322	64	LD	7.00	448.00 *
500-207	BULK SERVICE CHARGE	621	CFT	1.35	838.35 *
500-306	MILEAGE CMTG MAT DEL OR RETURN	582.098	THI	1.05	611.20 *

***** CONTINUED ON NEXT PAGE *****

AFFIX JOB TKT

TERMS: If Customer does not have an approved open account with Halliburton, all sums due are payable in cash at the time of performance of services or delivery of equipment, products or materials. If customer has an approved open account, invoices are payable on the twentieth day after date of invoice. Customer agrees to pay interest on any unpaid balance from the date payable until paid at the highest lawful contract rate applicable, but never to exceed 18% per annum. In the event Halliburton employs an attorney for collection of any account, Customer agrees to pay attorney fees of 20% of the unpaid account, plus all collection and court costs.