

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

0003 ORIGINAL

Operator: License # 5447

Name: OXY USA Inc.

Address P. O. Box 26100

City/State/Zip Oklahoma City, Ok 73126-0100

Purchaser: Northern Natural

Operator Contact Person: Jerry Ledlow

Phone (405) 749-2309

Contractor: Name: Cheyenne

License: 5382

Wellsite Geologist: _____

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:

Operator: OXY USA Inc

Well Name: Wilburtn Mor C SU #2302W

Comp. Date 2/20/62 Old Total Depth 5258

RENAMED & RENUMBERED
 Deepening Re-perf. Conv. to Inj/SWD
 Plug Back 2941 PBTB
 Commingled Docket No. _____
 Dual Completion Docket No. _____
 Other (SWD or Inj?) Docket No. _____

WO 8 /10/94 WO 11/23/94
~~Spud~~ Date OF START Date Reached TD Completion Date OF
OF WORKOVER WORKOVER

API NO. 15- 129-01004

County Morton

C SE SW Sec. 4 Twp. 35S Rge. 41 X W

660 Feet from SX (circle one) Line of Section

3300 Feet from EW (circle one) Line of Section

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

Lease Name Crawley A Well # 2

Field Name Hugoton

Producing Formation Chase

Elevation: Ground 3494 KB 3502

Total Depth 5258 PBTB 2941

Amount of Surface Pipe Set and Cemented at _____ Feet

Multiple Stage Cementing Collar Used? Yes No

If yes, show depth set _____ Feet

If Alternate II completion, cement circulated from _____

feet depth to _____ w/ _____ sx cmt.

Drilling Fluid Management Plan REWORK JH 10-12-95
(Data must be collected from the Reserve Pit)

Chloride content _____ ppm Fluid volume _____ bbls

Dewatering method used Evaporation

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 [Signature]
Title Staff Analyst Date 2/24/95

Subscribed and sworn to before me this 24th day of February, 19 95

Notary Public [Signature]
Date Commission Expires 8-21-96

K.C.C. OFFICE USE ONLY
RECEIVED
STATE CORPORATION COMMISSION
F Letter of Confidentiality Attached
C Wireline Log Received
C Geologist Report Received
MAR 01 1995
Distribution
 KCC SWD/Rep NGPA
 KGS Plug Other
(Specify)

SIDE TWO

Operator Name: OXY USA Inc. Lease Name Crawley A Well # 2
 Sec. 4 Twp. 35S Rge. 41 East West
 County Morton

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 (Attach Additional Sheets.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Log	Formation (Top), Depth and Datums	<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			
Electric Log Run (Submit Copy.)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
List All E.Logs Run:				
Compensated Neutron				

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	1504	C		
Production	7 3/4"	5 1/2"	14	4982	C		

ADDITIONAL CEMENTING/SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	#Sacks Used	Type and Percent Additives
<input checked="" type="checkbox"/> Perforate	2365	65/35 C	150	6% gel
<input type="checkbox"/> Protect Casing		50/50 C	165	2% gel
<input type="checkbox"/> Plug Back TD		H	50	
<input type="checkbox"/> Plug Off Zone				

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type	Acid, Fracture, Shot, Cement Squeeze Record	
	Specify Footage of Each Interval Perforated	(Amount and Kind of Material Used)	Depth
	CIBP @ 4850 2sks cmt., CIBP @ 2950 2 sks cmt	Acidize w/1500 gal 15 % HCL	2252-62
4	2252-62	Treated w/671 bbls 1% KCLW, 2000#	
		40/70 sand & 30,000 gal fluid 46,000#	
		20/40 sand.	

TUBING RECORD		Size	Set At	Packer At	Liner Run
		2 3/8	2365		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date of First, Resumed Production, SWD or Inj.		Producing Method			
11/18/94		<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 Bbbs.	Gas Mcf	Water Bbbs.	Gas-Oil Ratio	Gravity
		560			

Disposition of Gas: **METHOD OF COMPLETION** Production Interval 2252-2262

Vented Sold Used on Lease Open Hole Perf. Dually Comp. Commingled

(If vented, submit ACO-18.) Other (Specify) _____