

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 26100

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

Purchaser: NGC/KGS

Operator Contact Person: ~~XXXXXX~~ Raymond Hui

Phone (405) ~~749XXXX~~ 2471

Contractor: Name: Duke Drilling Company

License: 5929

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: _____

Well Name: _____

Comp. Date _____ Old Total Depth _____

Deepening Re-perf. Conv. to Inj/SWD

Plug Back PBTD

Commingled Docket No. _____

Dual Completion Docket No. _____

Other (SWD or Inj?) Docket No. _____

2-12-96 2-22-96 3-7-96

Spud Date Date Reached TD Completion Date

API NO. 15-007-22495-0000

County Barber

C - NE - NE - NE Sec. 35 Twp. 34S Rge. 14 X ^E _W

330 Feet from X (circle one) Line of Section

330 Feet from X (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:

NE XX, SE, XX or XX (circle one)

Lease Name Baier A Well # 3

Field Name Aetna

Producing Formation Mississippian

Elevation: Ground 1520' KB _____

Total Depth 5385' PBTD 5320'

Amount of Surface Pipe Set and Cemented at 474 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 ALT 1 GH 4/30/99
(Data must be collected from the Reserve Pit)

Chloride content 3200 ppm Fluid volume 1200 bbls

Dewatering method used Evaporation

Location of fluid disposal if hauled offsite: _____

Operator Name _____

Lease Name _____ License No. _____

Quarter _____ Sec. _____ Twp. _____ S Rng. _____

County _____ Docket No. _____

RECORDED
INDEXED
1996 JUN 19 11 AM
KANSAS CORPORATION COMMISSION
6-17-76

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 Raymond Hui

Title Staff Analyst Date 6-2-96

Subscribed and sworn to before me this 2nd day of June, 1996.

Notary Public Kay Ann Kilmer

Date Commission Expires 5-2-98

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 Baier A Well # 3
 Sec. 35 Twp. 34S Rge. 14 East West
 County Barber

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 checked="" type="checkbox"/> Log	Formation (Top), Depth and Datums	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Name	Top	Datum
Cores Taken	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Lansing	4091'	-2560
Electric Log Run (Submit Copy.)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Miss.	4702	-3171
		Viola	5110	-3579
		Simpson	5262	-3731
		Simpson Sand	5296	-3765
		T D	5385	

List All E.Logs Run: Dual Induction w/GR & SP; compensated Neutron; Lithodensity w/PD, GR & Caliper and microlog

CASING RECORD New 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	474'	CL A	250	3% CC
Production	7 7/8"	5 1/2"	14	5379	CL A	355	3% CC

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
1	Mississippian 4704-64	Acidized w/2000 gal. of 7.5% FE acid.	4704-64'
		Frac'd w/80,000 gal of 35# Boragel.	

TUBING RECORD	Size 2 3/8"	Set At 4665'	Packer At	Liner Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Date of First, Resumed Production, SWD or Inj. 4-23-96	Producing Method <input checked="" type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)
--------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Estimated Production Per 24 Hours	Oil Bbls. NONE	Gas Mcf 385	Water Bbls.	Gas-Oil Ratio	Gravity
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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 4704-4764'

JOB LOG HAL-2013-C

CUSTOMER		WELL NO.	LEASE	JOB TYPE	TICKET NO.			
OXY USA INC.		3	BAIGE 'A'	CEMENT	968151			
CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	2100							ORIGINAL ON LOCATION RIG LAYING DOWN DRUG COLLARS.
	0100							
	0400							START CCG. (GUIDE STAG INSERT & FILL UP 14 CENTRALIZERS ON COLLARS 11-12-13-14-15-16-17-18-19 - 31-32-33-34-35) CMT. BASKET ON JT 20
	0700							BREAK CORE.
	0815	4	0				300 ^{ACT}	RUN PREFLUATES 12 BALS H ₂ O DESCO 12 BALS MUD FLUSH 3 BALS H ₂ O SPARGE MIXING CONT. PLUG RATHER
	0840		27 0					PLUG MOUTH HOLE
	0843		4					PUMPING CONT. DOWN CCG?
	0845	5	7				250 ^{ACT}	
	0918		100					FINISHED MIXING START FW
	0920							FLUSH LINES RELEASE PLUG
	0922	5	0				400 ^{ACT}	START DISP.
	0923	7 1/2					250	RATE
		4	90					RATE 100 BBL RATE @ 4 1/2
		2	128					RATE
	0945		132 ^{ACT}				900	PURGE DOWN DRSP FIG @ 130.27
	0946						1100	PBI.
	0948						0	RELEASE - ACCID
	0955							WASH UP PACK UP
	1045							JOB COMP.



JOB SUMMARY

HALLIBURTON DIVISION AND CONTINENTAL
 HALLIBURTON LOCATION PRAT FS.

BILLED ON TICKET NO. 968151

WELL DATA

FIELD _____ SEC. 35 TWP. 34 S. RNG. 14 W. COUNTY Barber STATE Ko.

FORMATION NAME _____ TYPE _____
 FORMATION THICKNESS _____ FROM _____ TO _____
 INITIAL PROD. OIL _____ BPD. WATER _____ BPD. GAS _____ MCFD
 PRESENT PROD. OIL _____ BPD. WATER _____ BPD. GAS _____ MCFD
 COMPLETION DATE _____ MUD TYPE _____ MUD WT. _____
 PACKER TYPE _____ SET AT _____
 BOTTOM HOLE TEMP. _____ PRESSURE _____
 MISC. DATA _____ TOTAL DEPTH _____

	NEW USED	WEIGHT	SIZE	FROM	TO	MAXIMUM PSI ALLOWABLE
CASING		14	5 1/2	0	5379	
LINER						
TUBING						
OPEN HOLE			7 7/8	KB	5385	SHOTS/FT.
PERFORATIONS						
PERFORATIONS						
PERFORATIONS						

ORIGINAL

JOB DATA

TOOLS AND ACCESSORIES		
TYPE AND SIZE	QTY.	MAKE
FLOAT COLLAR <u>INSERT SEAT</u>	<u>1</u>	<u>H.E.S.</u>
FLOAT SHOE <u>AUTO FILL UP</u>	<u>1</u>	<u>H.E.S.</u>
GUIDE SHOE		
CENTRALIZERS	<u>14</u>	<u>H.E.S.</u>
BOTTOM PLUG		
TOP PLUG	<u>1</u>	<u>H.E.S.</u>
HEAD <u>H.C.</u>	<u>1</u>	<u>H.E.S.</u>
PACKER <u>ABG. SWIVEL</u>	<u>1</u>	<u>H.E.S.</u>
OTHER		

CALLLED OUT	ON LOCATION	JOB STARTED	JOB COMPLETED
DATE <u>2-22</u>	DATE <u>2-22</u>	DATE <u>2-22</u>	DATE <u>2-22</u>
TIME <u>5:00</u>	TIME <u>01:00</u>	TIME <u>08:15</u>	TIME <u>10:45</u>

PERSONNEL AND SERVICE UNITS

NAME	UNIT NO. & TYPE	LOCATION
<u>M. R. Blyard</u> <u>150898</u>	<u>38423</u>	<u>PRAT FS.</u>

MATERIALS

TREAT. FLUID _____ DENSITY _____ LB/GAL. API
 DISPL. FLUID _____ DENSITY _____ LB/GAL. API
 PROP. TYPE _____ SIZE _____ LB.
 PROP. TYPE _____ SIZE _____ LB.
 ACID TYPE _____ GAL. _____ %
 ACID TYPE _____ GAL. _____ %
 ACID TYPE _____ GAL. _____ %
 SURFACTANT TYPE _____ GAL. _____ IN
 NE AGENT TYPE _____ GAL. _____ IN
 FLUID LOSS ADD. TYPE _____ GAL.-LB. _____ IN
 GELLING AGENT TYPE _____ GAL.-LB. _____ IN
 FRIC. RED. AGENT TYPE _____ GAL.-LB. _____ IN
 BREAKER TYPE _____ GAL.-LB. _____ IN
 BLOCKING AGENT TYPE _____ GAL.-LB. _____
 PERFPAC BALLS TYPE _____ QTY. _____
 OTHER _____
 OTHER _____

DEPARTMENT Continental
 DESCRIPTION OF JOB Cont. 5 1/2" 14# Prod. Csg.
 JOB DONE THRU: TUBING CASING ANNULUS TBG./ANN.
 CUSTOMER REPRESENTATIVE [Signature]
 HALLIBURTON OPERATOR M. R. Blyard COPIES REQUESTED _____

CEMENT DATA

STAGE	NUMBER OF SACKS	CEMENT	BRAND	BULK SACKED	ADDITIVES	YIELD CU.FT./SK.	MIXED LBS./GAL.
	<u>130</u>	<u>H.C.C.</u>			<u>1/4# FLOCCLE</u>	<u>1.69</u>	<u>13.1</u>
	<u>250</u>	<u>50/50 P32 Prem</u>			<u>2% GEL 12% SALT 1.5% HAD 322</u> <u>1% C.C. 1/4# FLOCCLE</u>	<u>1.25</u>	<u>15.75</u>

PRESSURES IN PSI

CIRCULATING _____ DISPLACEMENT _____
 BREAKDOWN _____ MAXIMUM _____
 AVERAGE _____ FRACTURE GRADIENT _____
 SHUT-IN: INSTANT _____ 5-MIN _____ 15-MIN _____
 HYDRAULIC HORSEPOWER _____
 ORDERED _____ AVAILABLE _____ USED _____
 AVERAGE RATES IN BPM _____
 TREATING _____ DISPL. _____ OVERALL _____
 CEMENT LEFT IN PIPE _____
 FEET 43 REASON INSERT FLOAT VALVE

SUMMARY

VOLUMES

PRELUSH: BBL. 12 / 12 TYPE H₂O / MUD / DRY / FLUSH
 LOAD & BKDN: BBL.-GAL. _____ PAD: BBL.-GAL. _____
 TREATMENT: BBL.-GAL. _____ DISPL: BBL. 130.27
 CEMENT SLURRY: BBL. 100.41
 TOTAL VOLUME: BBL.-GAL. _____

REMARKS

PIPE SET 6' OFF BOT.

FIELD OFFICE

CUSTOMER: BY USA INC.
 LEASE: BARBER A
 WELL NO: 3
 JOB TYPE: CEMENT
 DATE: 2-22-96



REMIT TO:
P.O. BOX 951046
DALLAS, TX 75395-1046

INVOICE

INVOICE NO.	DATE
906993	02/13/1996

WELL LEASE NO./PROJECT		WELL/PROJECT LOCATION		STATE	OWNER
BATER "A" 2		BARBER		KS	SAME
SERVICE LOCATION	CONTRACTOR	JOB PURPOSE		TICKET DATE	
PRATT	DUKE DRILLING	CEMENT SURFACE CASING		02/13/1996	
ACCT. NO.	CUSTOMER AGENT	VENDOR NO.	CUSTOMER P.O. NUMBER	SHIPPED VIA	FILE NO.
659167	LANCE FELLHOELTER	E-26		COMPANY TRUCK	03789

OXY USA INC.
REGIONAL OFFICE
ATT:
PO BOX 26100
OKLAHOMA CITY, OK 73126-0100

DIRECT CORRESPONDENCE TO:
P O BOX 428
HAYS KS 67601
913-625-3471

REFERENCE NO.	DESCRIPTION	QUANTITY	UM	UNIT PRICE	AMOUNT
PRICING AREA - MID CONTINENT					
000-117	MILEAGE CEMENTING ROUND TRIP	120	MI	2.85	342.00
		1	UNT		
001-016	CEMENTING CASING	460	FT	630.00	630.00
		1	UNT		
070-503	WOODEN PLUG	8	5/8 IN	95.00	95.00
		1	EA		
24A	INSERT FLOAT VALVE - 8 5/8" BRD	1	EA	171.00	171.00
815.19502					
27	FILL-UP UNIT 7" - 8 5/8"	1	EA	64.00	64.00
815.19415					
40	CENTRALIZER-8-5/8 X 12-1/4	1	EA	80.00	80.00
806.60059					
504-316	CEMENT - HALL. LIGHT STANDARD	150	SK	8.80	1,320.00
509-406	ANHYDROUS-CALCIUM CHLORIDE	4	SK	36.75	147.00
507-210	FLOCFLE	38	LB	1.65	62.70
504-308	CEMENT - STANDARD	100	SK	9.57	957.00
509-406	ANHYDROUS CALCIUM CHLORIDE	3	SK	36.75	110.25
507-210	FLOCFLE	25	LB	1.65	41.25
500-207	BULK SERVICE CHARGE	270	CFT	1.35	364.50
500-306	MILEAGE CMTG MAT DEL. OR RETURN	708.06	TMT	.95	672.66

INVOICE SUBTOTAL

5,057.36

DISCOUNT - (RID)

1,902.88-

INVOICE BID AMOUNT

3,154.48

*-KANSAS STATE SALES TAX

125.05

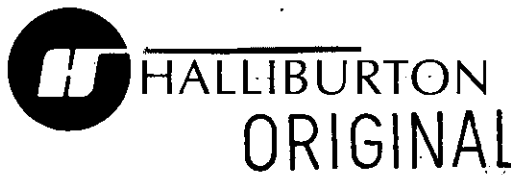
*-PRATT COUNTY SALES TAX

25.51

INVOICE TOTAL - PLEASE PAY THIS AMOUNT

\$3,305.04

INVOICE



INVOICE NO.	DATE
968151	02/22/1996

WELL LEASE NO./PROJECT BAIER "A" 3		WELL/PROJECT LOCATION BARBER		STATE KS	OWNER SAME
SERVICE LOCATION BRATT		CONTRACTOR DUKE DRILLING	JOB PURPOSE CEMENT PRODUCTION CASING		TICKET DATE 02/22/1996
ACCT. NO. 559167	CUSTOMER AGENT LANCE FELLHOELTER	VENDOR NO. K-26	CUSTOMER P.O. NUMBER APE	SHIPPED VIA COMPANY TRUCK	FILE NO. 04165

OXY USA INC.
REGIONAL OFFICE
ATT:
PO BOX 26100
OKLAHOMA CITY, OK 73126-0100

DIRECT CORRESPONDENCE TO:
P O BOX 428
HAYS KS 67601
913-625-3431

REFERENCE NO.	DESCRIPTION	QUANTITY	UM	UNIT PRICE	AMOUNT
PRICING AREA - MID CONTINENT					
000-117	MILEAGE CEMENTING ROUND TRIP	120	MI	2.85	342.00
		1	UNT		
001-016	CEMENTING CASING	5379	FT	1,895.00	1,895.00
		1	UNT		
019-241	CASING SWIVEL W/O WALL CLEANER	1	JOB	185.00	185.00
030-016	CEMENTING PLUG SW ALUM TOP	5 1/2	IN	60.00	60.00
		1	EA		
12A 825.205	GUIDE SHOE - 5 1/2" 8RD THD.	1	EA	121.00	121.00
24A 815.19251	INSERT FLOAT VALVE - 5 1/2" 8RD	1	EA	110.00	110.00
27 815.19313	FILL-UP UNIT 5 1/2"-6 5/8"	1	EA	69.00	69.00
40 806.60022	CENTRALIZER-5-1/2 X 7-7/8	14	EA	60.00	840.00
320 806.71430	BASKET-CMT-5 1/2 CSG X 17" OD-	1	EA	104.00	104.00
018-315	MUD FLUSH	500	GAL	.65	325.00
001-018	CEMENTING CASING - ADD HRS	2	HR	235.00	N/C
		1	UNT		
504-131	CEMENT - 50/50 POZMIX PREMIUM	250	SK	8.77	2,192.50
509-968	SALT	1500	LD	.15	225.00
509-406	ANHYDROUS CALCIUM CHLORIDE	2	SK	36.75	73.50
507-775	HALAD-322	100	LD	7.00	700.00
507-210	FLOCELM	67	LB	1.65	102.30
504-316	CEMENT - HALL. LIGHT STANDARD	130	SK	8.80	1,144.00
507-210	FLOCELE	33	LD	1.65	54.45
500-207	BULK SERVICE CHARGE	412	CFT	1.35	556.20
500-306	MILEAGE CMTG MAT DEL OR RETURN	1028.760	THI	.95	977.32

INVOICE SUBTOTAL

10,076.27

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

AFFIX JOB TRK

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.

REMIT TO:
P.O. BOX 951046
DALLAS, TX 75395-1046



HALLIBURTON

ORIGINAL

INVOICE

INVOICE NO.	DATE
968151	02/22/1996

WELL LEASE NO./PROJECT WALER "A" 3		WELL/PROJECT LOCATION BARBER		STATE KS	OWNER SAME
SERVICE LOCATION PRATT		CONTRACTOR DUKE DRILLING	JOB PURPOSE CEMENT PRODUCTION CASING		TICKET DATE 02/22/1996
ACCT. NO. 659167	CUSTOMER AGENT LANCE FELLHOELTER	VENDOR NO. E-26	CUSTOMER P.O. NUMBER AFE	SHIPPED VIA COMPANY TRUCK	FILE NO. 04165

OXY USA INC.
REGIONAL OFFICE
ATT:
PO BOX 26100
OKLAHOMA CITY, OK 73126-0100

DIRECT CORRESPONDENCE TO:
P O BOX 428
HAYS KS 67601
913-625-3431

REFERENCE NO.	DESCRIPTION	QUANTITY	UM	UNIT PRICE	AMOUNT
	DISCOUNT-(BID)				3,739.63
	INVOICE BID AMOUNT				6,336.64
	*-KANSAS STATE SALES TAX				219.67
	*-PRATT COUNTY SALES TAX				44.83
INVOICE TOTAL - PLEASE PAY THIS AMOUNT =====>					\$6,601.14

APPENDIX 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.

JOB LOG HAL-2013-C

CUSTOMER: <i>WXY 1122</i>	WELL NO.: <i>3</i>	LEASE: <i>BALCONIA</i>	JOB TYPE: <i>Repair</i>	TICKET NO.: <i>905023</i>
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CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
								<i>WELL OFF ORIGINAL</i>
								<i>Run Log. INSERT FLOAT & AUTO FILL UP, CRISTALIZER 2' HIGH 1 1/2" CELLAR</i>
	<i>0605</i>							<i>BREAK O.I.C. Pump TRK.</i>
	<i>0609</i>	<i>3.5</i>	<i>0</i>					<i>ADG. 250 MIX CONT & Pumping.</i>
	<i>0621</i>	<i>2</i>	<i>0</i>					<i>FINISHED MIX SHUT IN RELEASE PLUG START DISP</i>
	<i>0622</i>	<i>5</i>	<i>2</i>				<i>170 ADG.</i>	
	<i>0630</i>	<i>1</i>	<i>26</i> <i>27.48</i>					<i>500 PLUG DOWN GOOD CNT. RETURNED</i>
								<i>RELEASED & HALL SHUT IN HEAD LEAD ON LIFE DRIPPING A LITTLE</i>
								<i>WASH UP HALL UP 1015 Pump.</i>

