

15-129-10307-0001

KCC

NOV 10 2000

CONFIDENTIAL

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION
WELL COMPLETION FORM

CONFIDENTIAL

Form ACO-1

September 1999

Form Must Be Typed

WELL HISTORY - DESCRIPTION OF WELL & LEASE

ORIGINAL

Operator: License # 5447
 Name: OXY USA, Inc.
 Address: P.O. Box 2528
 City/State/Zip: Liberal, KS 67905
 Purchaser: CIG
 Operator Contact Person: Kenny Andrews
 Phone: (316) 629-4232
 Contractor: Name: N/A
 License: _____
 Wellsite Geologist: NONE
 Designate Type of Completion:
 _____ New Well _____ Re-Entry _____ X Workover
 _____ Oil _____ SWD _____ SIOW _____ Temp. Abd.
 _____ X Gas _____ ENHR _____ SIGW
 _____ Dry _____ Other (Core, WSW, Expl, Cathodic, etc)
 If Workover/Re-entry: Old Well Info as follows:
 Operator: OXY USA Inc. CITIES SERVICE OIL COMPANY
 Well Name: PERKINS A # 1

No. 15 - 15-129-10307-0001
 County: MORTON
 Address: SE - SE - NW Sec 32 Twp. 33 S. R. 42W
2310 feet from S (N) Line of Section
2310 feet from E (W) Line of Section
 Footages Calculated from Nearest Outside Section Corner:
 (circle one) NE SE (NW) SW
 Lease Name: PERKINS A Well #: 1
 Field Name: GREENWOOD
 Producing Formation: TOPEKA
 Elevation: Ground: 3483 Kelly Bushing: _____
 Total Depth: 3190 Plug Back Total Depth: 3137
 Amount of Surface Pipe Set and Cemented at 600 feet
 Multiple Stage Cementing Collar Used? Yes No
 If yes, show depth set _____
 If Alternate II completion, cement circulated from _____
 feet depth to _____ w/ _____ sx cmt.

RELEASED

JUN 10 2002

FROM CONFIDENTIAL

RECEIVED
STATE CORPORATION COMMISSION
11/15/00

CONSERVATION DIVISION

Drilling Fluid Management Plan *REWORK for 6/19/01*
 (Data must be collected from the Reserve Pit)
 Chloride content N/A ppm Fluid volume N/A bbls
 Dewatering method used N/A
 Location of fluid disposal if hauled offsite:
 Operator Name: N/A
 Lease Name: N/A License No.: N/A
 Quarter _____ Sec. _____ Twp. _____ S. R. East West
 County: _____ Docket No.: _____

Original Comp. Date: 7/19/53 Original Total Depth: 3190
 _____ Deepening _____ X 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. _____
9/14/00 _____ 9/23/00 _____ 9/23/00
 Date of START Date Reached TD Completion Date or Recompletion Date
 OF WORKOVER

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: Kenny Andrews
 Title: Engineering Technician Date 11/10/00
 Subscribed and sworn to before me this 10th day of November
20 00
 Notary Public: Anita Peterson
 Date Commission Expires: Oct. 1, 2001

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

NOTARY PUBLIC, State of Kansas
 ANITA PETERSON
 My Appt. Exp. Oct. 1, 2001

X

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Side Two

Operator Name: OXY USA, Inc. Lease Name: PERKINS A Well #: 1
 Sec. 32 Twp. 33 S. R. 42W East West County: MORTON

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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Electric Log Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(Submit Copy)</i> List All E. Logs Run: <u>NONE</u>	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum
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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	600	C	300	
Production	7-7/8"	5-1/2"	14	3187	C	450	

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
5	3126-36, 3112-18, 3088-3106, 3064-78, 2940-66, 2902-06		
5	2880-90, 2862-70, 2848-56, 2826-36		
2	2802-08, 2739-43, 2706-12, 2694-2700, 2676-83,	All 2 SPF w/ 3820 gals 17% HCL	
2	2637-42, 2611-17		

TUBING RECORD	Size 2-3/8"	Set At 3151	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. 10/6/00	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 N/A	Gas Mcf 360	Water Bbls 12	Gas-Oil Ratio N/A	Gravity N/A
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Disposition of Gas Vented Sold Used on Lease METHOD OF COMPLETION Open Hole Perf. Dually Comp. Commingled Production Interval 3136'-2611' OA
(If vented, Submit ACO-18) Other (Specify) _____