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Form ACO-1

September 1999

Form Must Be Typed

KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION

WELL COMPLETION FORM  
WELL HISTORY - DESCRIPTION OF WELL & LEASE

Operator: License # 5447  
 Name: OXY USA Inc.  
 Address: P.O. Box 2528  
 City/State/Zip: Liberal, KS 67905  
 Purchaser: Pending  
 Operator Contact Person: Kenny L. Andrews  
 Phone: (620) 629-4200  
 Contractor: Name: Best Well Serv.  
 License: JUL 01 2002  
 Wellsite Geologist: CONFIDENTIAL  
 Designate Type of Completion:  
 New Well  Re-Entry  Workover  
 Oil  SWD  SLOW  Temp. Abd.  
 Gas  ENHR  SIGW  
 Dry  Other (Core, WSW, Expl, Cathodic, etc.)

API No. 15 - 129-20902-0001  
 County: MORTON  
- SW - NW - SW Sec 8 Twp. 33 S. R. 43W  
1650 feet from (S) N (circle one) Line of Section  
330 feet from E (W) (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:  
 (circle one) NE SE NW (SW)  
 Lease Name: TURMORROW MOROW UNIT Well #: 201  
 Field Name: TURMORROW  
 Producing Formation: MORROW  
 Elevation: Ground: 3655 Kelly Bushing: 3666  
 Total Depth: 5120 Plug Back Total Depth: 5051  
 Amount of Surface Pipe Set and Cemented at 1442 feet  
 Multiple Stage Cementing Collar Used?  Yes  No

If Workover/Re-entry: Old Well Info as follows:  
 Operator: OXY USA, Inc.  
 Well Name: GALLOWAY A # 2

If yes, show depth set \_\_\_\_\_  
 If Alternate II completion, cement circulated from \_\_\_\_\_  
 feet depth to \_\_\_\_\_ w/ \_\_\_\_\_ sx cmt.

Original Comp. Date: 7/20/88 Original Total Depth: 5120  
 Deepening  Re-perf.  Conv. To Enhr./SWD  
 Plug Back \_\_\_\_\_ Plug Back Total Depth \_\_\_\_\_  
 Commingled Docket No. CO 040203  
 Dual Completion Docket No. \_\_\_\_\_  
 Other (SWD or Enhr.?) Docket No. \_\_\_\_\_  
3/31/02 3/31/02 4/17/02  
 Spud Date or Recompletion Date Date Reached TD Completion Date or Recompletion Date

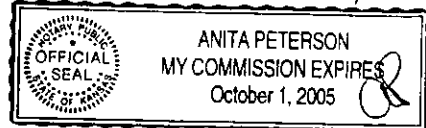
Drilling Fluid Management Plan Workover EN 8-7-02  
 (Data must be collected from the Reserve Pit)  
 Chloride content N/A ppm Fluid volume N/A bbls  
 Dewatering method used N/A  
 Location of fluid disposal if hauled offsite: \_\_\_\_\_  
 Operator Name: \_\_\_\_\_  
 Lease Name: \_\_\_\_\_ License 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: Kenny L. Andrews  
 Title: Engineering Technician Date 6/17/02  
 Subscribed and sworn to before me this 17th day of June  
 20 02  
 Notary Public: Anita Peterson  
 Date Commission Expires: Oct. 1, 2005

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



DATE TIME LOG

Side Two

Operator Name: OXY USA Inc. Lease Name: TURMORROW MOROW UNIT Well #: 201

Sec. 8 Twp. 33 S. R. 43W  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 <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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Name	Top	Datum
Cores Taken	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Electric Log Run <i>(Submit Copy)</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
List All E. Logs Run: Gamm & Collar				

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					C		
Production					C		

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 <i>(Amount and Kind of Material Used)</i>	Depth
4	3778-90, 3848-62	2600 GALS 17% HCL	
4	4312-23	1100 GALS 17%. 1800 GALS DELTA FRAC	

TUBING RECORD	Size 2-7/8"	Set At 4771	Packer At N/A	Liner Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date of First Resumed Production, SWD or Enhr. 4/17/02	Producing Method <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 1	Gas Mcf N/A	Water Bbls 200	Gas-Oil Ratio N/A Gravity 40.2

Disposition of Gas:  Vented  Sold  Used on Lease *(If vented, Submit ACO-18)*

METHOD OF COMPLETION:  Open Hole  Perf.  Dually Comp.  Commingled 3778-3862  
 Other (Specify) \_\_\_\_\_ 4312-23

Production Interval: \_\_\_\_\_