

CONFIDENTIAL

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KCC WICHITA

KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION  
WELL COMPLETION FORM  
WELL HISTORY DESCRIPTION OF WELL & LEASE

ORIGINAL

Form ACO-1  
September 1999  
Form Must Be Typed

Operator: License # 5447  
Name: OXY USA, Inc.  
Address: P.O. Box 2528  
City/State/Zip: Liberal, KS 67905  
Purchaser: El Paso Natural Gas  
Operator Contact Person: Vicki Carder  
Phone: (316) 629-4200  
Contractor: Name: Key Energy SERVICES  
License: 32393  
Wellsite Geologist: NA  
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/Re-entry: Old Well Info as follows:  
Operator: OXY USA, Inc.  
Well Name: Hayward E-1

Original Comp. Date: 05/26/54 Original Total Depth: 3315  
 Deepening  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. \_\_\_\_\_  
07/11/01 07/11/01 07/30/01  
**DATE OF START** **Date Reached TD** **Completion Date of**  
**OF WORKOVER** **WORKOVER**

API No. 15 - 129-10272-0001  
County: Morton  
- SE - NE - NE Sec 12 Twp. 33 S. R. 43W  
1300 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: Hayward E Well #: 1  
Field Name: Greenwood  
Producing Formation: Topeka  
Elevation: Ground: 3558 Kelly Bushing: \_\_\_\_\_  
Total Depth: 3315 Plug Back Total Depth: 3299  
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 (1) sx cmt.

Drilling Fluid Management Plan **REWORK JH 7/25/02**  
(Data must be collected from the Reserve Pit)  
Chloride content NA ppm Fluid volume NA bbls  
Dewatering method used NA  
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: Vicki Carder  
Title: Capital Projects Date: 9/24/01  
Subscribed and sworn to before me this 24th day of Sept.  
01  
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

Operator Name: OXY USA, Inc. Lease Name: Hayward E Well #: 1  
 Sec. 12 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:	Gamma Collar 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
Conductor					C		
Surface	12 1/4	8 5/8	22.5	600	C	350	2% Gel Cem
Production	7 7/8	5 1/2	14	3270	C	250 200	5% gel Com

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
3	2908-2913, 2896-2902, 2880-2884, 2712-2717, 2702-2706, 2694-2699	3000 Gals 17% Acid	

TUBING RECORD	Size 2 3/8	Set At 3243	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. 07/26/01	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	Gas Mcf 464	Water Bbls 40	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: \_\_\_\_\_