

ORIGINAL

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

JUN 29 2001
CONFIDENTIAL

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 **KCC**
Phone: (316) 629-4200
Contractor: Name: Key Energy **JUN 29 2001**
License: NA
Wellsite Geologist: NA **CONFIDENTIAL**
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: Denny A-1

API No. 15 - 129-10250-0001
County: Morton
- SW - SW - NE Sec 10 Twp. 33 S. R. 43W
2310 feet from S (N) (circle one) Line of Section
2310 feet from (E) W (circle one) Line of Section
Footages Calculated from Nearest Outside Section Corner:
(circle one) (NE) SE NW SW
Lease Name: Denny A Well #: 1
Field Name: Greenwood
Producing Formation: Topeka
Elevation: Ground: 3610 Kelly Bushing: _____
Total Depth: 3277 Plug Back Total Depth: 3227
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.

Drilling Fluid Management Plan **REWORK JH 10/16/01**
(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: **RELEASED**
Operator Name: _____
Lease Name: _____ License No: **JUN 28 2002**
Quarter _____ Sec. _____ Twp. _____ S. R. _____ East West
County: _____ **FROM CONFIDENTIAL**

Original Comp. Date: 04/06/54 Original Total Depth: 3277
 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. _____
03/22/01 03/22/01 03/28/01
Spud Date of **START** _____ Date Reached TD _____ Completion Date of
Recompletion Date _____ Recompletion Date _____
of **WORKOVER** _____ **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: Vicki Carder
Title: Capital Projects Date 6/29/01
Subscribed and sworn to before me this 29th day of June
20 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 **RECEIVED**
 UIC Distribution **KANSAS CORPORATION COMMISSION**

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

JUL 3 2001
CONSERVATION DIVISION

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Side Two

Operator Name: OXY USA, Inc. Lease Name: Denny A Well #: 100095100
Sec. 10 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: OXY	Top Datum
Cores Taken	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Electric Log Run <i>(Submit Copy)</i>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
List All E. Logs Run:			

CASING RECORD <input 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		600	C	350	4% Gel
Production	7 7/8	5 1/2	14	3276	C	250 20 200	4% Gel Strat 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
2	2880-28884, 2858-2864, 2846-2850, 2799-2803, 2774-2779, 2702-2706	3780 Gals 17% HCL Acid	

TUBING RECORD	Size 2 3/8	Set At 3202	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.	Producing Method <input checked="" type="checkbox"/> Flowing <input 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 186	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

Production Interval: Other (Specify)