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ORIGINAL

Form ACO-1  
September 1999  
Form Must Be Typed

SEP 25 2001  
9-25-01  
KCC WICHITA

KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION  
WELL COMPLETION FORM

WELL HISTORY AND DESCRIPTION OF WELL & LEASE

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 Enerby SERVICES  
License: 32393  
Wellsite Geologist: NA

API No. 15 - 129-10327-0001  
County: Morton  
SW - SW - NE Sec 11 Twp. 33 S. R. 43W  
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: Smith P Well #: 1  
Field Name: Greenwood  
Producing Formation: Topeka

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.  
Well Name: Smith P-1

Elevation: Ground: 3570 Kelly Bushing: 3573  
Total Depth: 3240 Plug Back Total Depth: 3197  
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.

Original Comp. Date: 08/21/53 Original Total Depth: 3240  
     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. \_\_\_\_\_  
07/12/01 07/12/01 08/01/01  
Date of START Date Reached TD Completion Date of  
OF WORKOVER WORKOVER

Drilling Fluid Management Plan REWORK gk 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 09/24/01  
Subscribed and sworn to before me this 24th day of Sept.  
20 01  
Notary Public: Anita Peterson  
Date Commission Expires: Oct. 1, 2001

KCC Office Use Only  
Yes 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

141100

Side Two

Operator Name: OXY USA, Inc. Lease Name: Smith P Well #: 1

Sec. 11 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	22.7	600	C	300	4% Gel Com
Production	7 7/8	5 1/2	14	3239	C	450	4% 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	2825-2832, 2800-2804, 2660-2664, 2652-2656, 2642-2646, 2636-2640, 2628-2631, 2622-2626	3500 Gals 17% HCL Acid	
	WSRBP @ 2843 w/1 sx sand		

TUBING RECORD		Size	Set At	Packer At	Liner Run
		2 3/8	2839		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date of First, Resumed Production, SWD or Enhr.		Producing Method			
08/02/01		<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	Gas Mcf	Water Bbls	Gas-Oil Ratio	Gravity
		147			

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) \_\_\_\_\_