

ORIGINAL

CONFIDENTIAL

KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION  
WELL COMPLETION FORM

CONFIDENTIAL

WELL HISTORY - DESCRIPTION OF WELL & LEASE

KCC

FEB 12 2001

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: CIG  
 Operator Contact Person: Kenny Andrews  
 Phone: (316) 629-4232  
 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: HUMBLE A-1

API No. 15-129-10287-0001  
 County: Morton  
 - - - - NW Sec 4 Twp. 33 S. R 43 W  
1980 feet from S (N) (circle one) Line of Section  
1980 feet from E (W) (circle one) Line of Section  
 Footages Calculated from Nearest Outside Section Corner:  
 (circle one) NE SE (NW) SW  
 Lease Name: Humble A Well #: 1  
 Field Name: Greenwood  
 Producing Formation: Topeka  
 Elevation: Ground: 3175 Kelly Bushing: 3185  
 Total Depth: 3320 Plug Back Total Depth: 3294  
 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

JUL 10 2002

FROM CONFIDENTIAL

Original Comp. Date: 5/53 Original Total Depth: 3320'  
 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. \_\_\_\_\_  
12/15/00 12/28/00 12/28/00  
 Spud Date of **START** Date Reached TD Completion Date of  
**OF WORKOVER** **WORKOVER**

Drilling Fluid Management Plan REWORK JFH 10/3/01  
 (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:  
 Operator Name: NA  
 Lease Name: NA License No.: \_\_\_\_\_  
 Quarter NA Sec. NA Twp. NA S. R. NA  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 Andrews  
 Title: Engineering Technician Date 2/12/01  
 Subscribed and sworn to before me this 12<sup>th</sup> day of February  
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

UIC Distribution

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

X

ORIGINAL

Side Two

Operator Name: OXY USA, Inc. Lease Name: Humble A Well No. 1  
Sec. 4 Twp. 33 S. R. 43  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 type="checkbox"/> Yes <input checked="" 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: GR/CCL				

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	22.7	600	C	300	
Production	7 7/8	5 1/2	14	3319	C	200	

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	3276-92, 3250-56, 3229-33, 3212-25, 3188-3206, 3158-72, 3038-46, 3024-32, 2987-90, 2972-82, 2962-68, 2942-50, 2926-32		
2	2866-73, 2817-22, 2794-99, 2783-85, 2700-08	3080 gal. 17% HCl	

TUBING RECORD		Size 2-3/8"	Set At 2890	Packer At	Liner Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date of First, Resumed Production, SWD or Enhr.			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 NA	Gas Mcf 254	Water Bbls 0	Gas-Oil Ratio NA	Gravity NA

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: \_\_\_\_\_