

CONFIDENTIAL

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form ACO-1

September 1999

Form Must Be Typed

CONFIDENTIAL

WELL COMPLETION FORM
WELL HISTORY DESCRIPTION OF WELL & LEASE

ORIGINAL

Operator: License # 5447 API No. 15 - 175-00318-0001
Name: OXY-USA Inc. County: Seward
Address: P.O. Box 2528
City/State/Zip: Liberal, KS 67905
Purchaser: PEPL
Operator Contact Person: Vicki Carder
Phone: (620) 629-4200

Contractor: Name: Eagle Well Service Lease Name: Hitch G Well #: 1
License: 7407 Field Name: Hugoton Chase
Wellsite Geologist: NA Producing Formation: Chase

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: Cities Service Oil Co.
Well Name: Hitch "G" 1

Original Comp. Date: 02/14/49 Original Total Depth: 2700
 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. _____

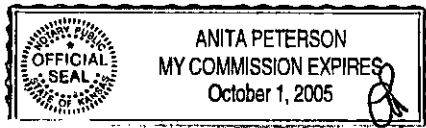
02/24/03 03/21/03
~~DATE~~ Date of START Date Reached TD Completion Date of
OF WORKOVER WORKOVER
Drilling Fluid Management Plan REWORK JH 6/25/03
(Data must be collected from the Reserve Pit)
Chloride content _____ ppm Fluid volume _____ bbls
Dewatering method used _____
Location of fluid disposal if 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 Project Date June 9, 2003
Subscribed and sworn to before me this 9th day of June
20 03
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



X

IMPROVED

Side Two

Operator Name: OXY USA Inc. Lease Name: Hitch G Well #: 1

Sec. 33 Twp. 32 S. R. 34W East West County: Seward

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.

<p>Drill Stem Tests Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(Attach Additional Sheets)</i></p> <p>Samples Sent to Geological Survey <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Cores Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Electric Log Run <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(Submit Copy)</i></p> <p>List All E. Logs Run: <input checked="" type="checkbox"/> Gamma Correlation</p>	<p><input type="checkbox"/> Log Formation (Top), Depth and Datum</p> <p><input type="checkbox"/> Sample</p> <p>Name _____ Top _____ Datum _____</p>
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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
Conductor					C		
Surface	12 1/4"	8"		600'	C		
Production	7 5/8"	5"		2699'	C		

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	#Sacks Used	Type and Percent Additives
___ Perforate				
___ Protect Casing	-			
___ Plug Back TD				
___ 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	2534-2544 [NEW]	Acidize - 1000 gls 15% HCL	
5	2658'-2684' + 2608'-2636'	1044 gls 15% Acid	
5	2552'-2566'	Frac - 30640 gls 80% N2 Foam, 4,983# 12/20 Sand - Screened Out	

TUBING RECORD	Size 2 3/8	Set At 2656	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. 03/25/03	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 35	Water Bbls 1.5	Gas-Oil Ratio	Gravity
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Disposition of Gas Vented Sold Used on Lease Open Hole Perf. Dually Comp. Commingled _____

METHOD OF COMPLETION

Production Interval 2534'-2636' OA

(If vented, Submit ACO-18) Other (Specify) _____



OXY USA Inc.
1701 N. Kansas, Liberal, KS 67901
P.O. Box 2528, Liberal, KS 67905-2528

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June 9, 2003

Kansas Corporation Commission
Wichita State Office Bldg.
130 South Market, Room 2078
Wichita, KS 67202

RECEIVED
JUN 11 2003
KCC WICHITA

Release
AUG 12 2004
From
Confidential

RE: Hitch G-1
SW/4 33-32S-34W
Seward County, KS

KCC
JUN 09 2003

To Whom It May Concern:

CONFIDENTIAL

Please file confidential the following items that are being submitted for the above referenced well which has been recently completed as a workover.

1. KANSAS STATE FORM ACO-1 + two copies
2. GAMMA CORRELATION LOG

If there are any questions or you require further information, please contact me at the above address or by phone at (316) 629 - 4242.

Sincerely,

Vicki Carder
Capital Projects
Liberal, KS

Enclosures

XC: Well File
Oxy USA, Inc. - Houston
Oxy USA, Inc. - Liberal