

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

Form ACO-1
September 1999
Form Must Be Typed

ORIGINAL

Operator: License # 5447
 Name: OXY USA Inc.
 Address: P.O. Box 2528
 City/State/Zip: Liberal, KS 67905
 Purchaser: PEPL
 Operator Contact Person: Vicki Carder
 Phone: (620) 629-4200
 Contractor: Name: Key Well Service
 License: _____
 Wellsite Geologist: NA
 Designate Type of Completion:
 _____ New Well _____ Re-Entry X Workover
 _____ Oil _____ SWD _____ SLOW _____ Temp. Abd.
 _____ Gas _____ ENHR _____ SIGW
X Dry _____ Other (Core, WSW, Expl, Cathodic, etc)
 If Workover/Re-entry: Old Well Info as follows:
 Operator: OXY USA, Inc.
 Well Name: MLP Cornell University B-1

API No. 15 - 189-22325-0001
 County: Stevens
 _____ - C - NW - SW Sec. 15 Twp. 32 S. R. 39W
1952 feet from (S) N (circle one) Line of Section
675 feet from (W) (circle one) Line of Section
 Footages Calculated from Nearest Outside Section Corner:
 (circle one) NE SE (NW) SW
 Lease Name: MLP Cornell University B Well #: 1
 Field Name: _____
 Producing Formation: Morrow
 Elevation: Ground: 3257 Kelly Bushing: 3268
 Total Depth: 6100 Plug Back Total Depth: 5610
 Amount of Surface Pipe Set and Cemented at 1703 feet
 Multiple Stage Cementing Collar Used? Yes No
 If yes, show depth set 3028
 If Alternate II completion, cement circulated from _____
 feet depth to _____ w/ _____ sx cmt.

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Original Comp. Date: 03/04/00 Original Total Depth: 6100
 _____ Deepening _____ Re-perf. _____ Conv. To: Enhr./SWD:
X Plug Back 5610 Plug Back Total Depth
 _____ Commingled _____ Docket No. _____
 _____ Dual Completion _____ Docket No. _____
 _____ Other (SWD or Enhr.?) _____ Docket No. _____
12/10/02 _____ 12/18/02
 Spud Date or _____ Date Reached TD _____ Completion Date or
 Recompletion Date _____ Recompletion Date _____

Drilling Fluid Management Plan Well over 5-2-03
 (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.: _____

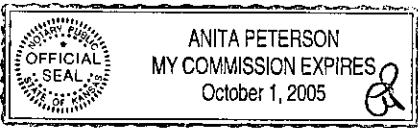
INSTRUCTIONS: An original and two copies of this form shall be filed with the Kansas Corporation Commission, 130 S. Market - Room 2078, Wichita, Kansas 67202, within 120 days of the spud date, recompletion, workover or conversion of a well. Rule 82-3-130, 82-3-106 and 82-3-107 apply. Information of side 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 April 21, 2003
 Subscribed and sworn to before me this 21st day of April
20 03
 Notary Public: Anita Peterson
 Date Commission Expires: Oct. 1, 2005

KCC Office Use Only

N Letter of Confidentiality Attached
 If Denied, Yes Date: _____
N Wireline Log Received
N Geologist Report Received
 _____ UIC Distribution



X

Operator Name: OXY USA Inc. Lease Name: MLP Cornell University B Well #: 1

Sec. 15 Twp. 32 S. R. 39W East West County: Stevens

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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Electric Log Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(Submit Copy)</i> List All E. Logs Run:	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name _____ Top Datum
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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					C		
Production					C		

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	Acid, Fracture, Shot, Cement Squeeze Record	Depth
	Specify Footage of Each Interval Perforated	(Amount and Kind of Material Used)	
	CIBP @ 5900 w/2 sxs cmt		
3	5615-5619	500 gls 7 1/2% HCL	
	CIBP @ 5610 w/1 sx cmt		
3	5589-5593	5 bbls 7 1/2% FE	

TUBING RECORD	Size NA	Set At NA	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. NA	Producing Method <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input checked="" type="checkbox"/> Other (Explain) <u>Dry Hole-TA'd Well</u>
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Estimated Production Per 24 Hours	Oil BBLS NA	Gas Mcf NA	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 _____

Other (Specify) Dry Hole - TA Well

Production Interval _____