

FORM MUST BE TYPED

STATE CORPORATION COMMISSION OF KANSAS
OIL & GAS CONSERVATION DIVISION
WELL COMPLETION FORM
ACO-1 WELL HISTORY
DESCRIPTION OF WELL AND LEASE

Operator: License # 5447
Name: OXY USA, Inc.
Address P.O. Box 2528
City/State/Zip Liberal, KS 67905
Purchaser: Pending
Operator Contact Person: JERRY ALLEN HUNT
Phone (316) 629-4200
Contractor: Name: DUKE DRILLING CO., INC.
License: 5929

Wellsite Geologist: TIM L HEDRICK
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:
Operator: _____
Well Name: _____
Comp. Date _____ Old Total Depth _____
 Deepening Re-perf. Conv. to Inj/SWD
 Plug Back PBTD
 Commingled Docket No. _____
 Dual Completion Docket No. _____
 Other (SWD or Inj?) Docket No. _____
082599 090599 11-19-99
Spud Date Date Reached TD Completion Date

API NO. 189223160000
County STEVENS
- N/2 - SW - SW Sec. 15 Twp. 32S Rge. 39W
845 Feet from the South Line of the Section
660 Feet from the West Line of the Section
Footages Calculated from Nearest Outside Section Corner:
NE, SE, NW or SW (circle one)
Lease Name MLP CORNELL UNIVERSITY A Well # 1
Field Name CIMARRON BEND
Producing Formation MORROW L
Elevation: Ground 3247 KB 3259
Total Depth 6175 PBTD 5900*
Amount of Surface Pipe Set and Cemented at 1678 Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set 2984.69 Feet
If Alternate II completion, cement circulated from _____
feet depth to _____ w/ _____ SX cmt.

Drilling Fluid Management Plan ALT 2 3/29/01 JB
(Data must be collected from the Reserve Pit)
Chloride content 800 ppm Fluid volume 1200 bbls
Dewatering method used EVAPORATION
Location of fluid disposal if hauled offsite:
Operator Name RELEASED
Lease Name _____ License No. _____
MAR 28 2001
Quarter Sec. 15 Twp. S Rng. W
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 on 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 [Signature]
Title CAPITAL PROJECT Date 11-19-99
Subscribed and sworn to before me this 19 day of November 1999.
Notary Public Anita Peterson
Date Commission Expires Oct 1, 2001

K.C.C. OFFICE USE ONLY
F Letter of Confidentiality Attached
C Wireline Log Received
C Geologist Report Received
Distribution
 KCC SWD/Rep NGPA
 KGS Plug Other (Specify)

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

X

Operator Name OXY USA, Inc.

Lease Name M.P. CORNELL UNIVERSITY A Well # 1

Sec. 15 Twp. 32S Rge. 39W

County STEVENS

INSTRUCTIONS: Show important tops and base of formations penetrated. Detail all cores. Report all drill stem 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 during test. Attach extra sheet if more space is needed. Attach copy of log.

Drill Stem Tests Take (Attach Additional Sheets.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Log	Formation (Top), Depth and Datums	<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	TOPEKA	3444	-185
Electric Log Run (Submit Copy.)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	HEEBNER	3942	-683
List All E.Logs Run: GEOLOGICAL REPORT NEUTRON LOG GAMMA RAY LOG INDUCTION LOG		LANSING	4046	-787
		MARMATION	4766	-1507
		CHEROKEE	4986	-1727
		MORROW	5530	-2271
		CHESTER	5995	-2736

CASING RECORD New 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	24	1678	C	415	
Intermediate					C		
Production	7 7/8	5 1/2	15.5	6175	C	210	.9% VERSA SET 3% KCL
					C	225	2% CC % FLOCELE

ADDITIONAL CEMENTING/SQUEEZE RECORD

Purpose:	Depth Top - Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
<input checked="" 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
4	5597' - 5622'		

TUBING RECORD Size 2 7/8 Set At 5593' Packer At _____ Liner Run Yes No

Date of First, Resumed Production, SWD or Inj. _____ Producing Method Flowing Pumping Gas Lift Other (Explain) _____

Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
	33	7725	3		

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) _____