

*The purpose of this filing is to
change well name only.

15-129-20888-00-00 P

SIDE ONE

STATE CORPORATION COMMISSION OF KANSAS
OIL & GAS CONSERVATION DIVISION
RECOMPLETION FORM
ACO-2 AMENDMENT TO WELL HISTORY

Operator: License # 5447
Name: OXY USA Inc.
Address: P. O. Box 26100
City/State/Zip: Okla. City, OK 73126-0100

Purchaser: PEPL

Operator Contact Person: Raymond Hui
Phone: (405) 749-2471

Designate Type of Original Completion
 New Well Re-Entry Workover

Date of Original Completion 11-03-1989

Name of Original Operator OXY USA Inc.

Original Well Name Dunigan A #7

Date of Recompletion:
Not applicable.

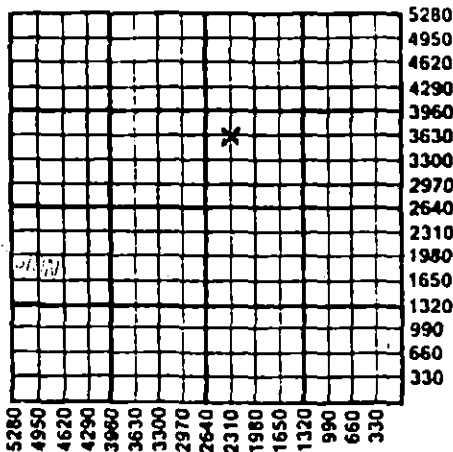
Commenced Completed

Re-entry Workover

Designate Type of Recompletion/Workover:
 Oil SWD Temp. Abd.
 Gas Inj Delayed Comp.
 Dry Other (Core, Water Supply, etc.)
 Deepening Re-perforation
 Plug Back PBTD
 Conversion to Injection/Disposal

Is recompleted production:
 Commingled Docket No. _____
 Dual Completion Docket No. _____
 Other (Disposal or Injection?) Docket No. _____

API No. _____
County Morton
CNW SW NE Sec. 4 Twp. 32S Rge. 39 East West
3630 Ft. North from Southeast Corner of Section
2310 Ft. West from Southeast Corner of Section
(NOTE: Locate well in section plat below.)
(Originally named Dunigan A #7)
Lease Name Israel A Well # 6
Field Name East Kinsler
Producing Formation Morrow L-1
Elevation: Ground 3238 KB 3249



JAN 16 1990
Conservation
Wichita Kansas

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

INSTRUCTIONS: This form shall be completed in triplicate and filed with the Kansas Corporation Commission, 200 Colorado Derby Building, Wichita, Kansas 67202, within 120 days of the recompletion of any well. Rules 82-3-107 and 82-3-141 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 any additional wireline logs and driller's time logs (not previously submitted) shall be attached with this form. Submit ACO-4 or ACO-5 prior to or with this form for approval of commingling or dual completions. Submit CP-1 with all plugged wells. Submit CP-111 with all temporarily abandoned wells. NOTE: Conversion of wells to either disposal or injection must receive approval before use; submit form U-1.

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 Bryan Humphries Title Manager Engineering Date 1-12-1990

Subscribed and sworn to before me this 12th day of January 19 90

Notary Public Nancy C. Haun Date Commission Expires 8-8-91

SIDE TWO

Operator Name OXY USA Inc. Lease Name Israel A Well # 6

Sec. 4 Twp. 32S Rge. 39
 East
 West

County Morton

RECOMPLETION FORMATION DESCRIPTION

Log Sample

Name

Top

Bottom

Not applicable: Change well name only.

ADDITIONAL CEMENTING/SQUEEZE RECORD

| Purpose: ___ Perforate ___ Protect Casing ___ Plug Back TD ___ Plug Off Zone | Depth | | Type of Cement | # Sacks Used | Type and Percent Additives |
|--|-------|--------|---------------------------|--------------|----------------------------|
| | Top | Bottom | | | |
| | | | No additional new record. | | |
| | | | | | |
| | | | | | |

| Shots Per Foot | PERFORATION RECORD Specify Footage of Each Interval Perforated | | Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used) |
|----------------|---|--|---|
| | | | |
| | | | |
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| | | | |
| | | | |
| | | | |
| | | | |

PBTD _____ Plug Type _____

TUBING RECORD

Size _____ Set At _____ Packer At _____ Was Liner Run _____ Y _____ N

Date of Resumed Production, Disposal or Injection _____

Estimated Production Per 24 Hours Oil _____ Bbls. Water _____ Bbls. Gas-Oil-Ratio

Gas _____ Mcf

Disposition of Gas: -L

Vented Sold Used on Lease (If vented, submit ACO-18.)