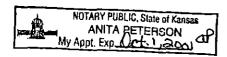
STATE CORPORATION COMMISSION OF KAMEAS OIL & GAS CONSERVATION DIVISION

SIDE C

This 15 "N" section (5) instead of Section (6)
APT No. 151852232800 - UC
County STEVENS
<u>SE - NW - NW - Sec. 6 Twp. 32S Rge. 38W</u>
821.5 Feet from the North Line of the Section
1250.9 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 UNIVERITY C Well # 1
Field Name
Producing Formation MORROW S
Elevation: Ground 3180 KB 3192
Total Depth 6267 PBTD 5470
Amount of Surface Pipe Set and Cemented at Feet
Multiple Stage Cementing Collar Used? X Yes No
If yes, show depth set Feet
If Alternate II comp'etion, cement circulated from
feet depth to w/ sx cmt.
Drilling Fluid Management Plan (Data must be collected from the Reserve Pit)
Chloride content 1400 ppm Fluid volume 2800 bbls
Dewatering method used <u>EVAPORATION</u>
Location of fluid disposal if hauled offsite:
Operator Name
Operator Name
Quarter Sec. Twp. S Rng. W
County Docket No
filed with the Kansas Corporation Commission, 130 S. Market - Room recompletion, workover or conversion of a well. Rule 82-3-130, 82-3-will be held confidential for a period of 12 months if requested in fidentiality in excess of 12 months). One copy of all wireline logs ALL CEMENTING TICKETS MUST BE ATTACKED. Submit CP-4 form with all ed wells.
gated to regulate the oil and gas industry have been fully complied best of my knowledge.
F.C.C. OFFICE USE ONLY F Letter of Confidentiality Attached C Wireles Log Received Confident Received

WELL COMPLETION PORM ACO-1 WELL HISTORY DESCRIPTION OF WELL AND LEASE Operator: Linense # __ 5447 Name: OXY USA, Inc. Address P.O. Box 2528 City/State/Zip Liberal, KS Purchaser: Pending Operator Contact Person: ___JERRY ALLEN HONE Phone ___(316) 629-4200 Contractor: Name: ___DUKE DRILLING INC License: ___5929 Wellsite Geologist: __CURTIS KOVEY Designate Type of Completion X New Well ____ Re-Entry ____ Workover ENHR SION Oil __ Temp. Abd. X Gas Other (Core, WSW, Expl., Cathodic, etc) Dry If Workever: Operator:__ Well Name: Comp. Date __ ____Old Total Depth Deepening ____ Re-perf. _ Conv. to Inj/SWD PBTD Plug Back Commingled Docket No. Dual Completion Docket No. Other (SWD or Inj?) Docket No. 01-22-00 02-02-00 T AND A Spud Date Date Reached TD Completion Date INSTRUCTIONS: An original and two copies of this form shall be 2078, Wichita, Kansas 67202, within 120 days of the spud date, 106 and 82-3-107 apply. Information on side two of this form writing and submitted with the form (see rule 82-3-107 for conf and geologist well report shall be attached with this form. plugged wells. Submit CP-111 form with all temporarily abandone All requirements of the statutes, rules and regulations promul with and the statements herein are complete and correct to the Signature Geologist Report Received Subscribed and sworn to before me this Distribution *y* 2000 _SWD/Rep KCC NGPA



Notary Public

ate Commission Expires

Form ACO-1 (7-91)

KGS

Plug

Other

(Specify)