

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

ORIGINAL

API NO. 15-129-10302 - 0001
County MORTON
C - SE - SE - SW Sec. 26 Twp. 33S Rge. 42W

Operator: License # 5447

CONFIDENTIAL

Name: OXY USA, Inc.

KCC

Address P.O. Box 2528

OCT 18 2000

City/State/Zip Liberal, KS 67905

CONFIDENTIAL

Purchaser: CIG

Operator Contact Person: Kenny L. Andrews

Phone (316) 629-4232

Contractor: Name: N/A

License: N/A

Wellsite Geologist: N/A

Designate Type of Completion
 New Well Re-Entry X Workover

 Oil SWD S1OW Temp. Abd.
 X Gas ENHR SIGW
 Dry Other (Core, WSW, Expl., Cathodic, etc)

If Workover:

Operator: OXY USA, Inc.

Well Name: MONGONE B # 1

Comp. Date 11/7/53 Old Total Depth 3400

 Deepening X Re-perf. Conv. to Inj/SWD
 Plug Back PBSD
 Commingled Docket No.
 Dual Completion Docket No.
 Other (SWD or Inj?) Docket No.

8/23/00 9/18/00 9/18/00

8/23/00 Date of 9/18/00 Date Reached TD 9/18/00 Completion Date of

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.

Footages Calculated from Nearest Outside Section Corner:
NE, SE, NW or SW (circle one)

Lease Name MONGONE B Well # 1

Field Name GREENWOOD

Producing Formation TOPEKA

Elevation: Ground 3382 KB 3390

Total Depth 3400 PBSD 3075

Amount of Surface Pipe Set and Cemented at 600 Feet

Multiple Stage Cementing Collar Used? Yes X No

If yes, show depth set Feet

If Alternate II completion, cement circulated from

feet depth to w/ sx cmt.

Drilling Fluid Management Plan REWORK 9/12-29-00
(Data must be collected from the Reserve Pit)

Chloride content N/A ppm Fluid volume N/A bbls

Dewatering method used N/A

Location of fluid disposal if hauled offsite:
N/A

Operator Name N/A

Lease Name N/A

Quarter Sec. Twp. S Rng. W

County Docket No.

OCT 19 2000
RECEIVED
STATE CORPORATION COMMISSION
Conservation Division
Wichita, Kansas

DEC 19 2001

FROM CONFIDENTIAL

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 Kenny L. Andrews
Title ENGINEERING TECHNICIAN Date 10/18/00

Subscribed and sworn to before me this 18th day of October, 2000.

Notary Public Anita Peterson
Date Commission Expires Oct. 1, 2001

K.C.C. OFFICE USE ONLY		
F	<input checked="" type="checkbox"/>	Letter of Confidentiality Attached
C	<input type="checkbox"/>	Wireline Log Received
C	<input type="checkbox"/>	Geologist Report Received
Distribution		
<input checked="" type="checkbox"/>	KCC	<input type="checkbox"/> SWD/Rep <input type="checkbox"/> NGPA
<input type="checkbox"/>	KGS	<input type="checkbox"/> Plug <input type="checkbox"/> Other (Specify)

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

X

Operator Name OXY USA, Inc.
 Sec. 26 Twp. 33S Rge. 42W

Lease Name MONGONE B Well # 1
 County MORTON

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 Yes No
 (Attach Additional Sheets.)

Samples Sent to Geological Survey Yes No

Cores Taken Yes No

Electric Log Run Yes No
 (Submit Copy.)

List All E.Logs Run:

Log Formation (Top), Depth and Datums Sample

Name _____ Top _____ Datum _____

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"	?	600	C	300	
Intermediate					C		
Production	7-7/8"	5-1/5"	?	3399	C	200	

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
2	3236-50	1080 Gals 17%	
5	3220-26, 3211-15, 3198-3206, 3186-94, 3177-81, 3160-70,		
5	3142-56 CIBP @ 3125	All w/ 7000 gals 15%	
5	3008-50, 2936-46, 2918-26, 2906-10, 2880-94	5000 Gals 15%	
2	2856-60, 2826-30, 2740-44, 2710-20, 2692-2701, 2681-84, 2610-18	All w/ 4500 gals 17%	

TUBING RECORD Size 2-7/8" Set At 3081 Packer At _____ Liner Run Yes No

Date of First, Resumed Production, SWD or Inj. 9/20/00 Producing Method Flowing Pumping Gas Lift Other (Explain)

Estimated Production Per 24 Hours	Oil Bbls. N/A	Gas Mcf 272	Water Bbls. 15	Gas-Oil Ratio N/A	Gravity N/A
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Disposition of Gas: _____ METHOD OF COMPLETION _____ Production Interval 2610-3050

Vented Sold Used on Lease Open Hole Perf. Dually Comp. Commingled _____
 (If vented, submit ACO-18.)

Other (Specify) _____