

**CONFIDENTIAL**

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

NOV 10 2000

Form ACO-1

September 1999

Form Must Be Typed

**CONFIDENTIAL**

**ORIGINAL**

Operator: License # 5447  
 Name: OXY USA, Inc.  
 Address: P.O. Box 2528  
 City/State/Zip: Liberal, KS 67905  
 Purchaser: CIG  
 Operator Contact Person: Kenny Andrews  
 Phone: (316) 629-4232  
 Contractor: Name: N/A  
 License: N/A  
 Wellsite Geologist: N/A  
 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/Re-entry: Old Well Info as follows:  
 Operator: OXY USA, Inc.  
 Well Name: MONGONE A # 1

API No. 15 - 15-129-10301-0001  
 County: MORTON  
 - C NE - NE - NW Sec 26 Twp. 33 S. R. 42W  
330 feet from S  (circle one) Line of Section  
2310 feet from E  (circle one) Line of Section  
 Footages Calculated from Nearest Outside Section Corner:  
 (circle one) NE SE  SW  
 Lease Name: MONGONE A Well #: 1  
 Field Name: GREENWOOD  
 Producing Formation: TOPEKA  
 Elevation: Ground: 3454 Kelly Bushing: 3462  
 Total Depth: 3300 Plug Back Total Depth: 3265  
 Amount of Surface Pipe Set and Cemented at 600 feet  
 Multiple Stage Cementing Collar Used?  Yes  No  
 If yes, show depth set \_\_\_\_\_  
 If Alternate II completion, cement circulated from \_\_\_\_\_  
 feet depth to \_\_\_\_\_ w/ \_\_\_\_\_ sx cmt.

RELEASED

JUN 10 2002

FROM CONFIDENTIAL

RECEIVED  
STATE CORPORATION COMMISSION  
NOV 13 2000

CONSERVATION DIVISION  
Elias

Original Comp. Date: 11/3/53 Original Total Depth: 3300  
 Deepening  Re-perf.  Conv. To Enhr./SWD  
 Plug Back  Plug Back Total Depth  
 Commingled  Docket No. \_\_\_\_\_  
 Dual Completion  Docket No. \_\_\_\_\_  
 Other (SWD or Enhr.?)  Docket No. \_\_\_\_\_  
9/19/00 10/2/00 10/2/00  
 Date of **START** Date Reached TD Completion Date or  
 OF WORKOVER Recompletion Date

Drilling Fluid Management Plan REWORK 2/6/15/01  
 (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:  
 Operator Name: N/A  
 Lease Name: N/A License No.: N/A  
 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 6702, 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: Kenny Andrews  
 Title: Engineering Technician Date 11/10/00  
 Subscribed and sworn to before me this 10<sup>th</sup> day of November  
20 00  
 Notary Public: Anita Peterson  
 Date Commission Expires: Oct. 1, 2001

**KCC Office Use Only**

Letter of Confidentiality Attached  
 If Denied, Yes  Date: \_\_\_\_\_

Wireline Log Received

Geologist Report Received

UIC Distribution

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

X

Operator Name: OXY USA, Inc. Lease Name: MONGONE A Well #: 1  
 Sec. 26 Twp. 33 S. R. 42W  East  West County: MORTON

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

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	12-1/4	8-5/8"	24	600	C	300	
Production	7-7/8	5-1/2"	17	3299	C	200	

**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 Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>	Depth
5	3218-30,3200-12,3182-94,3054-84,2978-88,2958-68		
5	2946-50,2922-34		
2	3008-14, 2850-54,2800-05,2755-62,2722-30,2704-08	All 2 SPF treated w/ total 3450 gals 17%	
		HCL acid	

TUBING RECORD	Size	Set At	Packer At	Liner Run
	2-3/8"	3249		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Date of First, Resumed Production, SWD or Enhr.	Producing Method	Estimated Production Per 24 Hours	Oil BBLS	Gas Mcf	Water Bbls	Gas-Oil Ratio	Gravity
10/4/00	<input type="checkbox"/> Flowing <input checked="" type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)		N/A	301	60	N/A	N/A

Disposition of Gas  Vented  Sold  Used on Lease  Open Hole  Perf.  Dually Comp.  Commingled  Other (Specify) \_\_\_\_\_  
 (If vented, Submit ACO-18)

**METHOD OF COMPLETION**

Production Interval 2704'-3230' OA