

KANSAS 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 300

City/State/Zip Tulsa, OK 74102-0300

Purchaser:

Operator Contact Person: Raymond Hui
Phone (918) 561-3548

Contractor: Name: Cheyenne Drilling Co.
License: 5382

Wellsite Geologist:

Designate Type of Completion
 New Well Re-Entry Workover

 Oil SWD SLOW 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? PBT
 Plug Back _____
 Commingled Docket No. _____
 Dual Completion Docket No. _____
 Other (SWD or Inj?) Docket No. _____

Spud Date 2-27-96 Date Reached TD 2-28-96 Completion Date 3-30-96

API NO. 15-129-21414 **ORIGINAL**
County Morton
- NW - SE - SW Sec. 22 Twp. 34S Rge. 41 E W
1250 FSL Feet from (circle one) Line of Section
3890 FEL Feet from (circle one) Line of Section
Footages Calculated from Nearest Outside Section Corner:
XX, SE, XX or XX (circle one)
Lease Name Stanford B Well # 2
Field Name Hugoton
Producing Formation Chase
Elevation: Ground 3439' KB _____
Total Depth 2510' PBD 2475'
Amount of Surface Pipe Set and Cemented at 470 Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set _____ Feet
If Alternate II completion, cement circulated from _____
feet depth to _____ w/ _____ sx cmt.
Drilling Fluid Management Plan Att. 1 - 1-5-98 - U.C.
(Data must be collected from the Reserve Pit)
Chloride content 1200 ppm Fluid volume 2800 bbls
Dewatering method used Evaporation
Location of fluid disposal if hauled offsite:
Operator Name _____
Lease Name Stanford B License No. _____
5 1996 Quarter Sec. _____ Twp. _____ S Rng. _____ E/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 Raymond Hui
Title Staff Analyst Date 6-3-96
Subscribed and sworn to before me this 3rd day of June
19 96
Notary Public Loren Anne Wells
Date Commission Expires 9-22-97

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)

Operator Name OXY USA Inc.

Lease Name Stanford B

Well # 2

Sec. 22 Twp. 34S Rge. 41

East
 West

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 Taken 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: Ran cased hole
Neutron log

Log Formation (Top), Depth and Datum Sample

Name	Top	Datum
Hollenberg	2237	1215
Herington	2260	1192
Krider	2274	1178
Winfield	2300	1152

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	470	CL A	195	3% cc
Production	7 7/8"	5 1/2"	14	2497	CL A	320	3% cc

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 (Amount and Kind of Material Used) Depth	
		2	2262-44; 2262-66; 2274-78; 2310-14
		7 1/2% HCL Frac'd w/55622 gal 25# Borate Gel	
TUBING RECORD		Liner Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Size <u>2 3/8"</u> Set At <u>2443</u> Packer At			
Date of First, Resumed Production, SWD or Inj. <u>4-2-96</u>		Producing Method <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)	
Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls. Gas-Oil Ratio Gravity
		145	

Disposition of Gas: METHOD OF COMPLETION

Production Interval

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

Open Hole Perf. Dually Comp. Commingled
 Other (Specify) _____

2262-66
2274-78
2310-14

SUMMARY

HALLIBURTON LOCATION

Liberal

WELL TICKET NO 92111

WELL DATA

FIELD W. Irberton SEC 22 TWP. 24S RING. 41W COUNTY MANITO STATE KANSAS

FORMATION NAME TYPE FROM TO INITIAL PROD. OIL BPD WATER BPD GAS MCFD PRESENT PROD. OIL BPD WATER BPD GAS MCFD COMPLETION DATE MUD TYPE MUD WT. PACKER TYPE SET AT BOTTOM HOLE TEMP PRESSURE MISC DATA TOTAL DEPTH

Table with columns: NEW USED, WEIGHT, SIZE, FROM, TO, MAXIMUM PSI ALLOWABLE. Rows: CASING, LINER, TUBING, OPEN HOLE, PERFORATIONS.

ORIGINAL

JOB DATA

Table with columns: CALLED OUT, ON LOCATION, JOB STARTED, JOB COMPLETED. Includes dates and times for 3-1-96.

PERSONNEL AND SERVICE UNITS

Table with columns: NAME, UNIT NO. & TYPE, LOCATION. Lists personnel like Duggins, Flawell, Reeves and units like 30072, 52776, 75057, 4115, 7620.

TOOLS AND ACCESSORIES

Table with columns: TYPE AND SIZE, QTY., MAKE. Lists items like FLOAT VALVE, GUIDE SHOE, CENTRALIZERS, BOTTOM PLUG, TOP PLUG, HEAD, PACKER, OTHER.

MATERIALS

Table with columns: TREAT. FLUID, DENSITY, LB/GAL, AM; DISPL. FLUID, DENSITY, LB/GAL, AM; PROP. TYPE, SIZE, LB; ACID TYPE, GAL, %; SURFACTANT TYPE, GAL, IN; OTHER.

DEPARTMENT C. West DESCRIPTION OF JOB 5 1/2" Longstring

JOB DONE THRU: TUBING CASING ANNULUS TBG/ANN

CUSTOMER REPRESENTATIVE X CAL WYLIE

HALLIBURTON OPERATOR Clint Duggins

COPIES REQUIRED

CEMENT DATA

Table with columns: STAGE, NUMBER OF BAGS, CEMENT, BRAND, BULK BAGGED, ADDITIVES, YIELD CU FT/SK, MIXED (LBS/GAL).

PRESSURES IN PSI

Form with fields: CIRCULATING DISPLACEMENT, BREAKDOWN MAXIMUM, AVERAGE FRACTURE GRADIENT, SHUT-IN INSTANT 5-MIN HYDRAULIC HORSEPOWER, ORDERED AVAILABLE USED, TREATING DISPL OVERALL, FEET REASON.

VOLUMES

Form with fields: PRESSURE LOSS, LOAD & BKDN, TREATMENT, CEMENT SLURRY, TOTAL VOLUME.

REMARKS

CUSTOMER OXY USA INC. LEASE STANFORD B. WELL NO 2. JOB TYPE 5 1/2" LONGSTRING. DATE 3-1-96

HALLIBURTON SUMMARY

HALLIBURTON LOCATION

Liberal

BILLED ON TICKET NO

919869

WELL DATA

FIELD _____ SEC *22* TWP. *34S* RING. *41W* COUNTY *Morton* STATE *KS*

FORMATION NAME _____ TYPE _____

FORMATION THICKNESS _____ FROM _____ TO _____

INITIAL PROD: OIL _____ BPD. WATER _____ BPD. GAS _____ MCFD _____

PRESENT PROD: OIL _____ BPD. WATER _____ BPD. GAS _____ MCFD _____

COMPLETION DATE: _____ MUD TYPE: _____ MUD WT. _____

PACKER TYPE _____ SET AT _____

BOTTOM HOLE TEMP. _____ PRESSURE _____

MISC. DATA _____ TOTAL DEPTH _____

JOB DATA

NEW USED	WEIGHT	SIZE	FROM	TO	MAXIMUM PSI ALLOWABLE
CASING	<i>U</i>	<i>28</i>	<i>8 1/2</i>	<i>470</i>	<i>227</i>
LINE	<i>CS9N</i>	<i>24</i>	<i>8 5/8</i>	<i>227</i>	<i>KB</i>
TUBING					
OPEN HOLE					SHOTS/FT
PERFORATIONS					
PERFORATIONS					
PERFORATIONS					

TOOLS AND ACCESSORIES

TYPE AND SIZE	QTY.	MAKE
FLOW-THRU AIR <i>8 3/4</i> <i>Ball Valve</i>	<i>1</i>	
FLOAT SHOE		
GUIDE SHOE		
CENTRALIZERS <i>5-4</i>	<i>3</i>	
BOTTOM PLUG		
TOP PLUG <i>6 W</i>	<i>1</i>	
HEAD <i>OCPC</i>	<i>1</i>	
PACKER <i>Basket</i>	<i>1</i>	
OTHER <i>Weld A</i>	<i>1</i>	

MATERIALS

TREAT. FLUID _____ DENSITY _____ LB/GAL. API

DISPL. FLUID _____ DENSITY _____ LB/GAL. API

PROP. TYPE _____ SIZE _____

PROP. TYPE _____ SIZE _____ LB.

ACID TYPE _____ GAL. _____ %

ACID TYPE _____ GAL. _____ %

ACID TYPE _____ GAL. _____ %

SURFACTANT TYPE _____ GAL. _____ IN _____

NE AGENT TYPE _____ GAL. _____

FLUID LOSS ADD. TYPE _____ GAL.-LB. _____

GELLING AGENT TYPE _____ GAL.-LB. _____

FRIC. RED. AGENT TYPE _____ GAL.-LB. _____

BREAKER TYPE _____ GAL.-LB. _____

BLENDING AGENT TYPE _____ GAL.-LB. _____

PERFAC BALLS TYPE _____

OTHER _____

OTHER _____

RECEIVED
KANSAS CORPORATION COMMISSION
AUG 26 1996
CONSERVATION DIVISION
WICHITA, KS

PERSONNEL AND SERVICE UNITS

NAME	UNIT NO. & TYPE	LOCATION
<i>R Crist</i>	<i>450045</i>	<i>Liberal</i>
<i>D 7653</i>		
<i>T Broadfoot</i>	<i>75496</i>	<i>11</i>
<i>D 4604</i>	<i>52947</i>	
<i>Dallas Corpening</i>	<i>4115</i>	<i>Hugoton</i>
<i>G 2728</i>	<i>7620</i>	

DEPARTMENT *50.218*

DESCRIPTION OF JOB *CO*

JOB DONE THRU: TUBING CASING ANNULUS TBC/ANN

CUSTOMER REPRESENTATIVE: *X*

HALLIBURTON OPERATOR *Ron Crist*

COPIES REQUESTED _____

CEMENT DATA

STAGE	NUMBER OF SACKS	CEMENT	BRAND	BULK SACKED	ADDITIVES	YIELD CU FT / SR	MIXED LBS./GAL.
	<i>95</i>	<i>midcon</i>		<i>B</i>	<i>3% CC, 1/2 #/sk Floccle</i>	<i>3.22</i>	<i>11.1</i>
	<i>100</i>	<i>Pront</i>		<i>B</i>	<i>2%</i>		

PRESSURES IN PSI

SUMMARY

VOLUMES

CIRCULATING _____ DISPLACEMENT _____ PRESLUSH: HHL. GAL. _____ TYPE _____

BREAKDOWN _____ MAXIMUM _____ LOAD & BKDN: DBL. GAL. _____ PAD. DBL. GAL. _____

AVERAGE _____ FRACTURE GRADIENT _____ TREATMENT: DBL. GAL. _____ DISPL. DBL. GAL. *26.3*

SHUT-IN INSTANT _____ 5-MIN _____ 15-MIN _____ CEMENT SLURRY: BBL. GAL. *54.6, 23.5 TC*

ORDERED _____ AVAILABLE _____ USED _____ TOTAL VOLUME: BBL. GAL. _____

REMARKS *circulated 56-281/2-455Ks To PIT*

TREATING _____ DISPL. _____ OVERALL _____ CEMENT LEFT IN PIPE _____

REASON *Shoe Joint*

CUSTOMER *OXY*

LEASE *Starford B*

WELL NO *2*

JOB TYPE *OIL*

DATE *2-27-96*