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

KCC WICHITA

Form ACO-1

September 1999

Form Must Be Typed

ORIGINAL

Operator: License # 5447  
Name: OXY USA Inc.  
Address: P.O. Box 2528  
City/State/Zip: Liberal, KS 67905  
Purchaser: NA  
Operator Contact Person: Vicki Carder  
Phone: (620) 629-4200  
Contractor: Name: Best Well Service  
License: NA  
Wellsite Geologist: \_\_\_\_\_

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: Cities Service Oil Company  
Well Name: Odell "A" 1

Original Comp. Date: 09/29/63 Original Total Depth: 5275  
 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. E-12571  
11/04/02 11/07/02  
Spud Date or Date Reached TD Completion Date or Recompletion Date

API No. 15 - 129-10310-0001  
County: Morton  
SE - SE Sec. 32 Twp. 34 S. R. 41W  
660 feet from (S) N (circle one) Line of Section  
660 feet from (E) W (circle one) Line of Section  
Footages Calculated from Nearest Outside Section Corner:  
(circle one) NE (SE) NW SW  
Lease Name: Wilburton Morrow Sand Unit Well #: 1601W  
Field Name: Wilburton  
Producing Formation: Morrow  
Elevation: Ground: 3476 Kelly Bushing: \_\_\_\_\_  
Total Depth: 5275 Plug Back Total Depth: 4927  
Amount of Surface Pipe Set and Cemented at 1469 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.

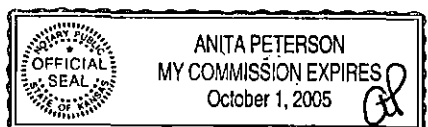
Drilling Fluid Management Plan Workover Dec 2-5-03  
(Data must be collected from the Reserve Pit)  
Chloride content \_\_\_\_\_ ppm Fluid volume \_\_\_\_\_ bbls  
Dewatering method used \_\_\_\_\_  
Location of fluid disposal if hauled offsite: \_\_\_\_\_  
Operator Name: \_\_\_\_\_  
Lease Name: \_\_\_\_\_ License No.: \_\_\_\_\_  
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: Vicki Carder  
Title: Capital Project Date February 3, 2003  
Subscribed and sworn to before me this 3rd day of Feb.  
20 03  
Notary Public: Anita Peterson  
Date Commission Expires: Oct. 1, 2005

KCC Office Use Only  
NO Letter of Confidentiality Attached  
If Denied, Yes  Date: \_\_\_\_\_  
NO Wireline Log Received  
NO Geologist Report Received  
! UIC Distribution



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X

Side Two

Operator Name: OXY USA Inc. Lease Name: Wilburton Morrow Sand Unit Well #: 1601W

Sec. 32 Twp. 34 S. R. 41W  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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(Attach Additional Sheets)</i>  Samples Sent to Geological Survey <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  Cores Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  Electric Log Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(Submit Copy)</i>  List All E. Logs Run:	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum
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CASING RECORD <input 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					C		
Production					C		

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
		Acidize - 1000 Gals 15% CCA Acid	

TUBING RECORD	Size 2 3/8	Set At 4839	Packer At 4839	Liner Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Date of First, Resumed Production, SWD or Enhr. 01/31/03	Producing Method <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input checked="" type="checkbox"/> Other (Explain) Injection Well
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Estimated Production Per 24 Hours	Oil BBLS 0	Gas Mcf 0	Water Bbls 0	Gas-Oil Ratio	Gravity
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Disposition of Gas	METHOD OF COMPLETION	Production Interval
<input type="checkbox"/> Vented <input type="checkbox"/> Sold <input checked="" type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18)</i>	<input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <input checked="" type="checkbox"/> Other (Specify) <u>Enhancement Recovery</u>	_____