

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

Form ACO-1
 September 1999
 Form Must Be Typed

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: NA

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: Federal Land Bank F-1

Original Comp. Date: 06/01/97 Original Total Depth: 6670
 Deepening Re-perf. Conv. To Enhr./SWD
 Plug Back 2950 Plug Back Total Depth

Commingled Docket No. _____
 RENAMED WELL Docket No. _____
 Dual Completion Docket No. _____
 Other (SWD or Enhr.?) Docket No. _____

02/07/03 02/19/03
~~Start~~ Date of **START** Date Reached TD Completion Date of

OF WORKOVER **WORKOVER**

API No. 15 - 189-22161-0001
 County: Stevens
- NW - SW - SE Sec 23 Twp. 34 S. R. 35W
990 feet from (S) N (circle one) Line of Section
2280 feet from (E) W (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:
 (circle one) NE (SE) NW SW
 (FORMERLY FEDERAL LAND BANK F-1)
 Lease Name: Taylor C Well #: 2

Field Name: Hugoton Chase
 Producing Formation: Chase

Elevation: Ground: 2973 Kelly Bushing: 2984
 Total Depth: 6670 Plug Back Total Depth: 2950

Amount of Surface Pipe Set and Cemented at 1516 feet
 Multiple Stage Cementing Collar Used? Yes No

If yes, show depth set 3146

If Alternate II completion, cement circulated from _____
 feet depth to _____ w/ _____ sx cmt.

Drilling Fluid Management Plan REWORK gH 6/25/03

(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 June 6, 2003

Subscribed and sworn to before me this 6th day of June

20 03

Notary Public: Anita Peterson

Date Commission Expires: Oct. 1, 2005

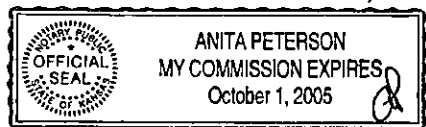
KCC Office Use Only

Letter of Confidentiality Attached
 If Denied, Yes Date: _____

Wireline Log Received

Geologist Report Received

UIC Distribution



X

Operator Name: OXY USA Inc. Lease Name: Taylor C Well #: 2

Sec. 23 Twp. 34 S. R. 35W East West County: Stevens

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 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:
 Tracer Scan

Log Formation (Top), Depth and Datum Sample

Name	Top	Datum

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							
Production							

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
	CIBP @ 6380' w/2 sxs cmt		
	CIBP @ 2950' w/2 sxs cmt		
4	2718-2751, 2678-2696, 2652-2660	Acidize - 2500 gls 15% FE Acid	
		Diverta Frac - 15000 gls 20# linear gel, 23000# 100 Mesh Sand	
		60000 gls 80Q WF 120 gel, 55000# 12/20 Sand	

TUBING RECORD	Size	Set At	Packer At	Liner Run
	2 3/8	2784		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Date of First, Resumed Production, SWD or Enhr.	Producing Method
Gas Line never hooked up to Pipeline	<input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input checked="" type="checkbox"/> Other (Explain) <u>TA'd</u>

Estimated Production Per 24 Hours	Oil BBLS	Gas Mcf	Water Bbbs	Gas-Oil Ratio	Gravity

Disposition of Gas Vented Sold Used on Lease (if vented, Submit ACO-18)

METHOD OF COMPLETION Open Hole Perf. Dually Comp. Commingled Other (Specify) TA'd

Production Interval _____