

STATE 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: None

Operator Contact Person: Raymond Hui

Phone (918) 561-3548

Contractor: Name: Cheyenne Drilling Co.

License: 5382

Wellsite Geologist: None on site

Designate Type of Completion
 New Well Re-Entry Workover

Oil SWD SIGW 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/SWD
 Plug Back PBTB
 Commingled Docket No. _____
 Dual Completion Docket No. _____
 Other (SWD or Inj?) Docket No. _____

6-2-96 6-14-96 6-14-96
Spud Date Date Reached TD Completion Date

API NO. 15-189-22080 **ORIGINAL**

County Stevens

C - S $\frac{1}{2}$ - S $\frac{1}{2}$ - SE $\frac{1}{4}$ Sec. 14 Twp. 34S Rge. 35 E W

330 FSL Feet from (circle one) Line of Section

1320 FEL Feet from (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:
XX, SE, XX or XX (circle one)

Lease Name Clodfelter A Well # 3

Field Name Unnamed

Producing Formation Lower Chester C-2 Sand

Elevation: Ground 2985' KB 2996'

Total Depth 6865' PBTB ---

Amount of Surface Pipe Set and Cemented at 1521 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 DIA 976 9-3-97
(Data must be collected from the Reserve Pit)

Chloride content 3200 ppm Fluid volume 1800 bbls

Dewatering method used Evaporation

Location of fluid disposal if hauled offsite: _____

Operator Name _____

Lease Name _____ License No. _____

_____ 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 10-2-96

Subscribed and sworn to before me this 2nd day of October, 19 96.

Notary Public Karen 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 Log Other
(Specify)
RECEIVED
OCT 14 11:28 AM '96
KANSAS CORPORATION COMMISSION (7-91)

Operator Name: OXY USA Inc.

Lease Name Clodfelter A well # 3Sec. 14 Twp. 34S Rge. 35 EastCounty Stevens West

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 (Attach Additional Sheets.)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Log	Formation (Top), Depth and Datums	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Name	Top	Datum
Cores Taken	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Morrow	5124	5214
Electric Log Run (Submit Copy.)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Chester	5214	5370
List All E.Logs Run:	MICRO DUAL-SPACED NEUTRON HIGH RESOLUTION INDUCTION			

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
Surface	12 1/4"	8 5/8"	24	1521'	CL A	450	3%
Production	7 7/8"	5 1/2"	14				

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	Spotted 50 sx CL A at 3200'			

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type		Acid, Fracture, Shot, Cement Squeeze Record	
	Specify Footage of Each Interval Perforated		(Amount and Kind of Material Used)	Depth

TUBING RECORD		Size	Set At	Packer At	Liner Run			
					<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Date of First, Resumed Production, SWD or Inj.				Producing Method				
D&A				<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

Disposition of Gas:	METHOD OF COMPLETION	Production Interval
<input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease (If vented, submit ACO-18.)	<input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <input type="checkbox"/> Other (Specify) _____	_____

ORIGINAL

OXY USA INC.
Clodfelter A #3
330 FSL & 1320 FEL
Sec. 14-34S-35W
Stevens County

15-189-22080

DST #1

Set packer at 6515' to 6529'. Bottom test for 30 min. flow. 60 min. SI. 60 min. flow. 120 min. SI.
Weak blow to surface in 1 1/2 min. Found 755' drilling mud in pipe. Read gauges initial SI 811 PSIG.
Sec. flow pressure 496 psig. Second final flow pressure 703 psig. Final SIP 988 psig.

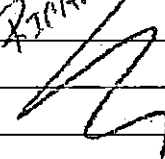
RECEIVED
KANSAS CORP COMM
1997 FEB 14 P 1:28

JOB LOG HAL-2013-C

CUSTOMER		WELL NO.		LEASE		JOB TYPE		TICKET NO.	
OXY USA INC		A-3		CLODFELTER		8 5/8 SURFACE		920 336	
CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS	
				T	C	TUBING	CASING		
	0700								ORIGINAL
	0900							CALL OUT ON LOCATION	
	1000							SAFETY MEETING	
	1204								CIRCULATE w/ REG PUMP
	1220								HOOK TO CASING
	1229	3.5	5				140		5 BBL AHEAD
	1225	6 BPM	300				172		MIX 350 SX M.C. Pt 3% C.P. 1/4" FLOCCS 11.1 gal - 3.22"/SK - 20.17"/SK
	1256	6	23.5				140		MIX 100 SX Pt 2% C.P. - 1/4" FLOCCS
	1302								DROP PLUG
	1303	5.5	96.5				230		DISPLACE CEMENT
	1327						800		BUMP PLUG
	1328						✓		CHECK FLOAT
									CIRCULATE 40 BBL'S TO PIT (18974 SACKS)
									294 PSI PRESSURE BEFORE PLUG BUMPED
									1 BPM RATE BEFORE PLUG BUMPED

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 KANSAS CORP COMM
 1997 FEB 14 P 1:29

THANK YOU
 MERVIN S. FICHARD





JOB SUMMARY

HALLIBURTON DIVISION

HALLIBURTON LOCATION

MID-CONTINENT

LIBERAL, KANSAS

BILLED ON TICKET NO.

970336

WELL DATA

FIELD _____ SEC. 14 TWP. 24S RING. 35W COUNTY STEUBENS 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 _____

	NEW USED	WEIGHT	SIZE	FROM	TO	MAXIMUM PSI ALLOWABLE
CASING	N	24	8 5/8"	D	1532	
LINER						
TUBING						
OPEN HOLE						SHOTS/FT.
PERFORATIONS						
PERFORATIONS						
PERFORATIONS						

ORIGINAL

JOB DATA

CALLED OUT	ON LOCATION	JOB STARTED	JOB COMPLETED
DATE <u>6-3-96</u>	DATE <u>6-3-96</u>	DATE <u>6-3-96</u>	DATE <u>6-3-96</u>
TIME <u>0700</u>	TIME <u>0900</u>	TIME <u>1204</u>	TIME <u>1322</u>

PERSONNEL AND SERVICE UNITS

NAME	UNIT NO. & TYPE	LOCATION
<u>MERRI ALLISON</u>	<u>102275 P/U</u>	<u>Duncan OK</u>
<u>KEVIN BATTOW</u>	<u>52770-7131 P/U</u>	<u>Duncan OK</u>
<u>CLINT HANLEY</u>	<u>51454-77031 BULK</u>	<u>Hugoton KS</u>
	<u>52920-7620 BULK</u>	<u>Hugoton KS</u>

TOOLS AND ACCESSORIES

TYPE AND SIZE	QTY.	MAKE
FLOAT COLLAR		
FLOAT SHOE <u>INSERT</u>	<u>1</u>	
GUIDE SHOE		
CENTRALIZERS <u>2 5/8"</u>	<u>3</u>	
BOTTOM PLUG <u>SWIPER</u>	<u>1</u>	
TOP PLUG		
HEAD <u>PLUG CONTAINER</u>	<u>1</u>	
PACKER		
OTHER <u>WELD A</u>	<u>1</u>	

MATERIALS

TREAT. FLUID _____ DENSITY _____ LB./GAL. °API
 DISPL. FLUID _____ DENSITY _____ LB./GAL. °API
 PROP. TYPE _____ SIZE _____ LB.
 PROP. TYPE _____ SIZE _____ LB.
 ACID TYPE _____ GAL. _____ %
 ACID TYPE _____ GAL. _____ %
 ACID TYPE _____ GAL. _____ %
 SURFACTANT TYPE _____ GAL. _____ IN.
 NE AGENT TYPE _____ GAL. _____ IN.
 FLUID LOSS ADD. TYPE _____ GAL.-LB. _____ IN.
 GELLING AGENT TYPE _____ GAL.-LB. _____ IN.
 FRIC. RED. AGENT TYPE _____ GAL.-LB. _____ IN.
 BREAKER TYPE _____ GAL.-LB. _____ IN.
 BLOCKING AGENT TYPE _____ GAL.-LB. _____
 PERFPAC BALLS TYPE _____ QTY. _____
 OTHER _____
 OTHER _____

DEPARTMENT CEMENT
 DESCRIPTION OF JOB 8 5/8" SURFACE
 JOB DONE THRU: TUBING CASING ANNULUS TBG./ANN.

HALLIBURTON OPERATOR MERRI ALLISON 102275 COPIES REQUESTED _____

CEMENT DATA

STAGE	NUMBER OF SACKS	CEMENT	BRAND	BULK SACKED	ADDITIVES	YIELD CU.FT./SK.	MIXED LBS./GAL.
<u>1</u>	<u>350</u>	<u>MIRCON C</u>		<u>B</u>	<u>3% O.C. 1/2% SURFAC</u>	<u>3.22</u>	<u>11.1</u>
<u>2</u>	<u>100</u>	<u>C</u>		<u>B</u>		<u>1.32</u>	<u>14.4</u>

PRESSURES IN PSI

SUMMARY

VOLUMES

CIRCULATING _____ DISPLACEMENT _____ PRESLUSH: BBL.-GAL. 10 TYPE H₂O
 BREAKDOWN _____ MAXIMUM _____ LOAD & BKDN: BBL.-GAL. _____ PAD: BBL.-GAL. _____
 AVERAGE _____ FRACTURE GRADIENT _____ TREATMENT: BBL.-GAL. _____ DISPL.: BBL.-GAL. 96.5
 SHUT-IN: INSTANT _____ 5-MIN _____ 15-MIN _____ CEMENT SLURRY: BBL. 200 (2) 23.5
 HYDRAULIC HORSEPOWER _____ TOTAL VOLUME: BBL.-GAL. 300
 ORDERED _____ AVAILABLE _____ USED _____ AVERAGE RATES IN BPM _____
 TREATING _____ DISPL. _____ OVERALL _____ CEMENT LEFT IN PIPE _____
 FEET 39.90 REASON SHOE JOINT

REMARKS

See Job Log!

CUSTOMER

CUSTOMER: _____
 LEASE: _____
 WELL NO.: _____
 JOB TYPE: _____
 DATE: 6-3-96



HALLIBURTON JOB SUMMARY

HALLIBURTON DIVISION
HALLIBURTON LOCATION

BILLED ON TICKET NO.

WELL DATA

FIELD _____ SEC. _____ TWP. _____ RNG. _____ COUNTY _____ STATE _____

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 _____

	NEW USED	WEIGHT	SIZE	FROM	TO	MAXIMUM PSI ALLOWABLE
CASING						
LINER						
TUBING						
OPEN HOLE						SHOTS/FT.
PERFORATIONS						
PERFORATIONS						
PERFORATIONS						

ORIGINAL

JOB DATA

CALLED OUT	ON LOCATION	JOB STARTED	JOB COMPLETED
DATE _____	DATE _____	DATE _____	DATE _____
TIME _____	TIME _____	TIME _____	TIME _____

TOOLS AND ACCESSORIES

TYPE AND SIZE	QTY.	MAKE
FLOAT COLLAR	1	
FLOAT SHOE	1	
GUIDE SHOE	1	
CENTRALIZERS	3	
BOTTOM PLUG	1	
TOP PLUG	1	
HEAD	1	
PACKER	1	
OTHER		

MATERIALS

TREAT. FLUID _____ DENSITY _____ LB./GAL. °API

DISPL. FLUID _____ DENSITY _____ LB./GAL. °API

PROP. TYPE _____ SIZE _____ LB.

PROP. TYPE _____ SIZE _____ LB.

ACID TYPE _____ GAL. _____ %

ACID TYPE _____ GAL. _____ %

ACID TYPE _____ GAL. _____ %

SURFACTANT TYPE _____ GAL. _____ IN.

NE AGENT TYPE _____ GAL. _____ IN.

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

GELLING AGENT TYPE _____ GAL.-LB. _____ IN.

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

BREAKER TYPE _____ GAL.-LB. _____ IN.

BLOCKING AGENT TYPE _____ GAL.-LB. _____

PERFPAC BALLS TYPE _____ QTY. _____

OTHER _____

OTHER _____

PERSONNEL AND SERVICE UNITS

NAME	UNIT NO. & TYPE	LOCATION

DEPARTMENT _____

DESCRIPTION OF JOB _____

JOB DONE THRU: TUBING CASING ANNULUS TBG/ANN.

CUSTOMER REPRESENTATIVE **X** _____

HALLIBURTON OPERATOR _____ COPIES REQUESTED _____

CEMENT DATA

STAGE	NUMBER OF SACKS	CEMENT	BRAND	BULK SACKED	ADDITIVES	YIELD CU.FT./SK.	MIXED LBS./GAL.
1	20	4		15	100% Water	1.18	11.2
2	30	4		15	100% Water	1.18	11.2
3	1	4		5	100% Water	1.18	11.2

PRESSURES IN' PSI

SUMMARY

VOLUMES

CIRCULATING _____ DISPLACEMENT _____ PRESLUSH: BBL.-GAL. _____ TYPE _____

BREAKDOWN _____ MAXIMUM _____ LOAD & BKDN: BBL.-GAL. _____ PAD: BBL.-GAL. _____

AVERAGE _____ FRACTURE GRADIENT _____ TREATMENT: BBL.-GAL. _____ DISPL: BBL.-GAL. _____

SHUT-IN: INSTANT _____ 5-MIN _____ 15-MIN _____ CEMENT/SLURRY: BBL.-GAL. _____

HYDRAULIC HORSEPOWER _____ TOTAL VOLUME: BBL.-GAL. _____

ORDERED _____ AVAILABLE _____ USED _____

AVERAGE RATES IN: BPM _____

TREATING _____ DISPL. _____ OVERALL _____

CEMENT LEFT IN PIPE _____

FEET _____ REASON: _____

REMARKS

RETAIN

CUSTOMER
LEASE
WELL NO.
JOB TYPE
DATE