

STATE CORPORATION COMMISSION OF KANSAS
OIL & GAS CONSERVATION DIVISION
WELL COMPLETION FORM
ACO-1 WELL HISTORY
DESCRIPTION OF WELL AND LEASE

Operator: License # 5447Name: OXY USA Inc.Address P. O. Box 26100City/State/Zip Oklahoma City, Ok 73126-0100

Purchaser: _____

Operator Contact Person: Jerry LedlowPhone (405) 749-2309

Contractor: Name: _____

License: _____

Wellsite Geologist: None

Designate Type of Completion

* New Well Re-Entry X Workover Oil X SWD SLOW Temp. Abd. Gas ENHR SIGW Dry Other (Core, WSW, Expl., Cathodic, etc)

If Workover:

Operator: OXY USA IncWell Name: Crandall B #2 SWDComp. Date 8/13/80 Old Total Depth 3000* Deepening X Re-perf. X Conv. to Inj/SWD Plug Back PBTD Commingled Docket No. _____ Dual Completion Docket No. _____* X Other (SWD or XXXX) Docket No. D 19771Spud Date 6/24/78 Date Reached TD 6/27/78 Completion Date 8/13/80* Workover Date 8/26/94API NO: 129-20363-0001County Morton E/2 SE NW Sec. 9 Twp. 34S Rge. 40 X W 1980 Feet from x/W (circle one) Line of Section 2440 Feet from x/W (circle one) Line of SectionFootages Calculated from Nearest Outside Section Corner:
XX, SE, XX or XX (circle one)Lease Name Crandall B Well # 2 SWDField Name PanomaDisposal
Producing Formation GloriettaElevation: Ground 3348 KB 3355Total Depth 3000 PBTD 1519Amount of Surface Pipe Set and Cemented at 526 FeetMultiple Stage Cementing Collar Used? Yes NoIf yes, show depth set FeetIf Alternate II completion, cement circulated from feet depth to w/ sx cmt.Drilling Fluid Management Plan REWORK JH 2-10-95
(Data must be collected from the Reserve Pit)Chloride content ppm Fluid volume bblsDewatering method used Evaporation

Location of fluid disposal if hauled offsite: _____

Operator Name _____

Lease Name _____ License No. _____

 Quarter Sec. Twp. S Rng. E/WCounty Docket No. _____

INSTRUCTIONS: An original and two copies of this form shall be filed with the Kansas Corporation Commission, 200 Colorado Derby Building, 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 _____

Title Staff AnalystDate 9/7/94Subscribed and sworn to before me this 7th day of September 19 94.Notary Public Jimmy L PadillaDate Commission Expires 8-21-96

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)

SIDE TWO

Operator Name OXY USA Inc. Lease Name Crandall B Well # 2
 Sec. 9 Twp. 34S Rge. 40 ☐ 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:

☐ Log Formation (Top), Depth and Datums ☐ Sample
 Name Top Datum

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	526	H	350	2% cacl
Production	7 7/8"	5 1/2"	14	2599	H	225	10% salt

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
4	2884 - 2892, 2900-2908, 1294-1306, 1322-1332	6000gal 1%KCL, 35,000gal 1%KCLW, 70,000#	2884-2908
		20/40sd & 3500gals 1%KCLW, 3000gal pad	2778-2850
	CIBP @ 1530'	110,000gal gel 220,000# 10/20sd.	
* 4	1246- 1282	4000gal 7 1/2% HCL, 4gal HAI-81, 4gal CLA-STAI, 4gal Lo-Surf-300, 4gal SSO-21.	
TUBING RECORD	Size Set At Packer At	Liner Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	* 2 3/8 1271' 1272'		
Date of First, Resumed Production, SWD or Inj.	Producing Method	<input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)	
9-7-94			
Estimated Production Per 24 Hours	Oil Bbls. Gas Mcf Water Bbls. Gas-Oil Ratio Gravity		

Disposition of Gas: METHOD OF COMPLETION

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

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

Injection
 Production Interval

1246'-1332' OA