

MUST BE TYPED Amended to Change Lease Name

SIDE ONE

ORIGINAL

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 26100

City/State/Zip Oklahoma City, Ok 73126-0100

Purchaser: _____

Operator Contact Person: Jerry Ledlow

Phone (405) 749-2309

Contractor: Name: Beredco

License: _____

Wellsite Geologist: Craig Corbett

Designate Type of Completion

New Well Re-Entry Workover

Oil SWD SLOW Temporary Abandonment
 Gas ENHR SIGW STATE CORPORATION COMMISSION
 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. _____

2/5/93 2/18/93 5/6/93
Spud Date Date Reached TD Completion Date

API NO. 15- 189-21533 00-00

County Stevens

C - SE - SW Sec. 32 Twp. 34 Rge. 35 X E W

660 Feet from S/N (circle one) Line of Section

3300 Feet from E/W (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:
NE, SE, NW or SW (circle one)

Lease Name Elmo A Well # 1

Field Name Gooch

Producing Formation Chester

Elevation: Ground 2988 KB 3003

Total Depth 6884 PBTB 6821

Amount of Surface Pipe Set and Cemented at 1790 Feet

Multiple Stage Cementing Collar Used? Yes No

If yes, show depth set 6864 Feet

If Alternate II completion, cement circulated from _____

_____ feet depth to _____ w/ _____ sx cmt.

Diversion Fluid Management Plan
(Data must be collected from the Reserve Pit) 7-2-97

Chloride content 1100 ppm Fluid volume 8348 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. _____

RECEIVED
STATE CORPORATION COMMISSION
DIVISION
Wichita, Kansas
JUL 12 1993

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 Gregory C. Rowe Greg Rowe

Title Facilities Engineer Date JUNE 29/1993

Subscribed and sworn to before me this 29 day of June,
19 93.

Notary Public Jammy R. Priddy

Date Commission Expires August 21, 1996

K.C.C. OFFICE USE ONLY		
F	<input type="checkbox"/>	Letter of Confidentiality Attached
C	<input type="checkbox"/>	Wireline Log Received
C	<input type="checkbox"/>	Geologist Report Received
Distribution		
<input checked="" type="checkbox"/>	KCC	<input type="checkbox"/> SWD/Rep
<input type="checkbox"/>	KGS	<input type="checkbox"/> Plug
<input type="checkbox"/>		<input type="checkbox"/> NGPA
<input type="checkbox"/>		<input type="checkbox"/> Other
(Specify)		

PI

SIDE TWO

Operator Name OXY USA Inc. Lease Name Elmo A Well # 1
 Sec. 32 Twp. 34S Rge. 35 East West
 County Stevens

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: Minilog, BHC Acoustilog, Z- Densilog,
 Dual Induction Focused,
 Caliper

Log Sample

Name	Top	Datum
Morrow	5892	
Lwr Morrow	6204	
Chester	6292	
Lwr Chester	6552	
St Louis	6674	

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
Surface	12 1/4"	8 5/8"	24	1790	C	635	2% Cacl
Production	7 7/8"	5 1/2"	14	6864	1st Stage	482	2% gel
					2nd Stage	1335	

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	6580- 6594	2000 gal Diesel

TUBING RECORD		Size <u>2 3/8"</u>	Set At <u>6814</u>	Packer At <u>6497</u>	Liner Run <input type="checkbox"/> Yes <input type="checkbox"/> No
Date of First, Resumed Production, SMD or Inj. <u>5/10/93</u>		Producing Method <input type="checkbox"/> Flowing <input checked="" type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)			
Estimated Production Per 24 Hours	Oil <u>33</u> Bbls.	Gas <u>0</u> Mcf	Water <u>5</u> Bbls.	Gas-Oil Ratio	Gravity

Disposition of Gas: **METHOD OF COMPLETION** Production Interval 6580 -6594

Vented Sold Used on Lease (If vented, submit ACO-18.) Open Hole Perf. Dually Comp. Commingled
 Other (Specify) _____

SIDE TWO

Operator Name OXY USA Inc. Lease Name Wonder B Well # 3

Sec. 32 Twp. 34S Rge. 35 East West
 County Stevens

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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (Attach Additional Sheets.) Samples Sent to Geological Survey <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Cores Taken <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Run <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (Submit Copy.) List All E.Logs Run: Minilog, BHC Acoustilog, Z- Densilog, Dual Induction Focused, Caliper	<input checked="" type="checkbox"/> Log <input type="checkbox"/> Sample Formation (Top), Depth and Datum <table border="0" style="width:100%"> <tr> <td style="width:60%">Name</td> <td style="width:20%">Top</td> <td style="width:20%">Datum</td> </tr> <tr> <td>Morrow</td> <td>5892</td> <td></td> </tr> <tr> <td>Lwr Morrow</td> <td>6204</td> <td></td> </tr> <tr> <td>Chester</td> <td>6292</td> <td></td> </tr> <tr> <td>Lwr Chester</td> <td>6552</td> <td></td> </tr> <tr> <td>St Louis</td> <td>6674</td> <td></td> </tr> </table>	Name	Top	Datum	Morrow	5892		Lwr Morrow	6204		Chester	6292		Lwr Chester	6552		St Louis	6674	
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CASING RECORD <input type="checkbox"/> New <input type="checkbox"/> Used							
Report all strings set-conductor, surface, intermediate, production, etc.							
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ADDITIONAL CEMENTING/SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	#Sacks Used	Type and Percent Additives
<input type="checkbox"/> Perforate				
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<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	6580- 6594	2000 gal Diesel	

TUBING RECORD		Size <u> 2 3/8" </u>	Set At <u> 6814 </u>	Packer At <u> 6497 </u>	Liner Run <input type="checkbox"/> Yes <input type="checkbox"/> No
Date of First, Resumed Production, SWD or Inj. <u> 5/10/93 </u>		Producing Method <input type="checkbox"/> Flowing <input checked="" type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)			
Estimated Production Per 24 Hours	Oil <u> 33 </u> Bbls.	Gas <u> 0 </u> Mcf	Water <u> 5 </u> Bbls.	Gas-Oil Ratio	Gravity

Disposition of Gas: **METHOD OF COMPLETION** Production Interval 6580 -6594

Vented Sold Used on Lease (If vented, submit ACO-18.)
 Open Hole Perf. Dually Comp. Commingled
 Other (Specify) _____

DOWELL SCHLUMBERGER INCORPORATED

P.O. BOX 4378 HOUSTON, TEXAS 77210

CUSTOMER

DSI SERVICE ORDER
RECEIPT AND INVOICE NO.
03-12-3034

CUSTOMER NUMBER: **03-12-3034**

CUSTOMER P.O. NUMBER: **03-12-3034**

OILFIELD SERVICES	<input checked="" type="checkbox"/>
INDUSTRIAL SERVICES	<input type="checkbox"/>
TYPE SERVICE CODE	271
BUSINESS CODES	

CUSTOMER'S NAME

OXY USA T.N.C.

ADDRESS

CITY, STATE AND ZIP CODE

DSI will furnish and Customer shall purchase materials and services required in the performance of the following SERVICE INSTRUCTIONS or DSI INDUSTRIAL SERVICE CONTRACT NO. **03-12-3034** in accordance with the terms and conditions as printed on the reverse side of this form.

WORKOVER	<input type="checkbox"/>	API OR IC NUMBER	
NEW WELL	<input type="checkbox"/>		
OTHER	<input type="checkbox"/>		

ARRIVE LOCATION	MO. 2	DAY 6	YR. 93	TIME 1430
-----------------	--------------	--------------	---------------	------------------

SERVICE ORDER RECEIPT
I certify that the materials and services listed were authorized and received and all services performed in a workmanlike manner and that I have the authority to accept and execute this document.

JOB COMPLETION	MO. 2	DAY 6	YR. 93	TIME 2130
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SIGNATURE OF CUSTOMER OR AUTHORIZED REPRESENTATIVE
James Marshall

STATE	CODE	COUNTY/PARISH	CODE	CITY
Ks.		Stevens		

WELL NAME AND NUMBER / JOB SITE	LOCATION AND POOL / PLANT ADDRESS	SHIPPED VIA
Wonders B-#3	Sec 22-34-35	DS

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
059200-002	mileage	mi	48	2.65	127.20
059697-000	PUMP chg	EA	1	140.00	140.00
102871-020	PUMP chg	EA	1	1100.00	1100.00
048601-000	cmt head + manifold	EA	1	630.00	N.C
049102-000	hauling	Ton/mi	1442	.88	1268.96
049100-000	service chg	unit	702	1.20	842.40
040003-000	0903 class	sq	45.7	7.98	3646.86
045008-000	D35 li topoz	sq	178	3.94	701.32
045014-050	D20 gel	lb	2463	1.5	3694.5
067005-100	cacl2	lb	1123	3.6	4042.8
044003-025	D29 collophane flakes	lb	159	1.59	252.81
056702-085	Top spray	EA	1	98.00	98.00

RECEIVED

THANKS FOR USING DS

Field est. **8981.28**

REMARKS:	STATE	% TAX ON \$	TOTAL \$
	COUNTY	% TAX ON \$	
	CITY	% TAX ON \$	
	SIGNATURE OF DSI REPRESENTATIVE		
	<i>James Marshall</i>		

RECEIVED
CORPORATION COMMISSION
MAY 17 1995
CONSERVATION DIVISION
Wichita, Kansas

REMIT TO:

INVOICE

0312

ORIGINAL

INVOICE DATE
02/06/93

607491

OKY USA INC

P O BOX 26100
OKLAHOMA CITY OK 73126

PAGE	INVOICE NUMBER
1	148524

TYPE SERVICE
CEMENTING CEMENT SURFACE C

WELL NAME / JOB SITE	STATE	COUNTY / CITY	SERVICE FROM LOCATION	SHIPPED VIA	CUSTOMER P.O. NO./REF.
ULYSSES	KS	STEVENS	ULYSSES	DS	
LOCATION / PLANT ADDRESS			DATE OF SERVICE ORDER	CUSTOMER OR AUTHORIZED REPRESENTATIVE	
721 2376 10			02/06/93	JAMES HANGOLD	

9-1575-6154 2360.1754

ITEM CODE	DESCRIPTION	UOM	QTY	UNIT PRICE	AMOUNT
059200002	MILEAGE, ALL OTHER EQUIPMENT	MI	48	2.6500	127.20
059697600	PACK TREAT ANALYSIS RECORDER	JOB	1	140.0000	140.00
102671020	CENG CHNT 1501-2000' 1ST 8HR	8HR	1	1,100.0000	1,100.00
048601000	CEMENT HEAD RENTAL	JOB	1	.0000	N/C
049102000	TRANSPORTATION CHNT TON MILE	MI	1442	.0800	1,268.96
049100000	SERVICE CNG CEMENT MATL LAND	CFT	702	1.2000	842.40
040003000	D903, CEMENT CLASS C	CFT	457	7.9000	3,646.06
045008000	D35, LITEPQZ 3 EXTENDER	CFT	170	3.9400	701.32
045014050	D20, BENTONITE EXTENDER	LBS	2664	.1500	399.60
067005100	S1, CALCIUM CHLORIDE	LBS	1123	.3600	404.28
044003025	D29, CELLOPHANE FLAKES	LBS	160	1.5900	254.40
056702085	PLUG CENG 8-5/8" TOP PLASTIC	EA	1	98.0000	98.00
	DISCOUNT - MATERIAL				2,201.79
	DISCOUNT - SERVICE				1,391.42

SUB TOTAL 5,307.81

M C	STATE TAX ON	4,064.05	198.14
H F C	LOCAL TAX ON	4,064.05	40.64
AMOUNT DUE --			5,629.59

WITH QUESTIONS CALL 316-356-1272
FEDERAL TAX ID # 38-239-7173
TERMS -- NET 30 DAYS DUE ON OR BEFORE MAR 08, 1993

THANK YOU. WE APPRECIATE YOUR BUSINESS.

RECEIVED
STATE CORPORATION COMMISSION
MAY 17 1993
T. B. WATSON
CONSERVATION DIVISION
Wichita, Kansas

DOWELL SCHLUMBERGER INCORPORATED

P.O. BOX 4378 HOUSTON, TEXAS 77210

D.S.I. REPRESENTATIVE

OILFIELD SERVICES

ORIGINAL

DSI SERVICE ORDER
RECEIPT AND INVOICE NO
03-12-5052

CUSTOMER NUMBER

CUSTOMER P.O. NUMBER

DSI SERVICE LOCATION NAME AND NUMBER
WYSSER KS 03-12

TYPE SERVICE CODE

BUSINESS CODES

285

WORKOVER
NEW WELL
OTHER

W
 N

API OR IC NUMBER

CUSTOMER'S NAME

OXY USA INC

ADDRESS

CITY, STATE AND ZIP CODE

DSI will furnish and Customer shall purchase materials and services required in the performance of the following SERVICE INSTRUCTIONS in accordance with the general terms and conditions as printed on the reverse side of this service order and/or attached to this service order. This service order is subject to alternative dispute resolution.

IMPORTANT
SEE OTHER SIDE FOR TERMS & CONDITIONS

ARRIVE LOCATION MO. DAY YR. TIME
2 18 93 1330

SERVICE ORDER I authorize work to begin per service instructions in accordance with terms and conditions printed on the reverse side of this form and/or attached to this form and represent that I have authority to accept and sign this order.

SIGNATURE OF CUSTOMER OR AUTHORIZED REPRESENTATIVE

JOB COMPLETION MO. DAY YR. TIME
2 18 93 0440

SERVICE RECEIPT I certify that the materials and services listed were received and all services performed in a workmanlike manner.

SIGNATURE OF CUSTOMER OR AUTHORIZED REPRESENTATIVE

STATE CODE COUNTY / PARISH CODE CITY
Kansas STEWEN'S

WELL NAME AND NUMBER / JOB SITE
Wander 03

LOCATION AND POOL / PLANT ADDRESS
Sec 32-345-35W

SHIPPED VIA
DS

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
102871-070	Pump chg	EA	1	1810.00	1810.00
048016-000	MULTIPLE STAGE CEMENTING	EA	1	1075.00	1075.00
059697-000	FACE	EA	1	140.00	140.00
049102-000	DELIVERY CHG	T/ML	4106	.88	3613.28
049100-000	SERVICE CHG	FT3	2490	1.20	2508.00
045008-000	LITE P&B	FT3	807	3.94	3179.58
040015-000	CLASS H	FT3	581	7.47	4340.07
046003-000	CLASS C	FT3	429	7.98	3423.42
045014-050	D20 Bentonite	LB	5435	.15	815.25
045004-050	D44 SALT	LB	2919	.12	350.28
067805-100	Calcium Chloride	LB	1976	.36	693.36
044003-025	D29 Cellulose Floc	LB	456	1.59	725.04
044002-050	D60 Fluid Loss	LB	306	7.73	2365.38
047002-050	D46 20M Foam	LB	90	3.06	275.40
045019-050	D42 Kolite	LB	5082	.49	2490.18
044006-050	D59 Fluid Loss	LB	225	10.25	2306.25
059200-002	Mileage	M.	40	2.65	127.20
100282-000	CLW7 CHEMICAL TRANS	GBL	40	25.96	1038.40

SERVICE ORDER RECEIPT

Field Estimate # 31,276.09 LESS 44% # 17,514.61

SUB TOTAL RECEIVED STATE CORPORATION COMMISSION

REMARKS: Thanks for using D.S.

STATE % TAX ON \$
COUNTY % TAX ON \$
CITY % TAX ON \$
SIGNATURE OF DSI REPRESENTATIVE
Chy Krasick

TOTAL \$ CONSERVATION DIVISION
Wichita, Kansas
MAY 17 1993