

ORIGINAL
SIDE ONE

APR 5 1992

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

API NO. 15- 129-21070 400-00

County Morton FROM CONFIDENTIAL

CNE SW SE/4 Sec. 29 Twp. 33S Rge. 42 East West

990 Ft. North from Southeast Corner of Section

1650 Ft. West from Southeast Corner of Section
(NOTE: Locate well in section plat below.)

Lease Name Miller Q Well # 3

Field Name N. Taloga

Producing Formation None (Dry Hole)

Elevation: Ground 3540 KB 3551

Total Depth 4950 PBDT -

Operator: License # 5447

Name: OXY USA, Inc.

Address P.O. Box 26100

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

Purchaser: None (Dry Hole)

Operator Contact Person: Raymond Hui

Phone (405) 749-2471

Contractor: Name: Zenith Drilling Company

License: 5141

Wellsite Geologist: Andy Howell

Designate Type of Completion

New Well Re-Entry Workover
 Oil SWD Temp. Abd.
 Gas Inj Delayed Comp.
 Dry Other (Core, Water Supply, etc.)

If OWNED: old well info as follows:

Operator: _____

Well Name: _____

Comp. Date _____ Old Total Depth _____

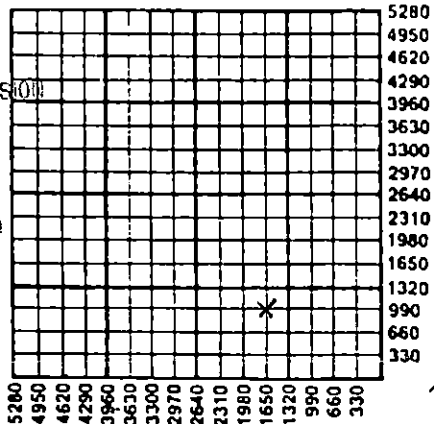
Drilling Method:

Mud Rotary Air Rotary Cable

3-5-91 3-12-91 3-15-91

Spud Date Date Reached TD Completion Date

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CONSERVATION DIVISION
WICHITA, KANSAS



AIT D & A

Amount of Surface Pipe Set and Cemented at 1377' 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.

INSTRUCTIONS: This form shall be completed in triplicate and filed with the Kansas Corporation Commission, 200 Colorado Derby Building, Wichita, Kansas 67202, within 120 days of the spud date of any well. Rule 82-3-130, 82-3-107 and 82-3-106 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 drillers time log 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. Any recompletion, workover or conversion of a well requires filing of ACO-2 within 120 days from commencement date of such work.

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 Vic Tumlinson

Title Operations Drilling Manager Date 3-20-91

Subscribed and sworn to before me this 20th day of March, 19 91.

Notary Public Cari Allen

Date Commission Expires 7-14-91

K.C.C. OFFICE USE ONLY
F Letter of Confidentiality Attached
C Wireline Log Received
C Drillers Timelog Received

Distribution
 KCC SWD/Rep NGPA
 KGS Plug Other (Specify)

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SIDE TWO

Operator Name OXY USA, Inc. Lease Name Miller O Well # 3
 Sec. 29 Twp. 33 Rge. 42 East County Morton
 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 Samples Sent to Geological Survey <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Electric Log Run (Submit Copy.) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Ran Compensated Sonic Log	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th align="center" colspan="3">Formation Description</th> </tr> <tr> <td></td> <td align="center"><input checked="" type="checkbox"/> Log</td> <td align="center"><input type="checkbox"/> Sample</td> </tr> <tr> <td>Est. Name</td> <td align="center">Top</td> <td align="center">Bottom</td> </tr> <tr> <td>BCA</td> <td align="center">1386</td> <td align="center">2903</td> </tr> <tr> <td>Topeka</td> <td align="center">2903</td> <td align="center">3233</td> </tr> <tr> <td>Heebner</td> <td align="center">3233</td> <td align="center">3337</td> </tr> <tr> <td>Lansing</td> <td align="center">3337</td> <td align="center">3602</td> </tr> <tr> <td>Winter Marm.</td> <td align="center">3602</td> <td align="center">3849</td> </tr> <tr> <td>Marm.</td> <td align="center">3849</td> <td align="center">-</td> </tr> <tr> <td>TD</td> <td></td> <td align="center">4950</td> </tr> </table>	Formation Description				<input checked="" type="checkbox"/> Log	<input type="checkbox"/> Sample	Est. Name	Top	Bottom	BCA	1386	2903	Topeka	2903	3233	Heebner	3233	3337	Lansing	3337	3602	Winter Marm.	3602	3849	Marm.	3849	-	TD		4950
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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#	1377	C1.C	600	6% gel
PERFORATION RECORD				Acid, Fracture, Shot, Cement Squeeze Record			
Shots Per Foot	Specify Footage of Each Interval Perforated			(Amount and Kind of Material Used)			Depth
None	Not Perforated			Not Treated			
TUBING RECORD				Liner Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	Size	Set At	Packer At				
Date of First Production	Producing Method <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)						
Dry Hole							
Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity		

Disposition of Gas: Vented Sold Used on Lease (If vented, submit ACO-18.) Open Hole Perforation Dually Completed Commingled Other (Specify) D & A Production Interval -

Ran DST #1 4440-4458' IHP 2158 psig. 1st IFP 193 psig. 1st FFP 177 psig. ISIP 306 psig. 2nd IFP 177 psig. 2nd FFP 241 psig. FSIP 306 psig. FHP 2141 psig. Recovered 360' fluid, 90' of very slightly gas cut muddy water & 270' of saltwater.

P.O. BOX 951046
DALLAS, TX 75395-1046

INVOICE

ORIGINAL

HALLIBURTON SERVICES

A Halliburton Company

INVOICE NO. DATE

093545 03/06/1991

WELL LEASE NO./PLANT NAME		WELL/PLANT LOCATION		STATE	WELL/PLANT OWNER	
MILLER Q-3		MORTON		KS	SAME	
SERVICE LOCATION		CONTRACTOR		JOB PURPOSE		TICKET DATE
LIBERAL		ZENITH DRILL		CEMENT SURFACE CASING		03/06/1991
ACCT. NO.	CUSTOMER AGENT	VENDOR NO.	CUSTOMER P.O. NUMBER	SHIPPED VIA	FILE NO.	
659167	BILLY C BOONE	E-26		COMPANY TRUCK	11725	

OXY USA INC.
REGIONAL OFFICE
ATT: G. I. MCFARLAND
PO BOX 26100
OKLAHOMA CITY, OK 73126-0100

DIRECT CORRESPONDENCE TO:
FIRST OKLAHOMA TOWER
210 WEST PARK AVENUE
SUITE 2050
OKLAHOMA CITY, OK 73102-5601

9-1572384 x 2360.1 / 724 was 3-13

PRICE REF. NO.	DESCRIPTION	QUANTITY	U/M	UNIT PRICE	AMOUNT
PRICING AREA - MID CONTINENT					
000-117	MILEAGE	76	MI	2.35	178.60
		1	UNT		
000-118	MILEAGE SURCHARGE-CEMENT-LAND	76	MI	.40	30.40
		1	UNT		
001-016	CEMENTING CASING	1385	FT	835.00	835.00
		1	UNT		
030-018	CEMENTING PLUG SW, PLASTIC TOP	8 5/8	IN	130.00	130.00
		1	EA		
001-018	CEMENTING CASING - ADD HRS	2	HR	165.00	330.00
		1	UNT		
019-200	PIPE 1"	40	FT	45.00	45.00
		1	IN		
504-050	PREMIUM PLUS CEMENT	125	SK	7.08	885.00
504-120	HALL. LIGHT -PREMIUM PLUS	475	SK	6.29	2,987.75
507-210	FLOCELE	150	LB	1.30	195.00
509-406	ANHYDROUS CALCIUM CHLORIDE	10	SK	26.25	262.50
504-043	PREMIUM CEMENT	100	SK	6.85	685.00
500-207	BULK SERVICE CHARGE	730	CFT	1.10	803.00
500-306	MILEAGE CMTG MAT DEL OR RETURN	1570.500	TMI	0.75	1,177.88
500-307	MILEAGE SURCHARGE-CEMENT MAT.	1570.500	TMI	.10	157.05
INVOICE SUBTOTAL					8,702.18
DISCOUNT-(BID)					
INVOICE BID AMOUNT					2,610.64
					6,091.54
*-KANSAS STATE SALES TAX					212.01
*-SEWARD COUNTY SALES TAX					49.90
INVOICE TOTAL - PLEASE PAY THIS AMOUNT					\$6,353.45

RECEIVED
CONSERVATION DIVISION
Wichita, Kansas
APR 22 1991

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006
was was was

FORM 1900-R4

TERMS INVOICES PAYABLE NET BY THE 20TH OF THE FOLLOWING MONTH AFTER DATE OF INVOICE. UPON CUSTOMER'S DEFAULT IN PAYMENT OF CUSTOMER'S ACCOUNT BY THE LAST DAY OF THE MONTH FOLLOWING THE MONTH IN WHICH THE INVOICE IS DATED, CUSTOMER AGREES TO PAY INTEREST THEREON AFTER DEFAULT AT THE HIGHEST LAWFUL CONTRACT RATE APPLICABLE BUT NEVER TO EXCEED 18% PER ANNUM. IN THE EVENT IT BECOMES NECESSARY TO EMPLOY AN ATTORNEY TO ENFORCE COLLECTION OF SAID ACCOUNT, CUSTOMER AGREES TO PAY ALL COLLECTION COSTS AND ATTORNEY FEES IN THE AMOUNT OF 20% OF THE AMOUNT OF THE UNPAID ACCOUNT.