

CONFIDENTIAL

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

KCC

NOV 10 2000

CONFIDENTIAL

Form ACO-1  
September 1999  
Form Must Be Typed

ORIGINAL

Operator: License # 5447  
Name: OXY USA, Inc.  
Address: P.O. Box 2528  
City/State/Zip: Liberal, KS 67905  
Purchaser: CIG  
Operator Contact Person: Kenny Andrews  
Phone: (316) 629-4232  
Contractor: Name: N/A  
License: N/A  
Wellsite Geologist: N/A

API No. 15 - 15-129-10293-0001  
County: MORTON  
NE - NE - SW Sec 29 Twp. 33 S. R. 42W  
2310 feet from (S) N (circle one) Line of Section  
2310 feet from E (W) (circle one) Line of Section

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

Lease Name: MILLER Q Well #: 1  
Field Name: GREENWOOD  
Producing Formation: TOPEKA

Elevation: Ground: \_\_\_\_\_ Kelly Bushing: \_\_\_\_\_  
Total Depth: 3390 Plug Back Total Depth: 3214

Amount of Surface Pipe Set and Cemented at 600 feet

Multiple Stage Cementing Collar Used?  Yes  No  
If yes, show depth set \_\_\_\_\_

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

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. CITIES SERVICE OIL COMPANY  
Well Name: MILLER Q # 1

RECEIVED  
KANSAS CORPORATION COMMISSION  
11/15/2000

CONSERVATION DIVISION  
VICTOR  
11-13-00

Original Comp. Date: 5/12/53 Original Total Depth: 3390  
XXX PLUGGED OFF ZONE  
Deepening  Re-perf. \_\_\_\_\_ Conv. To Enhr./SWD: \_\_\_\_\_  
Plug Back \_\_\_\_\_ Plug Back Total Depth \_\_\_\_\_  
Commingled \_\_\_\_\_ Docket No. \_\_\_\_\_  
Dual Completion \_\_\_\_\_ Docket No. \_\_\_\_\_  
Other (SWD or Enhr.?) \_\_\_\_\_ Docket No. \_\_\_\_\_  
9/18/00 9/22/00 9/22/00  
Date of START Date Reached TD Completion Date or Recompletion Date  
OF WORKOVER

Drilling Fluid Management Plan REWORK gk 6/20/01  
(Data must be collected from the Reserve Pit)  
Chloride content N/A ppm Fluid volume N/A bbls  
Dewatering method used N/A  
Location of fluid disposal if hauled offsite:  
Operator Name: N/A  
Lease Name: N/A License No.: N/A  
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: Kenny Andrews  
Title: Engineering Technician Date 11/10/00  
Subscribed and sworn to before me this 10<sup>th</sup> day of November  
20 00  
Notary Public: Anita Peterson  
Date Commission Expires: Oct. 1, 2001

KCC Office Use Only  
 Letter of Confidentiality Attached  
If Denied, Yes  Date: \_\_\_\_\_  
 Wireline Log Received  
 Geologist Report Received  
 UIC Distribution

NOTARY PUBLIC, State of Kansas  
ANITA PETERSON  
My Appt. Exp. Oct. 1, 2001

Operator Name: OXY USA, Inc. Lease Name: MILLER Q Well #: 1  
 Sec. 29 Twp. 33 S. R. 42W  East  West County: MORTON

**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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(Attach Additional Sheets)</i>  Samples Sent to Geological Survey <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  Cores Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  Electric Log Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(Submit Copy)</i>  List All E. Logs Run: <u>NONE</u>	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum
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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
Conductor					C		
Surface	12-1/4"	8-5/8"	22.7	600	C	300	
Production	7-7/8"	5-1/2"	15.5	3389	C	400	

**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	<u>3226' - 3288'</u>	<u>60/40 Poz</u>	<u>N/A</u>	<u>3% CaCl<sub>2</sub> + Flo-Seal</u>
<input type="checkbox"/> Plug Back TD				
<input checked="" 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
5	cement ret. @ 3216,		
5	3202-10,3190-96,3164-84,3142-54,3093-97,3036-40,		
5	3010-30,2970-74,2948-56,2930-38,2914-18,2892-2900		
2	2865-74,2769-73,2752-61,2700-03,2693-97,2676-86	All 2 SPF Treated with 4000 GALS 17% HCL ACID	

<b>TUBING RECORD</b>	Size <u>2-3/8"</u> Set At <u>3211</u> Packer At	Liner Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Date of First, Resumed Production, SWD or Enhr. <u>9/21/00</u>	Producing Method <input checked="" type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)
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Estimated Production Per 24 Hours	Oil BBLS <u>N/A</u>	Gas Mcf <u>453</u>	Water Bbls <u>0</u>	Gas-Oil Ratio <u>N/A</u>	Gravity <u>N/A</u>
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Disposition of Gas  Vented  Sold  Used on Lease  Open Hole  Perf.  Dually Comp.  Commingled  
*(If vented, Submit ACO-18)*

METHOD OF COMPLETION

Production Interval 3210' - 2676' OA  
 Other (Specify) \_\_\_\_\_