SIDE ONE

STATE CORPORATION COMMISSION OF KANSAS OIL & GAS CONSERVATION DIVISION RECOMPLETION FORM	API NO. 15- 175-20777-0001
	county Seward
ACO-2 AMENDMENT TO WELL HISTORY	CSE/4 SE/4 SE/Sec. 26 Twp. 32S Rge. 34 X West
Operator: License # 5447	
Name: OXY USA, Inc.	Ft. West from Southeast Corner of Section
Address: P.O. BOX 26100	(NOTE: Locate well in section plat below.)
city/State/Zip: OKLA. CITY, OK 73126-0100	Lease Name Hitch N Well # 1
Purchaser: PEPL	Field Name <u>Hitch</u> Producing Formation <u>Morrow</u>
Operator Contact Person: Raymond Hui Phone: (405_) 749-2471	Elevation: Ground 2887 KB 2899
Designate Type of Original CompletionX_ New Well Re-Entry Workover	5280 4950 4620
Date of Original Completion	4290
Name of Original Operator OXY USA, Inc.	3630
Original Well Name Hitch N #1	2970 2640
Date of Recompletion: RECEI	1/ED
1-6-1990 3-13-1990TATE COOPERATE	1650 1320
Commenced Completed R 3) \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
Re-entry Workover W	000
Designate Type of Recompletion/Horkover: Wichita. Oil SWD Temp. Abd. X Gas Inj Delayed Comp.	Kansas 8 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
X Gas Inj Delayed Comp. Dry Other (Core, Water Supply, etc.)	K.C.C. OFFICE USE ONLY F Letter of Confidentiality Attached
Deepening X Re-perforation Plug Back PBTD Conversion to Injection/Disposal	C Wireline Log Received C Drillers Timelog Received
Is recompleted production:	Bistribution KCC SWD/RepNGPA
Commingled Docket No. Dual Completion Docket No. Other (Disposal or Injection?) Docket No.	KGS PlugOther (Specify)
INSTRUCTIONS: This form shall be completed in triplicate as Derby Building, Wichita, Kansas 67202, within 120 days apply. Information on side two of this form will be held count and submitted with the form. See rule 82-3-107 for confident wireline logs and driller's time logs (not previously submit prior to or with this form for approval of commingling or decently with all temporarily abandoned wells. NOTE: Convergence of the c	of the recompletion of any well. Rules 82-3-107 and 82-3-141 onfidential for a period of 12 months if requested in writing ntiality in excess of 12 months. One copy of any additional tted) shall be attached with this form. Submit ACO-4 or ACO-5 ual completions. Submit CP-1 with all plugged wells.
All requirements of the statutes, rules and regulations promul with and the statements herein are complete and correct to the	gated to regulate the oil and gas industry have been fully complied he best of my knowledge.
Signature Vir Tum Vason Title	eOperations Drilling Managerate 3-28-1990
Subscribed and sworp to before me this 29 day of	march 19 90
Notary Public MODIAN Hay MA	TMO Date Commission Expires 3/24/94

SIDE TUO _ Lease Name _ Hitch N _ _ _ Well # 1 Operator Name OXY USA, Inc., ☐ _{East} Sec. 26 Tup. 32S Rge. 34 county <u>Seward</u> RECOMPLETION FORMATION DESCRIPTION Log Sample Not new elec. logs have been run Top Bottom Name 5719**¹** 5706**'** Morrow ADDITIONAL CEMENTING/SQUEEZE RECORD Purpose: Depth Top Bottom Type of Cement | # Sacks Used Type and Percent Additives X Perforate Protect Casing No additional cementing work has deen performed. Plug Back TD Plug Off Zone PERFORATION RECORD Acid, Fracture, Shot, Cement Squeeze Record Specify Footage of Each Interval Perforated Shots Per Foot (Amount and Kind of Material Used) Frac'd w/720 gal of 1 PPG foam. 5706-5719 Morrow (13'; 52 holes) PBTD 5842' Plug Type Cement plug TUBING RECORD Size 2 3/8" Set At 5721' Packer At ____ Was Liner Run ___ Y X N

Estimated Production Per 24 Hours Oil 3 Bbls. Water ____ Bbls. ____ Gas-Oil-Ratio

Gas ___127 Mcf

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

Disposition of Gas: