

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 2528

City/State/Zip Liberal, KS 67905

Purchaser: CIG

Operator Contact Person: Kenny L. Andrews

Phone (316) 629-4232

Contractor: Name: N/A

License: N/A

Wellsite Geologist: N/A

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:

Operator: OXY USA, Inc.

Well Name: DROSSELMAYER A # 1

Comp. Date 3/27/53 Old Total Depth 3440

Deepening Re-perf. Conv. to Inj/SWD
 Plug Back PBSD
 Commingled Docket No. _____
 Dual Completion Docket No. _____
 Other (SWD or Inj?) Docket No. _____

7/10/00 8/16/00 8/16/00
~~START~~ Date OF START WORKOVER Date Reached TD WORKOVER Completion Date OF

INSTRUCTIONS: An original and two copies of this form shall be filed with the Kansas Corporation Commission, 130 S. Market - Room 207B, 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 Kenny Andrews

Title ENGINEERING TECHNICIAN Date 10/17/00

Subscribed and sworn to before me this 17 day of October, 2000

Notary Public Anita Peterson

Date Commission Expires Oct. 1, 2001

API NO. 15-129-10292-0001

County MORTON

- NW -NW- SE Sec. 21 Twp. 33S Rge. 42W

2310 Feet from the South Line of the Section

2310 Feet from the East Line of the Section

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

Lease Name DROSSELMAYER A Well # 1

Field Name GREENWOOD

Producing Formation TOPEKA

Elevation: Ground 3518 KB 3524

Log Depth 3440 PBSD 3390

Amount of Surface Pipe Set and Cemented at 327 Feet

Multiple Stage Cementing Collar Used? Yes No

If yes, show depth set _____ Feet

If Alternate JI completion, cement circulated from _____

feet depth to _____ w/ _____ sx cmt.

Drilling Fluid Management Plan REWORK JKH 12-29-00
(Data must be collected from the Reserve Pit)

Chloride content N/A ppm Fluid volume N/A bbls

Dewatering method used N/A

RELEASED

Location of fluid disposal if hauled offsite:
N/A

DEC 19 2001

Operator Name N/A

Lease Name N/A

FROM CONFIDENTIAL

Quarter Sec. Twp. S Rng. W

County _____ Docket No. _____

K.C.C. OFFICE USE ONLY		
F	<input checked="" 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"/> NGPA
<input type="checkbox"/>	KGS	<input type="checkbox"/> Plug <input type="checkbox"/> Other
(Specify)		

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

CONFIDENTIAL
OCT 18 2000
CONFIDENTIAL
OCT 19 2000
RECEIVED
STATE CORPORATION COMMISSION
Wichita, Kansas

X

SIDE TWO

Operator Name OXY USA, Inc.

Lease Name DROSSELMEYER A Well # 1

County MORTON

Sec. 21 Twp. 33S Rge. 42W

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 Take 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"	17	327	C	200	
Intermediate					C		
Production	7-7/8	5-1/2"	17	3438	C	400	

ADDITIONAL CEMENTING/SQUEEZE RECORD

Purpose:	Depth Top - Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
Perforate				
Protect Casing	-			
Plug Back TD	-			
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	3212-24, 3288-95, 3254-64, 3232-38, 3221-26, 3196-3216,		
5	3186-90, 3170-82, 3113-24, 3090-98, 3072-76, 3044-68,		
5	3000-04, 2974-84, 2956-62, 2940-46 & 2916-32		
4	2888-96, 2834-38, 2720-28, 2696-99	2500 Gals 15%	

TUBING RECORD	Size	Set At	Packer At	Liner Run
	2-3/8"	3144		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Date of First, Resumed Production, SWD or Inj. 8/18/00 Producing Method Flowing Pumping Gas Lift Other (Explain)

Estimated Production Per 24 Hours	Oil Bbls. N/A	Gas Mcf 298	Water Bbls. 15	Gas-Oil Ratio N/A	Gravity N/A
-----------------------------------	---------------	-------------	----------------	-------------------	-------------

Disposition of Gas: _____ METHOD OF COMPLETION _____ Production Interval 2696-3324

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

Other (Specify) _____