

CONFIDENTIAL

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

KCC

NOV 10 2000

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
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.
Well Name: WHITE B # 1

API No. 15 - 15-129-10342-0001
County: MORTON
- NW - NW - SE Sec 28 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: WHITE B Well #: 1
Field Name: GREENWOOD
Producing Formation: TOPEKA
Elevation: Ground: _____ Kelly Bushing: _____
Total Depth: 3390 Plug Back Total Depth: 3241
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.

RELEASED

JUN 10 2002

FROM CONFIDENTIAL

RECEIVED

CITIES SERVICE OIL & GAS CORPORATION

11-13-00

CONSERVATION DIVISION

Original Comp. Date: 5/19/58 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. _____
9/22/00 10/4/00 10/4/00
Date of START Date Reached TD Completion Date or
Recompletion Date
OF WORKOVER

Drilling Fluid Management Plan REWARD 9/6/20/01
(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 10th 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

X

CONFIDENTIAL

Side Two

Operator Name: OXY USA, Inc. Lease Name: WHITE B Well #: 1
 Sec. 28 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 <small>(Attach Additional Sheets)</small> 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 <small>(Submit Copy)</small> 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
------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------

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"	14	3389	C	200	

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 checked="" type="checkbox"/> Plug off Zone	3276' - 3304'	60/40 Poz	N/A	3% CaCl ₂ + Flo-Seal

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	Cmt Ret@ 3241		
5	3202-10,3192-96,3166-88,3140-56,3010-50,2946-58,		
5	2928-36,2916-20		
2	3228-33,2970-74,2864-74,2768-74,2728-32,2696-2702	All 2 SPF treated w/ 3500 gals 17% HCL	

TUBING RECORD	Size 2-3/8"	Set At 3231	Packer At	Liner Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
---------------	----------------	----------------	-----------	----------------------------------------------------------------------------------

Date of First, Resumed Production, SWD or Enhr. 10/4/00	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 BBLS N/A	Gas Mcf 618	Water Bbls 9	Gas-Oil Ratio N/A	Gravity N/A
-----------------------------------	-----------------	----------------	-----------------	----------------------	----------------

Disposition of Gas Vented Sold Used on Lease (If vented, Submit ACO-18) METHOD OF COMPLETION Open Hole Perf. Dually Comp. Commingled Other (Specify) _____

Production Interval 3233' - 2696' OA