

CONFIDENTIAL

KCC

RELEASED

SA APR 26 2002

APR 30 2001

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION WELL COMPLETION FORM

CONFIDENTIAL

Form ACO-1

September 1999

Form Must Be Typed

FROM CONFIDENTIAL WELL HISTORY - DESCRIPTION OF WELL & LEASE

ORIGINAL

Operator: License # 5447
Name: OXY USA, Inc.
Address: P.O. Box 2528
City/State/Zip: Liberal, KS 67905
Purchaser: CIG FIELD SERVICES
Operator Contact Person: Vicki Carder
Phone: (316) 629-4200
Contractor: Name: Key Energy
License: NA
Wellsite Geologist: NA
Designate Type of Completion:
New Well Re-Entry X Workover
Oil SWD SIOW Temp. Abd.
X 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: Kepner A-2

Original Comp. Date: 10/08/54 Original Total Depth: 3360
Deepening XXX 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.
12/28/00 12/28/00 01/05/01
Date of START OF Date Reached TD Completion Date of
WORKOVER WORKOVER

API No. 15 - 129-10184-0001
County: Morton
SE - SE - SW Sec 14 Twp. 33 S. R. 42W
330 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: Kepner A Well #: 2
Field Name: Greenwood
Producing Formation: Topeka
Elevation: Ground: 3487 Kelly Bushing: 3492
Total Depth: 3360 Plug Back Total Depth: 3287
Amount of Surface Pipe Set and Cemented at 600 feet
Multiple Stage Cementing Collar Used? Yes X No
If yes, show depth set
If Alternate II completion, cement circulated from
feet depth to w/ sx cmt.

Drilling Fluid Management Plan REWORK gH 9/6/01
(Data must be collected from the Reserve Pit)
Chloride content NA ppm Fluid volume NA bbls
Dewatering method used NA
Location of fluid disposal if hauled offsite:
Operator Name: NA
Lease Name: NA License No.: NA
Quarter Sec. Twp. S. R. East X West
County: COMMISSION 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: Vicki Carder
Title: Capital Projects Date April 25, 2001
Subscribed and sworn to before me this 25th day of April
20 01
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

Operator Name: OXY USA, Inc. Lease Name: Kepner A Well #: 2

Sec. 14 Twp. 33 S. 1R 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Electric Log Run <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(Submit Copy)</i> List All E. Logs Run: <u>Gamma Correlation</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	350	2% Gel, 1/4# Flocele
Production	7 7/8	5 1/2	14	3353	C	400	4% Gel, 1/4# Flocele

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 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
2	2702-2710, 2740-2746, 2770-2778, 2872-2877	3320 Gals 17%HCL-FE Acid	

TUBING RECORD	Size 2 3/8	Set At 3287	Packer At	Liner Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
---------------	---------------	----------------	-----------	--

Date of First, Resumed Production, SWD or Enhr. 01/08/01	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 NA	Gas Mcf 280	Water Bbls 27	Gas-Oil Ratio NA	Gravity NA
-----------------------------------	----------------	----------------	------------------	---------------------	---------------

Disposition of Gas METHOD OF COMPLETION Production Interval

Vented Sold Used on Lease Open Hole Perf. Dually Comp. Commingled _____

(If vented, Submit ACO-18) Other (Specify) _____