

RECEIVED

SEP 23 2002

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

KCC WICHITA

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: Vicki Carder
Phone: (620) 629-4200
Contractor: Name: Best Well Service
License: 32564
Wellsite Geologist: NA
Designate Type of Completion:
 New Well Re-Entry Workover
 Oil SWD SLOW 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: Greenwood C-2

API No. 15 - 129-21274-0001
County: Morton
C - W/2 - NE Sec 15 Twp. 33 S. R. 42W
3960 feet from (S) N (circle one) Line of Section
1980 feet from (E) W (circle one) Line of Section
Footages Calculated from Nearest Outside Section Corner:
(circle one) NE (SE) NW SW
Lease Name: Greenwood C Well #: 3
Field Name: Greenwood
Producing Formation: Topeka/Waubaussee
Elevation: Ground: 3484 Kelly Bushing: 3496
Total Depth: 4625 Plug Back Total Depth: 4500
Amount of Surface Pipe Set and Cemented at 1386 feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set 3289
If Alternate II completion, cement circulated from _____
feet depth to _____ w/ _____ sx cmt.

Original Comp. Date: 10/30/94 Original Total Depth: 4625
~~XXX~~ CEMENT SQUEEZE Deepening ~~XXX~~ Re-perf. Conv. To Enhr./SWD
 Plug Back 4500 Plug Back Total Depth
 Commingled Docket No. _____
 Dual Completion Docket No. _____
 Other (SWD or Enhr.?) Docket No. _____
05/22/02 06/15/02
~~OPD~~ Date of START Date Reached TD Completion Date of

Drilling Fluid Management Plan **REWORK** *gr 11/22/02*
(Data must be collected from the Reserve Pit)
Chloride content _____ ppm Fluid volume _____ bbls
Dewatering method used _____
Location of fluid disposal if hauled offsite: _____
Operator Name: _____
Lease Name: _____ License No.: _____
Quarter _____ Sec. _____ Twp. _____ S. R. East West
County: _____ Docket No.: _____

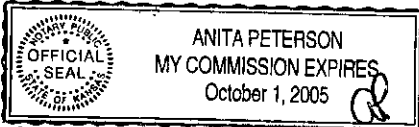
OF WORKOVER **WORKOVER**

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 Project Date: September 20, 2002
Subscribed and sworn to before me this 20th day of September
20 02
Notary Public: Anita Peterson
Date Commission Expires: Oct. 1, 2005

KCC Office Use Only
 No Letter of Confidentiality Attached
If Denied, Yes Date: _____
 No Wireline Log Received
 No Geologist Report Received
 UIC Distribution



Operator Name: OXY USA Inc. Lease Name: Greenwood C Well #: 3

Sec. 15 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 <i>(Attach Additional Sheets)</i>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Name	Top	Datum
Cores Taken	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Electric Log Run <i>(Submit Copy)</i>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
List All E. Logs Run:	NONE			

CASING RECORD <input 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					C		
Production					C		

ADDITIONAL CEMENTING / SQUEEZE RECORD

Purpose:	Depth Top Bottom	Type of Cement	#Sacks Used	Type and Percent Additives
<input type="checkbox"/> Perforate				
<input checked="" type="checkbox"/> Protect Casing	2700-2746	C	100	Cement Squeeze
<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
	CIBP @ 4500' w/1 sx cmt	2400 Gals 15% KCL Acid	
3	2717-2724, 2854-2857, 2956-2961, 2976-2982, 3274-3277	Diverta Frac: 4,650 Gals 20# AmGel, 5,000# 100# Mesh 11,000 Gals 75% N2, 8,736# 16/30 Sand	
4	4517'-4522' [OLD]		

TUBING RECORD	Size	Set At	Packer At	Liner Run
	2 7/8	2752		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Date of First, Resumed Production, SWD or Enhr.	Producing Method
06/15/02	<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 Gas Mcf Water Bbls Gas-Oil Ratio Gravity
	797 50

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

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

METHOD OF COMPLETION Other (Specify) _____

Production Interval **2717'-3277' OA**

HALLIBURTON JOB SUMMARY

REGION NORTH AMERICA LAND	NWA / COUNTRY Central / USA	BDA / STATE MC/Ks	COUNTY MORTON
NBUID / EMPL # MCL10101 106322	HES EMPLOYEE NAME Danny McLane	PSL DEPARTMENT Cement	ORIGINAL
LOCATION LIBERAL	COMPANY OXY-USA	CUSTOMER REP / PHONE TOBE WINTERS 620-629-0432	
TICKET AMOUNT \$4,113.87	WELL TYPE Oil	AP/WNT # 1512921274	
WELL LOCATION N/EIkhart Ks	DEPARTMENT Cement	SAP BOMB NUMBER 7526	
LEASE NAME GREENWOOD	Well No. C-3	SEC / TWP / RNG 15 - 33S - 42W	HES FACILITY (CLOSEST TO WELL SITE) Hugoton Ks

HES EMP NAME / EMP # / (EXPOSURE HOURS)	HRS	HRS	HRS	HRS
McLane, D 106322	7.0			
White, L 232712	7.0			
Romero, M 240051	6.0			

N.E.S. UNIT #S / (R / T MILES)	R / T MILES	R / T MILES	R / T MILES	R / T MILES
420995	90			
10251401	90			
54029 6610	45			

Form Name _____ Type: _____
 Form Thickness _____ From _____ To _____
 Packer Type _____ Set At _____
 Bottom Hole Temp. _____ Pressure _____
 Retainer Depth _____ Total Depth _____

Date	Called Out	On Location	Job Started	Job Completed
	05/29/2002	05/29/2002	05/29/2002	05/29/2002
Time	0500	0830	1030	1330

Tools and Accessories

Type and Size	Qty	Make
Float Collar		
Float Shoe		
Centralizers		
Top Plug		
HEAD		
Limit clamp		
Weld-A		
Guide Shoe		
BTM PLUG		

Well Data

	New/Used	Weight	Size	Grade	From	To	Max. Allow
Casing		14#	5 1/2				
Liner							
Liner							
Tubing			2 7/8		2,731	KB	
Drill Pipe							
Open Hole							Shots/Ft.
Perforations							
Perforations							
Perforations							

Materials

	Density	Lb/Gal
Mud Type		
Disp. Fluid		
Prop. Type	Size	Lb
Prop. Type	Size	Lb
Acid Type	Gal.	%
Acid Type	Gal.	%
Surfactant	Gal.	In
NE Agent	Gal.	In
Fluid Loss	Gal/Lb	In
Gelling Agent	Gal/Lb	In
Fric. Red.	Gal/Lb	In
Breaker	Gal/Lb	In
Blocking Agent	Gal/Lb	In
Perfpac Balls	Qty.	
Other		
Other		
Other		
Other		
Other		

Hours On Location		Operating Hours		Description of Job
Date	Hours	Date	Hours	
5/29	6.0	5/29	1.5	Squeeze Job
Total	6.0	Total	1.5	

Ordered _____ Hydraulic Horsepower _____
 Avail. _____ Used _____
 Treating _____ Average Rates in BPM _____
 Disp. _____ Overall _____
 Feet _____ Cement Left in Pipe _____
 Reason _____

Cement Data

Stage	Sacks	Cement	Bulk/Sks	Additives	W/Rq.	Yield	Lbs/Gal
1	50	PREMIUM H		2% CC (PUMP TIME-1 1/2 HOURS)	5.20	1.18	15.60
2							
3							
4							

Summary

Circulating Breakdown _____	Displacement _____	Preflush: BBI _____	Type: _____
Lost Returns- _____	MAXIMUM _____	Load & Bkdn: Gal - BBI _____	Pad:Bbl -Gal _____
Cmt Rtm#Bbl _____	Lost Returns- _____	Excess /Return BBI _____	Calc. Disp Bbl _____
Average _____	Actual TOC _____	Calc. TOC: _____	Actual Disp. _____
Shut In: Instant _____	Frac. Gradient _____	Treatment: Gal - BBI _____	Disp:Bbl _____
	5 Min. _____ 15 Min. _____	Cement Slurry BBI _____	
		Total Volume BBI _____	

Frac Ring #1 _____ Frac Ring #2 _____ Frac Ring #3 _____ Frac Ring #4 _____

THE INFORMATION STATED HEREIN IS CORRECT
 CUSTOMER REPRESENTATIVE _____ SIGNATURE _____

HALLIBURTON JOB SUMMARY

1872185

05/23/02

REGION NORTH AMERICA LAND	INNA / COUNTRY Central / USA	BDA / STATE MC/Ks	COUNTY MORTON
MBU ID / EMPL # MCL10110 106328	HES EMPLOYEE NAME NICKKORBE RECEIVED	PSL DEPARTMENT CEMENT	ORIGINAL
LOCATION LIBERAL	COMPANY OXY-USA SEP 23 2002	CUSTOMER REP / PHONE TOBE WINTERS 620-629-0432	
TICKET AMOUNT \$4,113.87	WELL TYPE OIL	API UNIT # 1.51292E+13	
WELL LOCATION ELKHART	DEPARTMENT CEMENT KCC WICHITA	SAP BOMB NUMBER 7526	
LEASE NAME GREENWOOD	Well No. C-3	SEC / TWP / RNG 15 - 33S - 42W	HES FACILITY (CLOSEST TO WELL SITE) LIBERAL

HES EMP NAME / EMP # / (EXPOSURE HOURS)	HRS	HRS	HRS	HRS
Korbe, N 106328	5.0			
Cochran, M 217398	8.0			
Ferguson, R 106154	5.0			

H.E. UNIT # / (R / T MILES)	R / T MILES	R / T MILES	R / T MILES	R / T MILES
421269	140			
10251403	140			
10240236//10240245	70			

Form. Name _____ Type: _____
 Form. Thickness _____ From _____ To _____
 Packer Type _____ Set At _____
 Bottom Hole Temp. _____ Pressure _____
 Retainer Depth _____ Total Depth _____

Date	Called Out	On Location	Job Started	Job Completed
	05/23/2002	05/23/2002	05/23/2002	05/23/2002
Time	0600	0900	1045	1245

Tools and Accessories

Type and Size	Qty	Make
Float Collar		
Float Shoe		
Centralizers		
Top Plug		
HEAD		
Limit clamp		
Weld-A		
Guide Shoe		
BTM PLUG		

Well Data

	New/Used	Weight	Size	Grade	From	To	Max Allow
Casing	USED	14#	5 1/2		0'	4500'+	
Liner							
Liner							
Tubing	USED	6.5#	2 7/8			2731'	
Drill Pipe							
Open Hole							Shots/Ft.
Perforations							
Perforations							
Perforations							

Materials

Mud Type	Density	Lb/Gal
Disp. Fluid	Density	Lb/Gal
Prop. Type	Size	Lb
Prop. Type	Size	Lb
Acid Type	Gal.	%
Acid Type	Gal.	%
Surfactant	Gal.	In
NE Agent	Gal.	In
Fluid Loss	Gal/Lb	In
Gelling Agent	Gal/Lb	In
Fric. Red.	Gal/Lb	In
Breaker	Gal/Lb	In
Blocking Agent	Gal/Lb	
Perfpac Balls	Qty.	
Other		
Other		
Other		
Other		

Hours On Location		Operating Hours		Description of Job
Date	Hours	Date	Hours	
5/23	5.0	5/23	1.0	Squeeze Job
Total	5.0	Total	1.0	

Ordered	Hydraulic Horsepower Avail.	Used
Treating	Average Rates in BPM Disp.	Overall
Feet	Cement Left in Pipe Reason	

Cement Data

Stage	Sacks	Cement	Bulk/Sks	Additives	W/Rq.	Yield	Lbs/Gal
1	50	PREMIUM H		2% CC (PUMP TIME--1 1/2 HOURS)	5.20	1.18	15.60
2							
3							
4							

Summary

Circulating Breakdown	Displacement	MAXIMUM	Preflush:	BB1	Type:
Lost Returns-)	Lost Returns-)		Load & Bkdn:	Gal - BBI	Pad:Bbl -Gal
Cmt Rtn#Bbl	Actual TOC		Excess /Return	BB1	Calc. Disp Bbl
Average	Frac. Gradient		Calc. TOC:		Actual Disp.
Shut In: Instant	5 Min.	15 Min.	Treatment:	Gal - BBI	Disp:Bbl
			Cement Slurry	BB1	
			Total Volume	BB1	
					10.5
					32.60

Frac Ring #1 _____ Frac Ring #2 _____ Frac Ring #3 _____ Frac Ring #4 _____

THE INFORMATION STATED HEREIN IS CORRECT
 CUSTOMER REPRESENTATIVE _____

SIGNATURE _____

