

STATE CORPORATION COMMISSION OF KANSAS
OIL & GAS CONSERVATION DIVISION
WELL COMPLETION FORM
ACD-1 WELL HISTORY
DESCRIPTION OF WELL AND LEASE

API NO. 15- 175-21296-0000 ORIGINAL

County Seward
 - C - N/2 - SW/4 Sec. 16 Twp. 32 Rge. 34 E/W

Operator: License # 5447

Name: OXY USA Inc.

Address P. O. Box 26100

City/State/Zip Oklahoma City, Ok 73126-0100

Purchaser:

Operator Contact Person: Jerry Ledlow

Phone (405) 749-2309

Contractor: Name: Cheyenne

License: 5382

Wellsite Geologist: Robert Vick

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:

Well Name:

Comp. Date Old Total Depth

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

2/3/93 2/14/93 2/14/93
Spud Date Date Reached TD Completion Date

1980 Feet from S/N (circle one) Line of Section
3960 Feet from E/W (circle one) Line of Section

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

Lease Name Kapp A Well # 4

Field Name Wildcat

Producing Formation Chester C-2

Elevation: Ground 2934 KB 2947

Total Depth 6374 PBTB 6296

Amount of Surface Pipe Set and Cemented at 1688 Feet

Multiple Stage Cementing Collar Used? Yes No

If yes, show depth set 6374 Feet

If Alternate II completion, cement circulated from

feet depth to w/ sx cmt.

Drilling Fluid Management Plan 6-17-93
(Data must be collected from the Reserve Pit)

Chloride content 2400 ppm Fluid volume 5000 bbls

Dewatering method used Evaporation

Location of fluid disposal if hauled offsite:

Operator Name

Lease Name License No.

 Quarter Sec. Twp. S Rng. E/W

County Docket No.

INSTRUCTIONS: An original and two copies of this form shall be filed with the Kansas Corporation Commission, 200 Colorado Derby Building, 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 Gregory C. Rowe Greg Rowe

Title Facilities Engineer Date JUNE 14

Subscribed and sworn to before me this 14 day of June, 19 93.

Notary Public Jimmy L Padilla

Date Commission Expires August 21, 1996

K.C.C. OFFICE USE ONLY
F Letter of Confidentiality Attached
C Wireline Log Received
C Geologist Report Received

Distribution
 KCC SWD/Rep NGPA
 KGS Plug Other (Specify)

Form ACD-3(7-91) RECEIVED
STATE CORPORATION COMMISSION
JUN 17 1993
CONSERVATION DIVISION
Wichita, Kansas

SIDE TWO

Operator Name OXY USA Inc. Lease Name Kapp A Well # 4

Sec. 16 Twp. 32 Rge. 34 East West
 County Seward

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 Taken (Attach Additional Sheets.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Name	Top	Datum
Cores Taken	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Council Grove	2940	5
Electric Log Run (Submit Copy.)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Toronto	4206	-1261
List All E.Logs Run:		Cherokee	5187	-2242
Dual Induction SFL W/Sp & GR,		Chester	5783	-2838
Neutron - Lithodensity W/GR & Caliper,				
Sonic, & Microlog				

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	30"	20"		40			
Surface	12 1/4"	8 5/8"	24	1688	C	630 sx	6% Gel
Production	7 7/8"	5 1/2"	14	6374	1st Stage	710 sx	

ADDITIONAL CEMENTING/SQUEEZE RECORD					2nd Stage	520 sx
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
4	6120- 6180	None	
	CIBP @ 6209		

TUBING RECORD		Size <u> 2 3/8" </u>	Set At <u> 5960 </u>	Packer At <u> 5960 </u>	Liner Run <input type="checkbox"/> Yes <input type="checkbox"/> No
Date of First, Resumed Production, SWD or Inj. <u> 4/27/93 </u>		Producing Method <input checked="" type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)			
Estimated Production Per 24 Hours	Oil <u> 8 </u> Bbls.	Gas <u> 1655 </u> Mcf	Water <u> 10 </u> Bbls.	Gas-Oil Ratio	Gravity

Disposition of Gas: **METHOD OF COMPLETION** Production Interval 6120 - 6180

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

Open Hole Perf. Dually Comp. Commingled

Other (Specify) _____

DOWELL-SCHLUMBERGER INCORPORATED

P.O. BOX 4378 HOUSTON, TEXAS 77210

CUSTOMER

OILFIELD SERVICES
INDUSTRIAL SERVICES

DSI SERVICE ORDER
RECEIPT AND INVOICE NO.
03-12-5030

DSI SERVICE LOCATION NAME AND NUMBER
Ulysses KS 03-12

CUSTOMER NUMBER
CUSTOMER P.O. NUMBER

TYPE SERVICE CODE
271
BUSINESS CODES

CUSTOMER'S NAME
OXY USA INC

WORKOVER W
NEW WELL N
OTHER O
API OR IC NUMBER

ADDRESS
CITY, STATE AND ZIP CODE

ARRIVE LOCATION
MO. DAY YR. TIME
2 4 93 1630

DSI will furnish and Customer shall purchase materials and services required in the performance of the following SERVICE INSTRUCTIONS or DSI INDUSTRIAL SERVICE CONTRACT NO. _____ in accordance with the terms and conditions as printed on the reverse side of this form.

SERVICE ORDER RECEIPT
I certify that the materials and services listed were authorized and received and all services performed in a workmanlike manner and that I have the authority to accept and execute this document.

JOB COMPLETION
MO. DAY YR. TIME
2 4 93 2030

STATE **KS** CODE COUNTY/PARISH **Seward** CODE CITY

SIGNATURE OF CUSTOMER OR AUTHORIZED REPRESENTATIVE
[Signature]

WELL NAME AND NUMBER / JOB SITE
XAPP A#4

LOCATION AND POOL / PLANT ADDRESS
Sec 16-32-34

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
059200-002	mileage	mi	40	2.65	106.00
059697-000	PUMP chg	EA	1	140.00	140.00
102871-020	PUMP chg	EA	1	1100.00	1100.00
049102-000	hauling 59577 *x	Ton/mi	1192	.88	1048.96
049100-000	service chg	unit	696	1.20	835.20
048601-000	cmf head + manifold	EA	1	63.00	NE
040003-000	D903 - lacc f	SK	453	7.98	3614.94
045008-000	D35 lifter	SK	177	3.94	697.38
045014-050	D20 gol	lb	2636	.15	395.40
067005-100	calc	lb	114	3.6	401.04
044003-025	D29 cellophane Flakes	lb	157	1.59	249.63
056702-085	Tap plug	EA	1	98.00	98.00

ORDER RECEIPT

Thanks For using DS

SUB TOTAL

Field cost 8686.55

STATE CORPORATION COMMISSION

REMARKS:	STATE	% TAX ON \$	TOTAL \$
	COUNTY	% TAX ON \$	
	CITY	% TAX ON \$	
	SIGNATURE OF DSI REPRESENTATIVE		
	<i>James E. [Signature]</i>		

MAY 17 1993

CONSERVATION DIVISION
Wichita, Kansas

CEMENTING SERVICE REPORT



DOWELL SCHLUMBERGER INCORPORATED

TREATMENT NUMBER 03-12-5030	DATE 2-4-93
STAGE DS	DISTRICT Ulysses, KS

DS-496 PRINTED IN U.S.A.

WELL NAME AND NO. Kapp A#4	LOCATION (LEGAL) Sec 16-32S-344	RIG NAME: Clyburn #4
FIELD/FOOL	FORMATION	WELL DATA:
COUNTY/PARISH Seward	STATE KS	API. NO.
NAME OXY USA TXC	AND	ADDRESS
ADDRESS	ZIP CODE	SPECIAL INSTRUCTIONS

BIT SIZE 12 1/4	CSG/Liner Size 8 1/2	BOTTOM	TOP
TOTAL DEPTH 1692	WEIGHT 24		
<input checked="" type="checkbox"/> ROT <input type="checkbox"/> CABLE	FOOTAGE 1692		
MUD TYPE	GRADE 555		
<input type="checkbox"/> BHST <input type="checkbox"/> BHCT	THREAD 8pd		
MUD DENSITY	LESS FOOTAGE SHOE JOINT(S) 47		TOTAL
MUD VISC.	Disp. Capacity 105		

NOTE: Include Footage From Ground Level To Head In Disp. Capacity			
Float	TYPE Orifice Fll	DEPTH 1650	Stage Tool
SHOE	TYPE cmt nose	DEPTH 1692	DEPTH

IS CASING/TUBING SECURED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	LIFT PRESSURE 695 PSI	CASING WEIGHT - SURFACE AREA (3.14 x R ²)
PRESSURE LIMIT PSI	BUMP PLUG TO 1140 PSI	ROTATE RPM RECIPROCAT FT No. of Centralizers

Head & Plugs <input type="checkbox"/> Double <input checked="" type="checkbox"/> Single <input type="checkbox"/> Swage <input type="checkbox"/> Knockoff	<input type="checkbox"/> TBG <input type="checkbox"/> D.P. <input type="checkbox"/> SQUEEZE JOB	TOOL TYPE DEPTH	TAIL PIPE: SIZE DEPTH	TUBING VOLUME Bbls	CASING VOL. BELOW TOOL Bbls	TOTAL Bbls	ANNUAL VOLUME Bbls
--	---	-----------------	-----------------------	--------------------	-----------------------------	------------	--------------------

TIME	PRESSURE	VOLUME PUMPED BBL	JOB SCHEDULED FOR TIME	ARRIVE ON LOCATION TIME	LEFT LOCATION TIME
0001 to 2400	TBG OR D.P. CASING	INCREMENT CUM	ASAP DATE: 2-4-93	630 DATE: 2-4-93	2130 DATE: 2-4-93

TIME	TBG OR D.P.	CASING	INCREMENT	CUM	INJECT RATE	FLUID TYPE	FLUID DENSITY	SERVICE LOG DETAIL
1926	10	10			5.8	H2O		PRE-JOB SAFETY MEETING
1927	180	188			5.8	cmt	12.2	start H2O ahead
1941	160	80			5.8	cmt	17.2	start 1pad cmt.
1956	150	29			5.8	cmt	14.8	psi check
1957	210	10			5.8	cmt	14.8	start tail cmt.
2001	0							psi check
2001	0	105			5.8	H2O		shutdown deep top plug
2007	120	30			5.8	H2O		start displacement
2010	230	50			5.8	H2O		psi check
2014	350	71			5.9	H2O		" "
2017	470	90			5.9	H2O		cement to surface
2018	500	95			2	H2O		lower rate
2023	1140	105			2	H2O		bump top plug
2025								bleed psi of check float + holding end job

REMARKS

SYSTEM CODE	NO. OF SACKS	YIELD CU. FT/SK	COMPOSITION OF CEMENTING SYSTEMS	SLURRY MIXED BBLs	DENSITY
1.	505	210	555 + 6% gel + 2% cacl ₂ + 4/1029	188	12.2
2.					
3.	125	132	class C + 2% cacl ₂ + 4/1029	29.3	14.8
4.					
5.					
6.					

BREAKDOWN FLUID TYPE	VOLUME	DENSITY	PRESSURE	MAX.
<input type="checkbox"/> HESITATION SQ. <input type="checkbox"/> RUNNING SQ.	CIRCULATION LOST	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	Cement Circulated To Surf.	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
BREAKDOWN PSI FINAL	PSI	DISPLACEMENT VOL.	105 Bbls	TYPE OF WELL <input checked="" type="checkbox"/> OIL <input type="checkbox"/> GAS <input type="checkbox"/> STORAGE <input type="checkbox"/> INJECTION
Washed Thru Perfs <input type="checkbox"/> YES <input type="checkbox"/> NO	TO FT.	MEASURED DISPLACEMENT	<input type="checkbox"/> WIRELINE	<input type="checkbox"/> BRINE WATER <input type="checkbox"/> WILDCAT Kansas
PERFORATIONS TO TO	CUSTOMER REPRESENTATIVE	DS SUPERVISOR		
	Jay Muse	James Esquivel		

RECEIVED STATE CORPORATION COMMISSION

MAX 17 1993

CONSERVATION DIVISION



INVOICE

REMIT TO: P O BOX 890788
DALLAS TX 75389-0788

0312

INVOICE DATE
02/04/93

607491
OXY USA INC
P O BOX 26100
OKLAHOMA CITY OK 73126

PAGE
1

INVOICE NUMBER
03-12-5030

TYPE SERVICE
CEMENTING CEMENT SURFACE C

WELL NAME / JOB SITE	STATE	COUNTY / CITY	SERVICE FROM LOCATION	SHIPPED VIA	CUSTOMER P.O. NO./REF.
KAPP A-4	KS	SEWARD	ULYSSES	DS	
LOCATION / PLANT ADDRESS			DATE OF SERVICE ORDER	CUSTOMER OR AUTHORIZED REPRESENTATIVE	
SEC 16-32S-34W			01/04/93	JAY ROSE	

9-1372800 X 2360.1/734

ITEM CODE	DESCRIPTION	UOM	QTY	UNIT PRICE	AMOUNT
059200002	MILEAGE, ALL OTHER EQUIPMENT	MI	40	2.6500	106.00
059697000	PACR TREAT ANALYSIS RECORDER	JOB	1	140.0000	140.00
102871020	CSNG CMNT 1501-2000' 1ST 0HR	0HR	1	1,100.0000	1,100.00
049102000	TRANSPORTATION CMNT TON MILE	MI	1192	.8800	1,048.96
049100000	SERVICE CHG CEMENT NATL LAND	CFT	696	1.2000	835.20
048601000	CEMENT HEAD RENTAL	JOB	1	.0000	N/C
040003000	D903. CEMENT CLASS C	CFT	453	7.9800	3,614.94
045000000	D35. LITEPOZ 3 EXTENDER	CFT	177	3.9400	697.38
045014050	D20. BENTONITE EXTENDER	LBS	2636	.1500	395.40
067005100	S1.CALCIUM CHLORIDE	LBS	1114	.3600	401.04
044003025	D29. CELLOPHANE FLAKES	LBS	157	1.5900	249.63
056702005	PLUG CENG 8-5/8" TOP PLASTIC	EA	1	98.0000	98.00
	DISCOUNT - MATERIAL				2,182.56
	DISCOUNT - SERVICE				1,292.06
				SUB TOTAL	5,211.93

M C	STATE TAX ON	3,983.21	191.26
M F C	LOCAL TAX ON	3,983.21	39.03
	AMOUNT DUE		5,442.22

WITH QUESTIONS CALL 316-356-1272
FEDERAL TAX ID # 38-239-7173
TERMS -- NET 30 DAYS DUE ON OR BEFORE MAR 06, 1993

THANK YOU. WE APPRECIATE YOUR BUSINESS.

J. B. Watson
T WATSON

DOWELL SCHLUMBERGER INCORPORATED

P.O. BOX 4378 HOUSTON, TEXAS 77210

CUSTOMER

OILFIELD SERVICES

DSI SERVICE ORDER
RECEIPT AND INVOICE NO.

03-12-5051

DSI SERVICE LOCATION NAME AND NUMBER

Ulysses KS 03-12

CUSTOMER NUMBER

CUSTOMER P.O. NUMBER

TYPE SERVICE CODE

BUSINESS CODES

CUSTOMER'S
NAME

OKY USA Inc.

ADDRESS

CITY, STATE AND
ZIP CODE

DSI will furnish and Customer shall purchase materials and services required in the performance of the following SERVICE INSTRUCTIONS in accordance with the general terms and conditions as printed on the reverse side of this service order and/or attached to this service order. This service order is subject to alternative dispute resolution.

WORKOVER
NEW WELL
OTHER

W
 N

API OR IC NUMBER

IMP. PRIANT
SEE OTHER SIDE FOR TERMS & CONDITIONS

ARRIVE LOCATION	MO.	DAY	YR.	TIME
	2	14	93	0800

SERVICE ORDER I authorize work to begin per service instructions in accordance with terms and conditions printed on the reverse side of this form and/or attached to this form and represent that I have authority to accept and sign this order.

SIGNATURE OF CUSTOMER OR AUTHORIZED REPRESENTATIVE

JOB COMPLETION	MO.	DAY	YR.	TIME
	2	14	93	2005

SERVICE RECEIPT I certify that the materials and services listed were received and all services performed in a workmanlike manner.

SIGNATURE OF CUSTOMER OR AUTHORIZED REPRESENTATIVE

STATE CODE COUNTY / PARISH CODE CITY

Kansas

Seward

WELL NAME AND NUMBER / JOB SITE

KAPP A#4

LOCATION AND POOL / PLANT ADDRESS

Sec 16 - 325 - 346

SHIPPED VIA

DS

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
102871-065	PUMP CHG	EA	1	1720 ⁰⁰	1720 ⁰⁰
048016-000	MULTIPLE STAGE CEMENTING	EA	1	1075 ⁰⁰	1075 ⁰⁰
049102-000	DELIVERY CHG	TU/MI	2252	-88	198176
049190-000	SERVICE CHG	F3	1384	120	1660 ⁰⁰
059697-000	PSUR	EA	1	140 ⁰⁰	140 ⁰⁰
059200-002	MILEAGE CHG	MI	39	265	10335
040003-000	CLASS C	F3	284	798	226632
040015-000	CLASS H	F3	414	747	309258
045008-000	LITE POZ 3	F3	562	394	221428
045004-050	D44 SALT	LB	2454	-12	29448
045014-050	D20 GEL	LB	3709	-15	55635
067005-100	CALCIUM CHLORIDE	LB	1360	-36	48960
047002-050	D40 A01 Foam	LB	76	306	23256
044006-050	D59 FLUID LOSS	LB	190	1025	194750
044002-050	D60 FLUID LOSS	LB	181	773	139913
044003-025	D29 Cellophane FLACE	LB	317	159	50403
100282-000	GW7 CHEMICAL WASH	BA	40	2594	103840

Field Estimate \$ 20,716¹⁵

SUB TOTAL

LICENSE/REIMBURSEMENT FEE

LICENSE/REIMBURSEMENT FEE

REMARKS:

Thanks for using DS!

STATE % TAX ON \$

COUNTY % TAX ON \$

CITY % TAX ON \$

SIGNATURE OF DSI REPRESENTATIVE

TOTAL \$

RECEIVED

STATE CORPORATION COMMISSION

MAY 17 1993

CONSERVATION DIVISION
Wichita, Kansas

CEMENTING SERVICE REPORT



DOWELL SCHLUMBERGER INCORPORATED

TREATMENT NUMBER 03-12-5051	DATE 2-14-93
STAGE 1	DS 045363
DISTRICT KS	

DS-496 PRINTED IN U.S.A.

WELL NAME AND NO. Kopp A#4	LOCATION (LEGAL) Sec No. 325-344	RIG NAME: Chetanne #4
FIELD-POOL	FORMATION	WELL DATA:
COUNTY/PARISH Seward	STATE Kansas	API. NO.
NAME Oxy USA Inc	AND	ADDRESS
ZIP CODE		
SPECIAL INSTRUCTIONS		

BIT SIZE	7 7/8	CSG/Liner Size	5 1/2	5 1/2		
TOTAL DEPTH		WEIGHT	155	14*		
<input checked="" type="checkbox"/> ROT <input type="checkbox"/> CABLE		FOOTAGE	409	5473		
MUD TYPE		GRADE				
<input type="checkbox"/> BHST <input type="checkbox"/> BHCT		THREAD				
MUD DENSITY		LESS FOOTAGE SHOE JOINT(S)	44			TOTAL
MUD VISC.		Disp. Capacity	20.58	13354		154.12

Float	TYPE	Length	Weight	TYPE	Depth
	DEPTH	6338		TYPE	3223
SHOE	TYPE	Float shoe		TYPE	
	DEPTH			DEPTH	

IS CASING/TUBING SECURED?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
LIFT PRESSURE	3821	PSI
PRESSURE LIMIT		PSI
ROTATE	RPM	RECIPROCAT
		FT
		No. of Centralizers

JOB SCHEDULED FOR TIME: 0800	DATE: 2-14-93	ARRIVE ON LOCATION TIME: 0900	DATE: 2-14-93	LEFT LOCATION TIME: 2200	DATE: 12-14-93
------------------------------	---------------	-------------------------------	---------------	--------------------------	----------------

TIME	PRESSURE		VOLUME PUMPED BBL		INJECT RATE	FLUID TYPE	FLUID DENSITY	SERVICE LOG DETAIL
	TBG OR D.P.	CASING	INCREMENT	CUM				
0001 to 2400								
1224	3500							PRE-JOB SAFETY MEETING & PRESSURE TEST
1227		340	20		7	12.0		START WATER ahead
1230		340	20	20	7	12.0		START GW
1234		250	102	4	7	12.4		START LEAD CEMENT
1247		250	99	142	7	14.6		START TAIL CEMENT
1301		-		241	-			CEMENT Mixed Shut in
1305		-		241	-			Wash Pump + Lines + Drop Plug
1308		110	154	24	7	12.0		START DISPLACEMENT
1319		-		78	2			Slow Rate
1321		-		79	6			Inc Rate
1321		-		80	6	Mud		Start Pumping Mud
1333		720		144	2			Slow Rate 28pm.
1337		800		154	2			Bump Plug
1337		1330						Check float - Working
1339								Drop OPG 30ms
1354		800						OPUG TOOL
1355		1						Turn over to Rg to Circulate

REMARKS

SYSTEM CODE	NO. OF SACKS	YIELD CU. FT/SK	COMPOSITION OF CEMENTING SYSTEMS				SLURRY MIXED	
							BBLs	DENSITY
1.	290	1.97	65/35 (H/POC)	+ 2% D20	+ 14#/SK D29	102	12.4	
2.	450	1.24	50/50 (H/POC)	+ 2% D20	+ 12% D44 + .54% D59 + 2% O51	99	14.6	
3.				+ 2% D46	+ 14#/SK D29			
4.								
5.								
6.								

RECEIVED STATE CORPORATION COMMISSION

MAY 17 1993

BREAKDOWN FLUID TYPE	VOLUME	DENSITY	PRESSURE	MAX. 1330	MIN. 1993
<input type="checkbox"/> HESITATION SQ.	<input type="checkbox"/> RUNNING SQ.	CIRCULATION LOST	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	Cement Circulated To Surf.	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
BREAKDOWN	PSI	FINAL	PSI	DISPLACEMENT VOL. 154	Bbls
Washed Thru Perfs	<input type="checkbox"/> YES <input type="checkbox"/> NO	TO	FT.	MEASURED DISPLACEMENT	<input checked="" type="checkbox"/>
PERFORATIONS	TO	TO	CUSTOMER REPRESENTATIVE	DS SUPERVISOR	
			W. MUSE	Greg Green	

CEMENTING SERVICE REPORT



DOWELL SCHLUMBERGER INCORPORATED

TREATMENT NUMBER 03-12-3051	DATE 2-14-93
STAGE 2	DS DISTRICT 0143303 KS

DS-496 PRINTED IN U.S.A.

WELL NAME AND NO. Kapp A+4	LOCATION (LEGAL) Sec 16 - 325-34w	RIG NAME: Cheyenne #4
FIELD-POOL	FORMATION	WELL DATA: BOTTOM TOP
COUNTY/PARISH Seward	STATE Kansas	API. NO.
NAME Oxy USA Inc.	AND	ADDRESS
ZIP CODE	SPECIAL INSTRUCTIONS	

Float	TYPE	DEPTH	Stage Tool	TYPE	DEPTH
				Ballie	3223
SHOE	TYPE	DEPTH			

IS CASING/TUBING SECURED? <input type="checkbox"/> YES <input type="checkbox"/> NO	LIFT PRESSURE PSI	CASING WEIGHT + SURFACE AREA (3.14 x R ²)	PRESSURE LIMIT PSI	BUMP PLUG TO 1520 PSI	ROTATE RPM	RECIPROCATATE	FT	No. of Centralizers
Head & Plugs		<input type="checkbox"/> TBG	<input type="checkbox"/> D.P.	SQUEEZE JOB				
<input type="checkbox"/> Double	SIZE	TOOL TYPE		DEPTH				
<input type="checkbox"/> Single	WEIGHT	TAIL PIPE: SIZE DEPTH		TUBING VOLUME Bbls				
<input type="checkbox"/> Swage	GRADE	CASING VOL. BELOW TOOL		TOTAL Bbls				
<input type="checkbox"/> Knockoff	THREAD	ANNUAL VOLUME		Bbls				
TOP <input type="checkbox"/> R <input type="checkbox"/> W	<input type="checkbox"/> NEW <input type="checkbox"/> USED	DEPTH		ANNUAL VOLUME Bbls				
BOT <input type="checkbox"/> R <input type="checkbox"/> W								

TIME	PRESSURE		VOLUME PUMPED BBL		JOB SCHEDULED FOR			ARRIVE ON LOCATION			LEFT LOCATION		
	TBG OR D.P.	CASING	INCREMENT	CUM	TIME	DATE	TIME	DATE	TIME	DATE	TIME	DATE	
000' to 240'													
1935	200	20	7	1120									
1938	220	20	7	1120									
1941	205	60	7	1120									
1949	110	87	7	1120									
2001	-		-	187									
2003	-		-	187									
2007	-	79	7	187									
2007	590		2	69									
2022	750		2	79									
2022	1520		-	79									

REMARKS

SYSTEM CODE	NO. OF SACKS	YIELD CU. FT/SK	COMPOSITION OF CEMENTING SYSTEMS				SLURRY MIXED	
							BBLs	DENSITY
1.	160	2.1	65/35 (C/P02) + 6% D20 + 4 1/4" / 56 D29				40	12.2
2.	360	1.35	50/50 (C/P02) + 2% D20 + 2% 0.5" + 6% 0.6" + 4 1/4" / 56 D29				87	13.8
3.								
4.	520							
5.								
6.								

BREAKDOWN FLUID TYPE	VOLUME	DENSITY	PRESSURE	MAX. 1520 MIN:
<input type="checkbox"/> HESITATION SQ.	<input type="checkbox"/> RUNNING SQ.	CIRCULATION LOST	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	Cement Circulated To Surf. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
BREAKDOWN	PSI	FINAL	PSI	DISPLACEMENT VOL. 79 Bbls
Washed Thru Perfs <input type="checkbox"/> YES <input type="checkbox"/> NO	TO	FT.	MEASURED DISPLACEMENT <input checked="" type="checkbox"/>	<input type="checkbox"/> WIRELINE
PERFORATIONS	CUSTOMER REPRESENTATIVE	DS SUPERVISOR		
TO	Jay Muse	Greg Greenie		

RECEIVED
STATE CORPORATION COMMISSION
MAY 17 1993

CONSERVATION DIVISION
Wichita, Kansas



INVOICE

REMIT TO: P O BOX 890788 DALLAS TX 75389-0788

INVOICE DATE
02/14/93

0312

607491
 OXY USA INC
 P O BOX 26100
 OKLAHOMA CITY OK 73126

E-000

PAGE
1

INVOICE NUMBER
03-12-5051

TYPE SERVICE
CEMENTING CEMENT PRODUCTION

WELL NAME / JOB SITE	STATE	COUNTY / CITY	SERVICE FROM LOCATION	SHIPPED VIA	CUSTOMER P.O. NO./REF.
KARP A 4	KS	SEWARD	ULYSSES	DS	
LOCATION / PLANT ADDRESS			DATE OF SERVICE ORDER	CUSTOMER OR AUTHORIZED REPRESENTATIVE	
SEC 16-32-34W			02/14/93	JA Y MUSE	

9-1575 P.O. BOX 2360 / 724

ITEM CODE	DESCRIPTION	UOM	QTY	UNIT PRICE	AMOUNT
102871065	CSNG CMNT 6001-6500' 1ST 8HR	8HR	1	1,720.0000	1,720.00
040016000	CEMENT PUMPER-PER ADDL STAGE	8HR	1	1,075.0000	1,075.00
049102000	TRANSPORTATION CMNT TON MILE	MI	2252	.8900	1,981.76
049100000	SERVICE CHG CEMENT MATL LAND	CFT	1384	1.2000	1,660.80
059697000	PACR TREAT ANALYSIS RECORDER	JOB	1	140.0000	140.00
059200002	MILEAGE, ALL OTHER EQUIPMENT	MI	39	2.6500	103.35
040003000	D903, CEMENT CLASS C	CFT	284	7.9800	2,266.32
040015000	D999, CEMENT CLASS H	CFT	414	7.4700	3,092.58
045008000	D35, LITEPOZ 3 EXTENDER	CFT	562	3.9400	2,214.28
045004050	D44, GRANULATED SALT	LBS	2454	.1200	294.48
045014050	D20, BENTONITE EXTENDER	LBS	3709	.1500	556.35
067005100	S1, CALCIUM CHLORIDE	LBS	1360	.3600	489.60
047002050	D46, ANTIFOAM	LBS	76	3.0600	232.56
044006050	D59, FLAC FLUID LOSS ADDITIV	LBS	190	10.2500	1,947.50
044002050	D60, FLAC FLUID LOSS ADDITIV	LBS	102	7.7300	1,406.86
044003025	D29, CELLOPHANE FLAKES	LBS	318	1.5900	505.62
100282000	D826, CHEMICAL WASH CW7	BDL	40	25.9600	1,038.40
048601000	CEMENT HEAD RENTAL	JOB	1	.0000	N/C
	DISCOUNT - MATERIAL				6,179.62
	DISCOUNT - SERVICE				2,939.59
				SUB TOTAL --	11,606.25

M C STATE TAX ON 8,974.73 439.77
 H F C LOCAL TAX ON 8,974.73 89.75

RECEIVED AMOUNT DISTATE CORPORATION COMMISSION

MAY 17 1993

CONSERVATION DIVISION Wichita, Kansas

WITH QUESTIONS CALL 316-356-1272
 FEDERAL TAX ID # 38-239-7173
 TERMS -- NET 30 DAYS DUE ON OR BEFORE MAR 16, 1993

THANK YOU, WE APPRECIATE YOUR BUSINESS.

T. B. Watson
 T B WATSON