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

Form ACO-1
September 1999
Form Must Be Typed

Operator: License # 5447
Name: OXY USA, Inc.
Address: P.O. Box 2528
City/State/Zip: Liberal, KS 67905
Purchaser: El Paso Natural Gas
Operator Contact Person: Vicki Carder
Phone: (316) 629-4200
Contractor: Name: Key Energy SERVICES
License: 32393
Wellsite Geologist: NA
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: Santa Fe B-1

API No. 15 - 129-10323-0001
County: Morton
- NW - NW - SE Sec 23 Twp. 33 S. R. 43W
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: Santa Fe B Well #: 1
Field Name: Greenwood
Producing Formation: Topeka
Elevation: Ground: 3597 Kelly Bushing: _____
Total Depth: 3275 Plug Back Total Depth: 2869
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.

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OCT 01 2002

Original Comp. Date: 08/18/53 Original Total Depth: 3275
 Deepening Re-perf. Conv. To Enhr./SWD
 Plug Back 2869' Plug Back Total Depth
 Commingled Docket No. _____
 Dual Completion Docket No. _____
 Other (SWD or Enhr.?) Docket No. _____
05/24/01 05/24/01 06/19/01
~~SWD~~ Date of **START** Date Reached TD Completion Date of
OF WORKOVER **WORKOVER**

Drilling Fluid Management Plan REWORK JH 9/8/02
(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: _____
Lease Name: _____ License No.: _____
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: Vicki Carder
Title: Capital Projects Date August 27, 2001
Subscribed and sworn to before me this 27th day of August
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

RECEIVED

AUG 28 2001

KCC WICHITA

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

JAN 20 1980

Side Two

Operator Name: OXY USA, Inc. Lease Name: Santa Fe B Well #: 147120000
Sec. 23 Twp. 33 S. R. 43W 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 [] Yes [X] No [X] Log Formation (Top), Depth and Datum [] Sample
Name: Top Datum
Samples Sent to Geological Survey [X] Yes [] No
Cores Taken [] Yes [X] No
Electric Log Run [X] Yes [] No
List All E. Logs Run: Gamma Ray/CCL

CASING RECORD [X] 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
Conductor					C		
Surface	12 1/4	8 5/8	22.7	600	C	300	4% Gel Cem
Production	7 7/8	5 1/2	17	3273	C	450	4% Gel Cem, 1/4# Flocele

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	-			

PERFORATION RECORD - Bridge Plugs Set/type Specify Footage of Each Interval Perforated

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
3	2881-2886 CIBP @ 2869	500 Gals 17% HCL Acid	
3	2742-2798, 2710-2716, 2704-2708, 2694-2699 2688-2692, 2674-2680	6600 Gals 17% HCL Acid	

TUBING RECORD

Size	Set At	Packer At	Liner Run
2 3/8	2820		[] Yes [X] No

Date of First, Resumed Production, SWD or Enhr. 06/21/01
Producing Method [] Flowing [X] Pumping [] Gas Lift [] Other (Explain)

Estimated Production Per 24 Hours	Oil BBLs	Gas Mcf	Water Bbls	Gas-Oil Ratio	Gravity
		220	42		

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