

CONFIDENTIAL

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION
WELL COMPLETION FORM

ORIGINAL

Form ACO-1
September 1999
Form Must Be Typed

WELL HISTORY - DESCRIPTION OF WELL & LEASE

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

API No. 15 - 129-20398-0001
County: Morton
- NW - SE - NE Sec 25 Twp. 33 S. R. 43W
1520 feet from S (N) (circle one) Line of Section
1250 feet from (E) W (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:
(circle one) (NE) SE NW SW
Lease Name: Miller S Well #: 2

Wellsite Geologist: NA
Designate Type of Completion:
 New Well Re-Entry X Workover
 Oil SWD SLOW Temp. Abd.
 X Gas ENHR SIGW
 Dry Other (Core, WSW, Expl, Cathodic, etc)

Field Name: Greenwood
Producing Formation: Topeka
Elevation: Ground: 3572 Kelly Bushing: 3581
Total Depth: 4970 Plug Back Total Depth: 3715
Amount of Surface Pipe Set and Cemented at 1364 feet
Multiple Stage Cementing Collar Used? Yes No

If Workover/Re-entry: Old Well Info as follows: **RELEASED**
Operator: OXY USA, Inc.
Well Name: Miller S-2

If yes, show depth set _____
If Alternate II completion, cement circulated from _____
feet depth to _____ w/ _____ sx cmt.

Original Comp. Date: 09/18/79 Original Total Depth: 4970
 Deepening X 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. _____
05/16/01 05/16/01 06/04/01
Date of **START** Date Reached TD Completion Date of **WORKOVER**

Drilling Fluid Management Plan **REWORK 8/2 10/1/01**
(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: _____
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 22, 2001
Subscribed and sworn to before me this 22nd 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

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

RECEIVED
AUG 23 2001
KCC WICHITA

11/13/2000

Side Two

Operator Name: OXY USA, Inc. Lease Name: Miller S Well #: 2

Sec. 25 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 <i>(Attach Additional Sheets)</i>	<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 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:			

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					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 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	3470-3477, 3280-3286, 3243-3247, 3226-3230,	2200 Gals 17% HCL Acid	
2	3164-3184, 3154-3158, 3142-3147, 3013-3029	4600 Gals 17% HCL Acid	
2	2872-2878, 2681-2683	800 Gals 17% HCL Acid	

TUBING RECORD	Size	Set At	Packer At	Liner Run
	2 3/8	3603		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Date of First, Resumed Production, SWD or Enhr.	Producing Method
06/04/01	<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 Bbbls	Gas-Oil Ratio	Gravity
		87	57		

Disposition of Gas Vented Sold Used on Lease *(If vented, Submit ACO-18)*

METHOD OF COMPLETION Open Hole Perf. Dually Comp. Commingled

Production Interval Other (Specify) _____

1007 7 0 00A
APR 01 11 00A