

CONFIDENTIAL

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

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: (316) 629-4200
Contractor: Name: Key Energy
License: 32393 NA
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: Mongone C-1

API No. 15 - 129-10303-0001
County: Morton
- NW - SW - SW Sec 35 Twp. 33 S. R. 42W
1270 feet from (S) N (circle one) Line of Section
50 feet from E (W) (circle one) Line of Section
Footages Calculated from Nearest Outside Section Corner:
(circle one) NE SE NW (SW)
Lease Name: Mongone C Well #: 1
Field Name: Greenwood
Producing Formation: Topeka
Elevation: Ground: 3367 Kelly Bushing: 3369
Total Depth: 3150 Plug Back Total Depth: 3134
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.

RELEASED
JUL 10 2002

FROM CONFIDENTIAL

Original Comp. Date: 10/19/55 Original Total Depth: 150
 Deepening Re-perf. Conv. To SWD
 Plug Back Plug Back Total Depth
 Commingled Docket No. _____
 Dual Completion Docket No. _____
 Other (SWD or Enhr.?) Docket No. _____
12/29/00 12/29/00 01/12/01
Date of **START** Date Reached TD Completion Date of
Recompletion Date- Recompletion Date
OF **WORKOVER** WORKOVER

Drilling Fluid Management Plan **REWORK JF 4/20/02**
(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: NA
Lease Name: NA License No.: NA
Quarter _____ Sec. _____ Twp. _____ S. R. _____ East West
County: _____ Docket No.: _____

RECEIVED
KANSAS CORPORATION COMMISSION
APR 19 2001
4-19-01

CONSERVATION DIVISION
Wichita, Kansas

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 16, 2001
Subscribed and sworn to before me this 16th 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
KCC
APR 17 2001
CONFIDENTIAL

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

X



Side Two

Operator Name: OXY USA, Inc. Lease Name: Mongone C Well #: 1

Sec. 35 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 Yes No
(Attach Additional Sheets)
Samples Sent to Geological Survey Yes No
Cores Taken Yes No
Electric Log Run Yes No
(Submit Copy)
List All E. Logs Run: Gamma Collar Log

Log Formation (Top), Depth and Datum 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		600	C	250 250	2% Gel, 2% CACL Com, 2% CACL
Production	7 7/8	5 1/2	14	3144	C	400 100	Pozmix, 1/4# Flocele Com, 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	Acid, Fracture, Shot, Cement Squeeze Record	Depth
	Specify Footage of Each Interval Perforated	(Amount and Kind of Material Used)	
2	2620-2624, 2634-2640, 2657-2662, 2664-2668, 2674-2680, 2688-2698	3700 Gals 17% HCL-FE Acid	
2	2728-2736, 2806-2812	1060 Gals 17% HCL-FE Acid	

TUBING RECORD	Size 2 3/8	Set At 3105	Packer At	Liner Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Date of First, Resumed Production, SWD or Enhr. 01/17/01	Producing Method <input type="checkbox"/> Flowing <input checked="" type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)
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Estimated Production Per 24 Hours	Oil BBLS	Gas Mcf 272	Water BBls 9	Gas-Oil Ratio NA	Gravity NA
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Disposition of Gas: Vented Sold Used on Lease (If vented, Submit ACO-18) METHOD OF COMPLETION: Open Hole Perf. Dually Comp. Commingled Other (Specify) _____ Production Interval _____