ORIGINAL

STATE CORPORATION COMMISSION OF KANSAS OIL & GAS CONSERVATION DIVISION RECOMPLETION FORM ACO-2 AMENDMENT TO WELL HISTORY

Operator: License # 5447
Name: OXY USA, Inc.
Address: P.O. BOX 26100
city/state/zip: OKLA. CITY, OK 73126-0100
urchaser: PEPL Spot Market
erator Contact Person: Raymond Hui Phone:(405) 749-2471
signate Type of Original Completion New Well Re-Entry <u>X</u> Workover
ate of Original Completion <u>6-5-90</u>
me of Original Operator OXY USA, Inc.
iginal Well Name <u>Boyer B #3</u>
te of Recompletion:
10-30-90 11-26-90
nmenced Completed
signate Type of Recompletion/Norkover: Oil SWD Temp. Abd. X Gas Inj Delayed Comp. Dry Other (Core, Water Supply, etc.)
Deepening X Re-perforation X Plug Back PBTD Conversion to Injection/Disposal
recompleted production: .
Commingled Docket No. Dual Completion Docket No. Other (Disposal or Injection?) Docket No.

SIDE ONE

Commingled Docket No. Dual Completion Docket No. Other (Disposal or Injection?) Docket No. INSTRUCTIONS: This form shall be completed in triplicate and filed with the Kansas Corporation Commission, 200 Colorado Derby Building, Wichita, Kansas 67202, within 120 days of the recompletion of any well. Rules 82-3-107 and 82-3-141 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 any additional wireline logs and driller's time logs (not previously submitted) shall be attached with this form. Submit ACO-4 or ACO-5 prior to or with this form for approval of commingling or dual completions. Submit CP-1 with all plugged wells. Submit CP-111 with all temporarily abandoned wells. NOTE: Conversion of wells to either disposal or injection must receive approval before use; submit form U-1. 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 Vic Tumlinson TitleOperations Drilling\Managemate 11-30-90 Subscribed and sworn to before me this 30th day of NovemberTATE CORPCNATION COMMISSION 19 90	3	IDE ONE
SE NW NV sec. 26 Tup, 328 Reg. 34 X West A070 Ft. North from Southeast Corner of Section Name: OXY USA, Inc. Address P.O. BOX 26100 City/State/Zipc NKLA. CITY, OK 73126-0100 Purchaser: PEPL Spot Market Operator Context Person: Raymond Hui Phones(405) 749-2471 Designate Type of Original Completion Name of Original Completion 6-5-90 Commenced Completed Recompletion/Morkover: Doesignate Type of Recompletion/Morkover: Designate Type of Recompletion/Morkover: Oil Sto Temp. Abd. Oil Sto Temp. Abd. Oil Sto Desponsion Type of Original Completion Pocket No. Dual Completion Decket No. Dual Completion De	OIL & GAS CONSERVATION DIVISION RECOMPLETION FORM .	County Seward
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Address: P.O. BOX 26100 City/State/Zip: OKLA. CITY, OK 73126-0100 Purchaser: Purchaser: PEPL Spot Market Operator Contact Person: Raymond Hui Phone: (405) 749-2471 Designate Type of Original Completion Make of Original Completion Make of Original Completion Make of Original Completion Make of Original Completion: In Conversion to Injection Make of Original Completion: 10-30-90 Commenced Completed Re-entry Workover: Designator Type of Recompletion: In Commenced Completed Re-entry Workover: Designator Type of Recompletion/Workover: Part of Original Completed Re-entry Workover: Designator Type of Recompletion/Workover: Producing Formation Chase Elevation: Ground 2890' Ks 2901' Elevation: Ground 2890' Ks 2901' Elevation: Ground 2890' Ks 2901' Figure Type of Recompletion OXY USA, Inc. Original Well Name Boyer B #3 Date of Recompletion: 10-30-90 11-26-90 Commenced Completed Re-entry Workover: Designator Type of Recompletion/Bosal Designation State of Designation State of Completion Part of Completion State of Completion Part of Completion State of Co	Operator: License # 5447	Ft. North from Southeast Corner of Section
Address: P.O. BOX 26100 City/State/Zip: OKLA. CITY, OK 73126-0100 Purchaser: PEPL Spot Market Operator Contact Person: Raymond Hui Phone: (ADS.) 749-2471 Designate Type of Original Completion Now Well Re-Entry X Morkover Date of Original Completion 6-5-90 Name of Original Operator OXY USA, Inc. Original Well Name Boyer B #3 Date of Recompletion: 10-30-90 11-26-90 Commenced Completed Re-entry Workover Designate Type of Recompletion/Morkover: Dii Sho Temp. Abd. Signator Type of Recompletion/Workover: Producing Formation X Respection: 10-30-90 11-26-90 Commenced Completed Re-entry Workover Designate Type of Recompletion/Workover: Producing Formation X Respection: 10-30-90 11-26-90 Commenced Completed Respective Workover Responsible Type of Recompletion/Workover: Dii Sho Temp. Abd. Signator Type of Recompletion/Workover: Producing Formation X Respective Workover Responsible Type of Recompletion Morkover Responsible Type of Recompletion Morkover: Designate Type of Recompletion/Workover: Dii Sho Temp. Abd. Signative With Internation of Part of Short Responsible Type of Recompletion of Part of Short Responsible Type of Recompletion of Part of Short Responsible Type of Recompletion Producing Work Responsible Type of Recompletion of ARCS Short Responsible Type of Recompletion of Part of Short Responsible Type of Recompletion of Part of Short Responsible Type of Recompletion of Part of Short Responsible Type of Recompletion Producing Work Responsible Type additional Commission of Part of Short Responsible Type of Recompletion Producing Work Responsible Part Responsible Type Part Responsible Type Responsible Type additional Commission Responsible Type ARCS Short Responsible Type Resp	Name: OXY USA, Inc.	
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Phone: (A05.) 7/49-24/1 Designate Type of Original Completion New Well Re-Entry X Workover Date of Original Completion 6-5-90 Name of Original Operator OXY USA, Inc. Original Well Name Royer B #3 Date of Recompletion: 10-30-90 11-26-90 Commenced Completed Re-entry Workover S Oil SUD Temp. Abd. X Gas Inj Delayed Comp. Dry Other (Core, Water Supply, etc.) Designate Type of Recompletion/Workover: Oil SUD Temp. Abd. X Gas Inj Delayed Comp. Dry Other (Core, Water Supply, etc.) Despening X Re-perforation X Plug Back PBTD Comversion to Injection/Disposal Is recompleted production: Commingled Docket No. Dual Completion Docket No. Other (Ofsposal or Injection?) Docket No. INSTRUCTIONS: This form shall be completed in triplicate and filed with the Kansas Corporation Commission, 200 Colorado Completion 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 and 82-3-141 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 confidentiality in oxcess of 12 months. One copy of any additional wireline logs and driller's time logs (not previously submitted) shall be attached with this form. Submit ACC-4 or ACC-5 prior to or with this form for approval of comminging or dual completions of 12 months if requested in writing and submitted with the form for approval of comminging or dual completions. Submit CP-11 with all plugged wells. Submit CP-11 with all therporarily sbandoned wells. NOTE: Conversion of wells to either disposal or injection must receive with and the stetements herein are congiste and correst to the best of my knowledge. Signature Vic Tumlinson TitleOperations Dril kiding Managerare 11-30-90 Subscribed and sworn to before me this 30th day of NovemberTATE CORPCIATION (CMMMISSION)	PEPL Spot Market	Producing Formation Chase
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Date of Recompletion: 10-30-90 11-26-90 Commenced Completed Re-entry Workover Morkover M	Original Well Name Boyer B #3	i
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Description	Re-entry Workover X	1 1 660
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	Subscribed and sworn to before me this 30th day of	Novembestate Corponation Commission 19 90

CONSERVATION DIVISION FORM ACO-2 7/89 Wichita, Kansas 12-5-90

1-1-1-52,000-20-38

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perator NameOXY	/ USA, Inc.		Lease Name	Boyer B	Well #	3			
.c. <u>26</u> тwp. <u>325</u>	☐ Rge. 34 🔀	East West	County	Seward					
	•	RECOMPLET	TION FORMATION DE	ESCRIPTION					
No n∈	ew logs have l	been run [Log . Sa	mple					
<u>Name</u>	!			<u>Top</u>	<u>Bottom</u>				
Hollent Herring Krider Winfiel TD PBTD	gton			2580 2610 2640 2693	2586' 2614 2644 2695' 6427' 3011'				
		ADDITIONAL C	EMENT I NG/SQUEEZE	RECORD		·			
Purpose:	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives					
XPerforate Protect Casing	2580 2695	Spotted 75	sx Cl.H cmt	across Morrow 5650-5550'. Spotted					
APLUG Back TD	100 sx Cl.H	w/2% CaCl.	TOC at 2885'						
Shots Per Foot	PERFORATION RECORD Specify Footage of Each Interval Perforated		Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used)						
2	2610-2614' (4'; 8 shots)		Acidized 2693-2695' w/1500 gal of 15%						
			HCL acid						
			Acidized 2580-2644' w/10000 gal of 70						
	2693-2695' (2'; 4 shots)			Quality 15% FE HCheacid.			Quality 15% FE 'HCLcacid.		
		<u></u>		Acidized upper Chase w/20000 gal 700					
	N2 & 7 1/2% FE acid								
3011	Plu	g TypeCemer	nt Plugs						
			TUBING RECORD						
ize <u>2 3/8"</u>	Set At	2695'	Packer At	Was Li	ner Run	Y <u>X</u> A			
ate of Resumed Produ	uction, Disposal o	r Injection <u>W</u>	/o pipeline	connection .					
stimated Production	Per 24 Hours 0	il	_Bbls. Water _	Bbls.	G	as-Oil-Ratio			
				Same of the	and Start of	\ ·			
Vented Sold					-	· · · · · · · · · · · · · · · · · · ·			