

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

API NO. 15-129-21222-00-00 ORIGINAL

County Morton

SE NW SW Sec. 11 Twp. 33S Rge. 42 EW

1650 Feet from S/X (circle one) Line of Section

4290 Feet from E/X (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:
XX, SE, XX or XX (circle one)

Lease Name Greenwood B Well # 5

Field Name Boehm

Producing Formation Morrow L-2

Elevation: Ground 3474 KB 3486

Total Depth 4625 PBTD 4610

Amount of Surface Pipe Set and Cemented at 1393 Feet

Multiple Stage Cementing Collar Used? X Yes No

If yes, show depth set 4624 Feet

If Alternate II completion, cement circulated from

feet depth to w/ sx cmt.

Drilling Fluid Management Plan 3-1-94 CB
(Data must be collected from the Reserve Pit)

Chloride content 1400 ppm Fluid volume 625 bbls

Dewatering method used Evaporation

Location of fluid disposal if hauled offsite:

Operator Name

Lease Name RELEASED License No.

Quarter Sec. FEB 1 4 1995 Twp. S Rng. E/W

County Docket No.

Operator: License # 5447

Name: OXY USA Inc.

Address P. O. Box 26100

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

Purchaser: Colorado Interstate Gas

Operator Contact Person: Jerry Ledlow

Phone (405) 749-2309

Contractor: Name: Cheyenne Drilling Inc

License: 5382

Wellsite Geologist:

Designate Type of Completion

X New Well Re-Entry Workover

Oil SWD SIOW Temp. Abd.

X 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 PBTD

Commingled Docket No.

Dual Completion Docket No.

Other (SWD or Inj?) Docket No.

9/6/93 9/15/93 12/29/93
Spud Date Date Reached TD Completion Date

KCC
JAN 1 8
CONFIDENTIAL

FROM CONFIDENTIAL

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 [Signature]

Title Staff Analyst Date 1/18/94

Subscribed and sworn to before me this 18th day of January 1994.

Notary Public [Signature]

Date Commission Expires 8-21-96

K.C.C. OFFICE USE ONLY
F Letter of Confidentiality Attached
C Wireline Log Received
C Geologist Report Received
Distribution RECEIVED
KCC SW/Rep
KGS Plug
CORPORATION COMMISSION
JAN 20 1994
OFFICE OF OIL AND GAS CONSERVATION DIVISION
Wichita, Kansas

Form ACO-1 (7-91)

1-20-94

SIDE TWO

Operator Name OXY USA Inc. Lease Name Greenwood B Well # 5
 Sec. 11 Twp. 33S Rge. 42 East County Morton
 West

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 Yes No
 (Attach Additional Sheets.)
 Samples Sent to Geological Survey Yes No
 Cores Taken Yes No
 Electric Log Run Yes No
 (Submit Copy.)

Log Formation (Top), Depth and Datum Sample
 Name Top Datum
 Heebner 3281 + 205
 Morrow 4437 + 951
 L-2 Sand 4554 - 1068

List All E.Logs Run:
 Z-Densilog Compensated Neutrinilog
 Dual Induction Focused Log
 Minilog Gamma Ray
 Caliper Log Gamma Ray

COX
F.M.A.
1/17/93

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
Surface	12 1/4"	8 5/8"	24	1393	* See(1)Below		
Production	7 7/8"	5 1/2"	14	4624	* See(2)Below		

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				*(1) 475sx 65/35 Class C pozmix w/6% gel, 2% cacl & 1/4# D29 followed by 125sx Class C w/ 2% cacl & 1/4# D29 cmt fel. 40' in 4hr filled w 5yds ready-mix. *(2) 1st stage: pumped 175sx 65/35 Class H pozmix w/6% gel & 1/4# D29 followed by 125sx 50/50 pozmix w/2% gel, 12% salt, 1/2% Cf2, 2% cacl & 1/4# D29. Opened DV est circ. circ cmt to surface. 2nd stage pumped 550 sx 65/35 Class C w/6% gel, & 1/4# D29 (12:2 PPG) Plug down & DV closed.

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type		Acid, Fracture, Shot, Cement Squeeze Record	
	Specify Footage of Each Interval Perforated		(Amount and Kind of Material Used) Depth	
4	4555 - 4560			

TUBING RECORD	Size 2 3/8	Set At 4603	Packer At None	Liner Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date of First, Resumed Production, SWD or Inj.	12/27/93			
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 12/27/93	Oil Bbls.	Gas 732	Mcf	Water Bbls. Gas-Oil Ratio Gravity

Disposition of Gas: **METHOD OF COMPLETION** Production Interval 4555-4560
 Vented Sold Used on Lease Open Hole Perf. Dually Comp. Commingled
 (If vented, submit ACO-18.) Other (Specify) _____



INVOICE

ORIGINAL

REMIT TO: P O BOX 898788 DALLAS TX 75389-0788

0312

INVOICE DATE 09/15/93

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

PAGE 1

INVOICE NUMBER 03-12-5521

TYPE SERVICE CEMENTING CEMENT PRODUCTION

Table with columns: WELL NAME / JOB SITE, STATE (KS), COUNTY / CITY (MORTON), SERVICE FROM LOCATION (ULYSSES), SHIPPED VIA (DS), CUSTOMER P.O. NO./REF., LOCATION / PLANT ADDRESS, DATE OF SERVICE ORDER (09/15/93), CUSTOMER OR AUTHORIZED REPRESENTATIVE (TERRY YODER)

Main invoice table with columns: ITEM CODE, DESCRIPTION, UOM, QTY, UNIT PRICE, AMOUNT. Includes items like CEMENT PUMPER, TRANSPORTATION, SERVICE CHG, etc. Total amount due is 8,170.93.

KCC JAN 1 8 CONFIDENTIAL

RELEASED

FEB 1 4 1995

FROM CONFIDENTIAL

WITH QUESTIONS CALL 316-356-1272 FEDERAL TAX ID # 38-239-7173 TERMS -- NET 30 DAYS DUE ON OR BEFORE OCT 15, 1993

THANK YOU. WE APPRECIATE YOUR BUSINESS. John Bryant for T.R. Watson T R WATSON ** WE CAN INVOICE YOU VIA EDI. CALL (713)556-7700 FOR INFORMATION **

DOWELL SCHLUMBERGER INCORPORATED

P.O. BOX 4378 HOUSTON, TEXAS 77210

CUSTOMER

OILFIELD SERVICES

ORIGINAL

DSI SERVICE LOCATION NAME AND NUMBER

Ulysses, KS 03-12

DSI SERVICE ORDER RECEIPT AND INVOICE NO.

5528

CUSTOMER NUMBER

CUSTOMER P.O. NUMBER

TYPE SERVICE CODE

285

BUSINESS CODES

CUSTOMER'S NAME

Oxy 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.

KCC

JAN 18

CONFIDENTIAL

WORKOVER
NEW WELL
OTHER

W
 N

API OR IC NUMBER

IMPORTANT
SEE OTHER SIDE FOR TERMS & CONDITIONS

ARRIVE LOCATION	MO.	DAY	YR.	TIME
	9	15	93	0330

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

X *[Signature]*

JOB COMPLETION	MO.	DAY	YR.	TIME
	9	15	93	1445

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

X *[Signature]*

STATE	CODE	COUNTY / PARISH	CODE	CITY
Kansas		Morton		

WELL NAME AND NUMBER / JOB SITE	LOCATION AND POOL / PLANT ADDRESS	SHIPPED VIA
Greenwood B No. 5	Sec. 11-335-42W	Dowell

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
102371-050	Pump Truck Charge	Eg	1	1,470.00	1,470.00
048016-000	Multiple Stage Cementing	Eg.	1	1,075.00	1,075.00
049102-000	Delivery Charge	fm	2364	0.88	2,080.32
049100-000	Service Charge	cf	934	1.20	1,120.80
059200-002	Mileage	mi	60	2.65	159.00
059697-000	PACR	Eg.	1	140.00	140.00
040015-000	D909 class "H"	cf	169	7.47	1,262.43
040003-000	D903 Class "C"	cf	358	7.98	2,856.84
045008-000	D35 Litepoz 3	cf	323	3.94	1,272.62
045014-050	D20 Bentonite Gel	lb.	3817	0.15	572.55
045004-050	D44 Salt	lb.	955	0.12	114.60
067005-100	S001 CaCl ₂	lb.	294	0.36	105.84
044003-025	D29 Cellophane flakes	lb.	213	1.59	338.67
044006-050	D59 FLAC	lb.	74	10.25	758.50
100282-000	D826 CW7	BBI	30	25.96	778.80
					14,105.97

RELEASED

FEB 14 1995

FROM CONFIDENTIAL

Field Estimate \$14,105.97 w/out Discount.

SUB TOTAL

LICENSE/REIMBURSEMENT FEE

LICENSE/REIMBURSEMENT FEE

REMARKS:

STATE % TAX ON \$

COUNTY % TAX ON \$

CITY % TAX ON \$

SIGNATURE OF DSI REPRESENTATIVE

TOTAL \$

Thanks for using Dowell!

Steve Mersch

RECEIVED
STATE CORPORATION COMMISSION

JAN 20 1995

CONSERVATION DIVISION
Wichita, Kansas



ORIGINAL

REMIT TO:

P O BOX 890788
DALLAS TX 75389-0788

INVOICE

0312

667491
OXY USA INC

P O BOX 26100
OKLAHOMA CITY OK 73126

KCC

JAN 1 8

CONFIDENTIAL

PAGE	1
INVOICE DATE	01/02/93
INVOICE NUMBER	1-12-530
TYPE SERVICE	CEMENTING CEMENT SURFACE C

WELL NAME / JOB SITE	STATE	COUNTY / CITY	SERVICE FROM LOCATION	SHIPPED VIA	CUSTOMER P.O. NO./REF.
WELL NAME	KS	MORTON	WYLSSES	DS	
LOCATION / PLANT ADDRESS			DATE OF SERVICE ORDER	CUSTOMER OR AUTHORIZED REPRESENTATIVE	
ADDRESS			09/07/93	TERRY YODER	

ITEM CODE	DESCRIPTION	UOM	QTY	UNIT PRICE	AMOUNT
059200002	MILEAGE, ALL OTHER EQUIPMENT	MT	60	2.6500	159.00
059697000	PACK TREAT ANALYSIS RECORDER	JOB	1	140.0000	140.00
102071015	CSNG CHRT 1001-1500' 1ST 8HR	8HR	1	980.0000	980.00
040601000	CEMENT HEAD RENTAL	JOB	1	.0000	N/C
049102000	TRANSPORTATION CHRT YON MILE	MI	1703	.8800	1,498.64
049100000	SERVICE CHG CEMENT MATL LARD	CFT	663	1.2000	795.60
040003000	D903, CEMENT CLASS C	CFT	434	7.9800	3,463.32
045008000	D35, LITEPOZ 3 EXTENDER	CFT	166	3.9400	654.04
045014050	D20, BENTONITE EXTENDER	LBS	2401	.1500	372.15
067005100	S1, CALCIUM CHLORIDE	LBS	1063	.3600	382.68
044003025	D29, CELLOPHANE FLAKES	LBS	152	1.5900	241.68
056702085	PLUG CERG 8-5/8" TOP PLASTIC	EA	1	98.0000	98.00
	DISCOUNT - MATERIAL				2,084.74-
	DISCOUNT - SERVICE				1,429.30-
				SUB TOTAL --	5,271.07
H C	STATE TAX ON			4,026.31	197.28
H F C	LOCAL TAX ON			4,026.31	40.26
				AMOUNT DUE ---	5,508.61

RELEASED
FEB 1 4 1995
FROM CONFIDENTIAL

WITH QUESTIONS CALL 316-356-1272
FEDERAL TAX ID # 38-239-7173
TERMS -- NET 30 DAYS DUE ON OR BEFORE OCT 07, 1993

THANK YOU. WE APPRECIATE YOUR BUSINESS. *John Bryant for T. Watson*
T R WATSON
** WE CAN INVOICE YOU VIA EDI. CALL (713)556-7700 FOR INFORMATION **

DOWELL SCHLUMBERGER INCORPORATED

P.O. BOX 4378 HOUSTON, TEXAS 77210

CUSTOMER

OILFIELD SERVICES

ORIGINAL

DSI SERVICE LOCATION NAME AND NUMBER

Lysses, N.S. 03-12

DSI SERVICE ORDER RECEIPT AND INVOICE NO.

03-12-5505

CUSTOMER NUMBER

CUSTOMER P.O. NUMBER

TYPE SERVICE CODE

BUSINESS CODES

271

CUSTOMER'S NAME

OXY USA INC.

KCC

WORKOVER
NEW WELL
OTHER

W
 N

API OR IC NUMBER

ADDRESS

JAN 1 8

CITY, STATE AND ZIP CODE

CONFIDENTIAL

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.

DFE

IMPORTANT
SEE OTHER SIDE FOR TERMS & CONDITIONS

ARRIVE LOCATION	MO.	DAY	YR.	TIME
	<i>9</i>	<i>7</i>	<i>93</i>	<i>0630</i>

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
	<i>9</i>	<i>7</i>	<i>93</i>	<i>1010</i>

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
<i>Kc.</i>	<i>15</i>	<i>MORTON</i>	<i>129</i>	

WELL NAME AND NUMBER / JOB SITE

GREENWOOD

LOCATION AND POOL / PLANT ADDRESS

B-#5 Ser. 11-335-42w

SHIPPED VIA

Dowell

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
<i>059200-002</i>	<i>mileage</i>	<i>Mi.</i>	<i>60</i>	<i>2.65</i>	<i>159.00</i>
<i>059697-000</i>	<i>part chg</i>	<i>EA</i>	<i>1</i>	<i>140.00</i>	<i>140.00</i>
<i>102871-015</i>	<i>PUMP chg</i>	<i>EA</i>	<i>1</i>	<i>980.00</i>	<i>980.00</i>
<i>048601-000</i>	<i>cm. head - manifold</i>	<i>EA</i>	<i>1</i>	<i>68.00</i>	<i>68.00</i>
<i>049102-000</i>	<i>hauling</i>	<i>ton/mi</i>	<i>1703</i>	<i>.88</i>	<i>1498.64</i>
<i>049100-000</i>	<i>service chg</i>	<i>chrg</i>	<i>663</i>	<i>1.20</i>	<i>795.60</i>
<i>040003-000</i>	<i>D903 class - C</i>	<i>sk</i>	<i>434</i>	<i>7.98</i>	<i>3463.32</i>
<i>045008-000</i>	<i>D35 litapor</i>	<i>sk</i>	<i>166</i>	<i>3.94</i>	<i>654.04</i>
<i>045014-050</i>	<i>D20 gel</i>	<i>lb.</i>	<i>2480</i>	<i>.15</i>	<i>372.00</i>
<i>067005-100</i>	<i>D29 catz</i>	<i>lb.</i>	<i>1062</i>	<i>.36</i>	<i>382.32</i>
<i>044003-025</i>	<i>D29 collophano Flakes</i>	<i>lb.</i>	<i>151</i>	<i>1.59</i>	<i>240.09</i>
<i>056702-085</i>	<i>top plug</i>	<i>EA</i>	<i>1</i>	<i>98.00</i>	<i>98.00</i>

RELEASED

FEB 1 4 1995

FROM CONFIDENTIAL

Thanks For using Dowell

SUB TOTAL

Field esti. # 8782.92

LICENSE/REIMBURSEMENT FEE

LICENSE/REIMBURSEMENT FEE

REMARKS:

STATE

% TAX ON \$

COUNTY

% TAX ON \$

CITY

% TAX ON \$

SIGNATURE OF DSI REPRESENTATIVE

TOTAL \$

Lana Equiel

RECEIVED
STATE CORPORATION DIVISION

JAN 20 1994

CONSERVATION DIVISION
Wichita, Kansas