

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

Operator: License # 5447

Name: OXY USA Inc.

Address P. O. Box 300

City/State/Zip Tulsa, OK 74102

Purchaser: _____

Operator Contact Person: David D. Juby

Phone 918/561-3564

Contractor: Name: _____

License: _____

Wellsite Geologist: _____

Designate Type of Completion
 New Well Re-Entry Workover

Oil SWD SLOW Temp. Abd.
 Gas ENHR SIGW
 Dry Other (Core, WSW, Expl., Cathodic, etc)

If Workover:

Operator: OXY USA Inc.

Well Name: Lowry A1

Comp. Date 6-15-99 Old Total Depth 3197

Deepening Re-perf. Conv. to Inj/SWD
 Plug Back PBTD
 Commingled Docket No. _____
 Dual Completion Docket No. _____
 Other (SWD or Inj?) Docket No. _____

On File On File 5-13-97
Spud Date Date Reached TD Completion Date

API NO. 15- 191-020010001 01148-0001

County Summer

Sec. 5 Twp. 30S Rge. 2 ^E_W

990 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:
NE, (SE), NW or SW (circle one)

Lease Name Lowry A Well # 1

Field Name Latta NW

Producing Formation LKC

Elevation: Ground - KB 1324

Total Depth 3197 PBTD 3187

Amount of Surface Pipe Set and Cemented at On File Feet

Multiple Stage Cementing Collar Used? Yes No

If yes, show depth set _____ Feet

If Alternate II completion, cement circulated from _____

feet depth to _____ w/ _____ sx cmt.

Drilling Fluid Management Plan OWWD 8-5-97
(Data must be collected from the Reserve Pit)

Chloride content _____ ppm Fluid volume _____ bbls

Dewatering method used Evaporation

Location of fluid disposal if hauled offsite: 113

Operator Name _____

Lease Name _____ License No. _____

Quarter _____ Sec. _____ Twp. _____ S Rng. _____ E/W

County _____ Docket No. _____

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 David D. Juby David D. Juby

Title Senior Engineering Technician Date 5-27-97

Subscribed and sworn to before me this 27th day of May, 19 97.

Notary Public Quetta J. Shwadlenak

Date Commission Expires July 23, 1998

K.C.C. OFFICE USE ONLY
F Letter of Confidentiality Attached
C Wireline Log Received
C Geologist Report Received
Distribution
 KCC SWD/Rep NGPA
 KGS Plug Other (Specify)

SIDE TWO

Operator Name OXY USA Inc. Lease Name Lowry A Well # 1

Sec. 5 Twp. 30 Rge. 2 East County Sumner

East

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.

ORIGINAL

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:
On File

Log Formation (Top), Depth and Datum Sample

Name Top Datum

On File

CASING RECORD 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 |
|-------------------|-------------------|---------------------------|-----------------|---------------|----------------|--------------|----------------------------|
| On File | | | | | | | |
| On File | | | | | | | |

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 SPF | 3038-42, 3076-80, 3096-3104 | 2250 gals 15% Ne/Fe Az | 3038/3186 |

TUBING RECORD Size 2.375 Set At 3185 Packer At _____ Liner Run Yes No

Date of First, Resumed Production, SMD or Inj. 5-13-97 Producing Method Flowing Pumping Gas Lift Other (Explain)

| Estimated Production Per 24 Hours | Oil Bbls. | Gas Mcf | Water Bbls. | Gas-Oil Ratio | Gravity |
|-----------------------------------|-----------|---------|-------------|---------------|---------|
| | 8 | | 35 | | |

Disposition of Gas: **METHOD OF COMPLETION** Production Interval

Vented Sold Used on Lease (if vented, submit ACO-18.) Open Hole Perf. Dually Comp. Commingled

Other (Specify) _____