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ORIGINAL

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION
WELL COMPLETION FORM

AUG 24 2001

KCC WICHITA

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: PEPL
Operator Contact Person: Vicki Carder
Phone: (316) 629-4200
Contractor: Name: Key Energy SERVICES
License: 32393
Wellsite Geologist: NA

API No. 15 - 129-10375-0001
County: Morton
- - C - SW/4 Sec 14 Twp. 34 S. R. 42W
1320 feet from (S) N (circle one) Line of Section
1320 feet from E (W) (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:
(circle one) NE SE NW (SW)

Lease Name: Tucker C Well #: 1
Field Name: Greenwood

Producing Formation: Topeka
Elevation: Ground: 3476 Kelly Bushing: 3483

Total Depth: 5010 Plug Back Total Depth: 3233
Amount of Surface Pipe Set and Cemented at 1343 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.

Designate Type of Completion: **CONFIDENTIAL**
____ 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: **RELEASED**
Operator: OXY USA, Inc.
Well Name: Tucker C-1

Original Comp. Date: 01/22/56 Original Total Depth: 5010
____ Deepening 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. ____

05/09/01 05/09/01 05/17/01
Date of **START** Date Reached TD Completion Date of **WORKOVER**
OF WORKOVER

Drilling Fluid Management Plan **REWORK ggt 10/1/01**
Date 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

X

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NOV 15 2001

Side Two

Operator Name: AMCOXY USA, Inc. Lease Name: Tucker C Well #: 1

Sec. 14 Twp. 34 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/CCL 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		9 5/8		1343	C	650	Pozmix
Production		5 1/2		4950	C	470	Pozmix

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	2944-2949, 2924-2929, 2906-2912, 2832-2837, 2768-2784, 2731-2736, 2720-2724	5050 Gals 17% HCL Acid	

TUBING RECORD	Size	Set At	Packer At	Liner Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	2 3/8	3229		

Date of First, Resumed Production, SWD or Enhr.	Producing Method
05/20/01	<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 Bbbs	Gas-Oil Ratio	Gravity
		90	13.		

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)