

**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) 629-4242
 Contractor: Name: BEST WELL SERVICE
 License: 32564
 Wellsite Geologist: NA
 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/Re-entry: Old Well Info as follows:
 Operator: CITIES SERVICE OIL & GAS
 Well Name: INTERSTATE D-1

Original Comp. Date: 6/30/1953 Original Total Depth: 3140
 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. _____
11/02/00 11/02/00 11/27/00
 Spud Date of **START** Date Reached TD Completion Date of **WORKOVER**

API No. 15 - 129-10288-0001
 County: MORTON
 - - - - - NE Sec. 7 Twp. 34 S. R. 42W
1320 feet from S (N) (circle one) Line of Section
1650 feet from (E) W (circle one) Line of Section
 Footages Calculated from Nearest Outside Section Corner:
 (circle one) (NE) SE NW SW
 Lease Name: INTERSTATE D Well #: 1
 Field Name: GREENWOOD
 Producing Formation: TOPEKA
 Elevation: Ground: 3418 Kelly Bushing: NA
 Total Depth: 3140 Plug Back Total Depth: 3085
 Amount of Surface Pipe Set and Cemented at 520 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.

Drilling Fluid Management Plan **REWORK gfk 12/26/02**
(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
JAN 6 2001
1-6-2001

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 01/12/01
 Subscribed and sworn o before me this 12th day of January
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

Operator Name: OXY USA, Inc. Lease Name: INTERSTATE D Well # 1
 Sec. 7 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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Electric Log Run <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(Submit Copy)</i> List All E. Logs Run:	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> 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	22.7	520	C	300	4% GEL, 1/4# FLOCELE
Production	7 7/8	5 1/2	14	3137	C	450	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 Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used)	Depth
5	2772-76, 2784-92, 2801-05, 2809-14, 2827-31, 2864-86		
	2964-2986, 2996-3008, 3020-3036, 3062-3068		
2	2528-34, 2540-46, 2549-53, 2560-66, 2600-06,	2000 GAL 17% CCA, 1100 GAL 17% HCL,	
	2636-42	3991 GALS 17% HCL	

TUBING RECORD Size <u>2 3/8</u> Set At <u>3063</u> Packer At _____ Liner Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Date of First, Resumed Production, SWD or Enhr. <u>12/29/00</u> Producing Method <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 <u>97</u> Water Bbls <u>9</u> Gas-Oil Ratio <u>NA</u> Gravity <u>NA</u>	

Disposition of Gas Vented Sold Used on Lease Open Hole Perf. Dually Comp. Commingled _____
(If vented, Submit ACO-18) Other (Specify) _____

METHOD OF COMPLETION

Production Interval _____