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KCC

ORIGINAL

KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION

APR 26 2001

Form ACO-1

September 1999

WELL COMPLETION FORM  
WELL HISTORY - DESCRIPTION OF WELL & LEASE

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Form Must Be Typed

Operator: License # 5447  
 Name: OXY USA, Inc.  
 Address: P.O. Box 2528  
 City/State/Zip: Liberal, KS 67905  
 Purchaser: Pending  
 Operator Contact Person: Vicki Carder  
 Phone: (316) 629-4200  
 Contractor: Name: Key Energy SERVICES  
 License: 32393  
 Wellsite Geologist: NA  
 Designate Type of Completion:  
 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:  
 Operator: OXY USA, Inc.  
 Well Name: Riley C-1

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API No. 15 - 129-10312-0001  
 County: Morton  
SW - SW - NE Sec 22 Twp. 34 S. R. 42W  
2310 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:  
 (circle one) (NE) SE NW SW  
 Lease Name: Riley C Well #: 1  
 Field Name: Greenwood  
 Producing Formation: Topeka  
 Elevation: Ground: \_\_\_\_\_ Kelly Bushing: \_\_\_\_\_  
 Total Depth: 3149 Plug Back Total Depth: 3145  
 Amount of Surface Pipe Set and Cemented at 600 feet  
 Multiple Stage Cementing Collar Used?  Yes  No  
 If yes, show depth set \_\_\_\_\_  
 If Alternate completion, cement circulated from \_\_\_\_\_  
 Set depth to \_\_\_\_\_ w/ \_\_\_\_\_ sx cmt.

Original Comp. Date: 10-06-55 Original Total Depth: 3149  
 Deepening  Re-perf.  Conv. To Enhf./SWD  
 Plug Back  Plug Back Total Depth \_\_\_\_\_  
 Commingled  Docket No. \_\_\_\_\_  
 Dual Completion  Docket No. \_\_\_\_\_  
 Other (SWD or Enhf.?)  Docket No. \_\_\_\_\_  
01/14/01 01/14/01 02/05/01  
 Date of START Date Reached TD Completion Date of  
 OF WORKOVER WORKOVER

Drilling Fluid Management Plan **REWORK JH 6/18/02**  
 (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.: \_\_\_\_\_

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 May 9, 2001  
 Subscribed and sworn to before me this 9th day of May  
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

Operator Name: OXY USA, Inc. Lease Name: Riley C Well #: 1

Sec. 22 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: Cement Bond Log

Log Formation (Top), Depth and Datum  Sample  
 Name Top Datum

*[Handwritten notes and scribbles]*

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	22.5	600	C	250 200	1/4# Flocele, 1% CalChlor 1/2# Flocele, 1% CalChlor
Production	7 7/8	5 1/2	14	3148	C	100	1/2# Flocele

ADDITIONAL CEMENTING / SQUEEZE RECORD

Purpose:	Depth Top Bottom	Type of Cement	#Sacks Used	Type and Percent Additives
<input checked="" type="checkbox"/> Perforate	2383-2384	<b>FAILED</b>	<b>ZERO</b>	Could not pump cement into <u>annular space behind casing; no returns</u>
<input type="checkbox"/> Protect Casing	2500'-2720' } <b>2<sup>nd</sup> TRY</b>	C	50	.6% Halad, 2% CC
<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	2678-2684, 2690-2696	1200 Gals 17% HCL-FE Acid	
2	2876-2882, 2896-2900	1000 Gal 17% HCL -FE Acid	

TUBING RECORD	Size 2 3/8	Set At 3099	Packer At	Liner Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Date of First, Resumed Production, SWD or Enhr. 02/26/01	Producing Method <input type="checkbox"/> Flowing <input checked="" type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)
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Estimated Production Per 24 Hours	Oil BBLs NA	Gas Mcf 194	Water Bbls 6	Gas-Oil Ratio NA	Gravity NA
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Disposition of Gas  Vented  Sold  Used on Lease (if vented, Submit ACO-18)

METHOD OF COMPLETION  Open Hole  Perf.  Dually Comp.  Commingled  Other (Specify) \_\_\_\_\_

Production Interval 2684'-2900'



REGION North America	COUNTRY	BOA / SI	COUNTY
MBU ID / EMP #	EMPLOYEE NAME	PSL DEPARTMENT	ORIGINAL
LOCATION	COMPANY	CUSTOMER REP / PHONE	
TICKET AMOUNT	WELL TYPE	API / UWI #	
WELL LOCATION	DEPARTMENT	JOB PURPOSE CODE	
LEASE / WELL #	SEC / TWP / RNG		

HES EMP NAME/EMP#/(EXPOSURE HOURS) (HRS)	HES EMP NAME/EMP#/(EXPOSURE HOURS) (HRS)	HES EMP NAME/EMP#/(EXPOSURE HOURS) (HRS)	HES EMP NAME/EMP#/(EXPOSURE HOURS) (HRS)

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL)(GAL)	PUMPS		PRESS. (Psi)		JOB DESCRIPTION / REMARKS
				T	C	Top	Csg	
	1500							called out
	1730							in for
								Hold safety valve
								set up tanks
	1601					2000		Test line
	1603	3	0			50		load gas
	1643		31			500		pressure
	1645	2.5	0			30		low th
	1019	1.5	11			150		take inj - ate
	1023	1.5	16			100		shut down
								pull th. to 2480
	1120	1.5	1.5			500		pressure
	1122	1.5	0			500		at load out
	1137	1.5	25/0			500		at Tail out
	1141		4.75					end cast
	1142							wash pump lines
	1146	1.5	0			0		at diep
	1148	1.5	3.5			150		at ch least
	1200		14.25			150		shut down
	1203							shut in

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Job complete  
Thank you  
Nuckey