

FORM MUST BE TYPED

SIDE ONE

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

API NO. 175-21263 0001 ORIGINAL

County Seward
- NE - NE - NE Sec. 36 Twp. 32S Rge. 33 X W

Operator: License # 5447

4820 Feet from S/X (circle one) Line of Section

Name: OXY USA Inc.

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

Address P. O. Box 26100

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

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

Lease Name Gaskill A Well # 2

Purchaser: Enron

Field Name Hugoton

Operator Contact Persons: Jerry Ledlow

Producing Formation Chase

Phone (405) 749-2309

Elevation: Ground _____ KB _____

Total Depth 5900 PBTB 5745

Contractor: Name: _____

Amount of Surface Pipe Set and Cemented at _____ Feet

License: _____

Multiple Stage Cementing Collar Used? _____ Yes _____ No

Wellsite Geologist: _____

If yes, show depth set _____ Feet

Designate Type of Completion
____ New Well ____ Re-Entry X Workover

If Alternate II completion, cement circulated from _____

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

feet depth to _____ w/ _____ sx cmt.

If Workover:

Drilling Fluid Management Plan REWORK JH 8-31-94
(Data must be collected from the Reserve Pit)

Operator: OXY USA Inc.

Chloride content _____ ppm Fluid volume _____ bbls

Well Name: Gaskill A #2

Dewatering method used Evaporation

Comp. Date 9/11/92 Old Total Depth 5900

Location of fluid disposal if hauled offsite: _____

- Deepening X Re-perf. _____ Conv. to Inj/SWD
- Plug Back 5745 PBTB
- Conmingled _____ Docket No. _____
- Dual Completion _____ Docket No. _____
- Other (SWD or Inj?) _____ Docket No. _____

Operator Name _____

Lease Name _____ License No. _____

WO 12/10/93 4/14/94

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

12/10/93 Date OF START Date Reached TD 4/14/94 Completion Date OF WORKOVER

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 Jerry Ledlow
Title STAFF ANALYST Date 4/26/94

Subscribed and sworn to before me this 26th day of April 19 94.

Notary Public Jammy L Padilla

Date Commission Expires 8-21-96

RECEIVED

K.C.C. OFFICE USE ONLY STATE CORPORATION COMMISSION

F _____ Letter of Confidentiality Attached

C _____ Wireline Log Received

C _____ Geologist Report Received

APR 29 1994

KCC
 KGS

Distribution
 SWD/Rep
 Plug

CONSERVATION DIVISION
Wichita, Kansas
(Specify)

PI

SIDE TWO

Operator Name OXY USA, Inc. Lease Name Gaskill A Well # 2
 Sec. 36 Twp. 32S Rge. 33 East West
 County Seward

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 (Attach Additional Sheets.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Log	Formation (Top), Depth and Datums	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Name	Top	Datum
Cores Taken	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Electric Log Run (Submit Copy.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
List All E.Logs Run:				

CASING RECORD <input 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

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	5745		2	
<input checked="" type="checkbox"/> Plug Back TD				
<input type="checkbox"/> Plug Off Zone				

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
	cibp @ 5745		
4	2469-74, 2506-11, 2534-38	Acidized Chase w/2000 gal 15%FE	
		Frac Chase w/20,580 gal fluid &	
		34,000# 10/20 Brady Sand.	

TUBING RECORD	Size 2 3/8	Set At 2613	Packer At 2398	Liner Run: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date of First, Resumed Production, SWD or Inj. 3/17/94	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 310 Mcf	Water Bbls.	Gas-Oil Ratio Gravity

Disposition of Gas: **METHOD OF COMPLETION** Production Interval 2469- 2538

Vented Sold Used on Lease Open Hole Perf. Dually Comp. Commingled

(If vented, submit ACO-18.) Other (Specify) _____