

FORM MUST BE TYPED
AMENDED REPORT *
 STATE CORPORATION COMMISSION OF KANSAS
 OIL & GAS CONSERVATION DIVISION
 WELL COMPLETION FORM
 ACO-1 WELL HISTORY
 DESCRIPTION OF WELL AND LEASE

SIDE ONE

ORIGINAL

Operator: License # 5447
 Name: OXY USA Inc.
 Address P. O. Box 26100
 City/State/Zip Oklahoma City, Ok 73126-0100
 Purchaser: Enron
 Operator Contact Person: Jerry Ledlow
 Phone (405) 749-2309
 Contractor: Name: Beredco
 License: 5147
 Wellsite Geologist: Robert Vick

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: _____
 Well Name: _____
 Comp. Date _____ Old Total Depth _____
 Deepening Re-perf. Conv. to Inj/SWD
 Plug Back PBTB
 Commingled Docket No. _____
 Dual Completion Docket No. _____
 Other (SWD or Inj?) Docket No. _____
2/14/94 2/23/94 11/15/94
 Spud Date Date Reached TD Completion Date

API NO. 175-21376-0000
 County Seward
 - SW - NE - NE - NE Sec. 16 Twp. 31S Rge. 32 X W
4510 Feet from X/N (circle one) Line of Section
990 Feet from EX (circle one) Line of Section
 Footages Calculated from Nearest Outside Section Corner:
 NE, SE, NW or SW (circle one)
 Lease Name Davis C Well # 3
 Field Name Thirty-One
 Producing Formation Chase
 Elevation: Ground 2584 KB 2866
 Total Depth 5900 PBTB 2953
 Amount of Surface Pipe Set and Cemented at 1725 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 ALT 1 874 12-7-95
 (Data must be collected from the Reserve Pit)

Chloride content 3300 ppm Fluid volume 5000 bbls
 Dewatering method used Evaporation
 Location of fluid disposal **RELEASED** hauled offsite:
 Operator Name JAN 11 1996
 Lease Name _____ License No. _____
FROM CONFIDENTIAL
 _____ 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, 130 S. Market Room 2078, 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 [Handwritten Signature]
 Title Staff Analyst Date 11/30/94
 Subscribed and sworn to before me this 30th day of November, 1994.
 Notary Public [Handwritten Signature]
 Date Commission Expires 8-31-96

K.C.C. OFFICE USE ONLY		
F	<input checked="" type="checkbox"/>	Letter of Confidentiality Attached
C	<input checked="" type="checkbox"/>	Wireline Log Received
C	<input type="checkbox"/>	Geologist Report Received
Distribution		
<input checked="" type="checkbox"/>	KCC	<input type="checkbox"/> SWD/Rep <input type="checkbox"/> NGPA
<input type="checkbox"/>	KGS	<input type="checkbox"/> Plug <input type="checkbox"/> Other (Specify)

STATE RECEIVED
 CORPORATION COMMISSION
 Form ACO-1 (7-91)
DEC 05 1994
 CONSERVATION DIVISION
 WICHITA, KANSAS

SIDE TWO

Operator Name OXY. USA, Inc. Lease Name Davis C Well # 3
 Sec. 16 Twp. 31S Rge. 32 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 checked="" type="checkbox"/> Log	Formation (Top), Depth and Datums	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Name	Top	Datum
Cores Taken	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Hollenberg	2605 + 261	Chester 5462 -2596
Electric Log Run (Submit Copy.)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Herington	2609 + 237	Ste. Genevieve 5590 -2724
List All E.Logs Run:		Krider	2660 + 206	St. Louis 5670 -2804
Dual Induction		Winfield	2704 + 162	
Spectral Density Dual Spaced Neutron II		Towanda	2750 + 116	
Microlog		Ft Riley	2800 + 66	
		Heebner	4154 -1288	
		Toronto	4170 -1304	
		Lansing	4222 -1356	
		Marmaton	4892 -2026	
		Cherokee	5058 -2192	
		Morrow	5384 -2518	

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
Surface	12 1/4"	8 5/8"	24	1725	C	645	2%cacl
Production	7 7/8"	5 1/2"	14	3001	C	580	2%cacl

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	2710-14	Acidized w/800 gal 15%HCL	2710
* 2	2606-10, 2634-39, 2666-71	Acidized w/2500 gal 15% HCL	
		Frac w 27,000 gal & 34,000# 10/20 sand	

TUBING RECORD * Size 2 3/8" Set At 2735 Packer At _____ Liner Run Yes No

Date of First, Resumed Production, SWD or Inj. * 11/10/94 Producing Method Flowing Pumping Gas Lift Other (Explain)

Estimated Production Per 24 Hours	Oil Bbls.	Gas * <u>140</u> Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
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Disposition of Gas: **METHOD OF COMPLETION** * Production Interval 2606-2714

Vented Sold Used on Lease (If vented, submit ACO-18.)

Open Hole Perf. Dually Comp. Commingled

Other (Specify) _____