

Spud

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

ORIGINAL

Operator: License # 4549
Name: Anadarko Petroleum Corporation
Address 1201 Lake Robbins Drive
City/State/Zip The Woodlands, TX 77380
Purchaser: _____
Operator Contact Person: Jerry N. Blossom
Phone (832) 636-3128
Contractor: Name: Murfin Drilling Co., Inc.
License: 30606

API NO. 15- 067-21567 - 00-00
County Grant
S/2 NW NE NE Sec. 13 Twp. 28 S. R. 37 E W
478 N Feet from S/N (circle one) Line of Section
943 E Feet from E/W (circle one) Line of Section

Wellsite Geologist: _____
Designate Type of Completion
 New Well Re-Entry Workover
_____ Oil _____ SWD _____ S10W _____ Temp. Abd.
_____ Gas _____ ENHR _____ SIGW
 Dry _____ Other (Core, WSW, Expl., Cathodic, etc.)

Footages Calculated from Nearest Outside Section Corner:
(circle one) NE SE NW SW
Lease Name Hammer Well # A-1
Field Name _____
Producing Formation N/A
Elevation: Ground 3020 Kelley Bushing 3027
Total Depth 5685' Plug Back Total Depth _____
Amount of Surface Pipe Set and Cemented at 1773' 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.

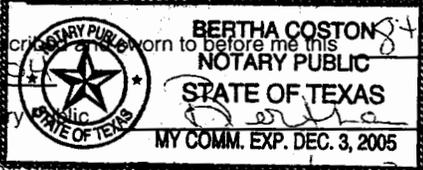
If Workover/Reentry: Old Well Info as follows:
Operator: _____
Well Name: _____
Original Comp. Date _____ Original Total Depth _____
_____ Deepening _____ Re-perf. _____ Conv. to Enhr./SWD
_____ Plug Back _____ Plug Back Total Depth _____
_____ Commingled _____ Docket No. _____
_____ Dual Completion _____ Docket No. _____
_____ Other (SWD or Enhr?) _____ Docket No. _____
11-13-2003 11-20-03 11-21-2003
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

Drilling Fluid Management Plan
(Data must be collected from the Reserve Pit)
Chloride content 2200 ppm Fluid volume 700 bbls
Dewatering method used Evaporation
Location of fluid disposal if hauled offsite: _____
Operator Name _____
Lease Name _____ License No. _____
Quarter _____ Sec. _____ Twp. _____ S. R. _____ 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 Jerry N. Blossom
Title Staff Envir. & Regulatory Analyst Date 4-8-04
Subscribed and sworn to before me this 8th day of April
20 04
Notary Public Bertha Coston
Date Commission Expires 12-3-05



KCC Office Use ONLY
NO Letter of Confidentiality Attached
If Denied, Yes Date: _____
_____ Wireline Log Received
_____ Geologist Report Received
_____ UIC Distribution

Side Two

Operator Name Anadarko Petroleum Corporation

Lease Name Hammer

Well # A-1

Sec. **JANIGIRO** East West

County Grant

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 all Electric Wireline Logs surveyed. Attach final geological well site report.

Drill Stem Tests Taken (Attach Additional Sheets.) Yes No

Samples Sent to Geological Survey Yes No

Cores Taken Yes No

Electric Log Run (Submit Copy.) Yes No

List All E.Logs Run:
Gamma, cement volume, Array Induction/Sp/GR, Neutron/Gamma Ray

<input checked="" type="checkbox"/> Log	Formation (Top), Depth and Datums		<input type="checkbox"/> Sample
Name	Top	Datum	
Chase	2395	625	
Marmaton	4452	-1432	
Morrow	4980	-1960	
St. Gen	5266	-2246	
St. Louis	5384	-2364	

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 casing	12-1/4"	8-5/8"	22.81	1773'	Premium	555	2%CaCl

ADDITIONAL CEMENTING/SQUEEZE RECORD

Purpose <input type="checkbox"/> Perforate <input type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> Plug Off Zone	Depth		Type of Cement	#Sacks Used	Type and Percent Additives
	Top	Bottom			

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

TUBING RECORD Size Set At Packer At Liner Run Yes No

Date of First, Resumed Production, SWD or Enhr. Producing Method
 Flowing Pumping Gas Lift Other (Explain)

Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
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Disposition of Gas: METHOD OF COMPLETION Production Interval

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

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