STATE CORPORATION COMMISSION OF KANSAS OIL & GAS CONSERVATION DIVISION

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API NO. 15	067-20607-9001 COPY	U

WELL COMPLETION FORM County GRANT ACO-1 WELL HISTORY DESCRIPTION OF WELL AND LEASE - <u>F/2 - SE - NE Sec. 02 Twp. 30 Rge. 35 X</u> Operator: License # ______4549 _____Feet from S/X (circle one) Line of Section Name: ANADARKO PETROLEUM CORPORATION 510 ___Feet from E/X (circle one) Line of Section Address P. O. BOX 351 Footages Calculated from Nearest Outside Section Corner: NE, SE, NW or SW (circle one) Lease Name ____WANDER _____ Well # ___1-2 City/State/Zip __LIBERAL, KANSAS 67905-0351_ Field Name ____RYUS_EAST__ Purchaser: IEXACO TRADING AND TRANSPORTING Producing Formation ___KANSAS_CITY_"A", MARMATON Operator Contact Person: __SHAWN D. YOUNG Elevation: Ground __3026____ _____ KB ____ Phone (316) 624-6253 _____ PBTD _____5200___ Total Depth ______5700___ Contractor: Name: NA Amount of Surface Pipe Set and Cemented at ______ 1850 _____ Feet License: NA NA Multiple Stage Cementing Collar Used? _____ Yes ___ X___ No Wellsite Geologist: NA. If yes, show depth set ____ Designate Type of Completion If Alternate II completion, cement circulated from ____ _____New Well _____Re-Entry ___X_Workover ___ w/ _____ sx cmt. _x__0il ___ _____SWD ____SIOW ____SIGW ___ WOIR_ Temp, Abd. feet depth to ___ Gas Drilling Fluid Management Plan OWWO 1-22 (Data must be collected from the Reserve Pit)? ___Dry ___Other (Core, WSW, Expl., Cathodic, etc) NOT APPLICABLE If Workover: Operator: ___ANADARKO PETROLEUM CORPORATION Chloride content ___ _____bbls Well Name: WANDER #1-2 Dewatering method used _____ Location of fluid disposal if hauled offsite: Comp. Date <u>8-12-85</u> Old Total Depth <u>5700</u> _Re-perf. _____ Conv. to Inj/SWD _ Deepening _____Re _ Plug Back <u>5200</u> ____ PBTD Operator Name ... Docket No. __CO 5985 X__ Commingled Docket No. ___ License No. _ Dual Completion Lease Name ___ __ Other (SWD or Inj?) Docket No. __ _____ Quarter Sec.____Twp.____S Rng.____E/W 8-26-98 9-1-98 Spud Date Date Reached TD Completion Date _____ 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. K.C.C. OFFICE USE ONLY Signature SHAWN D. YOUNG Letter of Confidentiality Attached Title DIVISION PRODUCTION ENGINEER _ Wireline Log Received

- NOTARY PUBLIC - State of Kannas

Subscribed and sworn to before me this

Date Commission Expires _

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SHIRLEY J. CHILDERS Му Аррх. Ехф.//

__ day of

Form ACO-1 (7-91)

KCC

_ Geologist Report Received

Distribution

__ SWD/Rep ___ Plug

AGPA

_Other Specify)

Departor Name
West Sec 02 Twp 30 Rge 35
INSTRUCTIONS: Show important tops and base of formations penetrated. Detail all cores. Report all drill stem tests givin interval tested, time tool open and closed, flowing and shut-in pressures, whether shut-in pressure reached static leve hydrostatic pressures, bottom hole temperature, fluid recovery, and flow rates if gas to surface during test. Attach extra shif more space is needed. Attach copy of log. Drill Stem Tests Taken
interval tested, time tool open and closed, flowing and shut-in pressures, whether shut-in pressure reached static leve hydrostatic pressures, bottom hole temperature, fluid recovery, and flow rates if gas to surface during test. Attach extra she if more space is needed. Attach copy of log. Orill Stem Tests Taken
Name Top Datum
Yes No Yes No Yes No
Original Completion CASING RECORD Report all strings set-conductor, surface, intermediate, production, etc. Purpose of String Size Hole Size Casing Weight Setting Type of # Sacks Type and Percent Original Completed Set (In O.D.) Lbs./Ft. Depth Cement Used Additives
Original Completion CASING RECORD ** Original Completion CASING RECORD
** Original Completion CASING RECORD New
New
New
Purpose of String Size Hole Size Casing Weight Setting Type of # Sacks Type and Percent Drilled Set (In O.D.) Lbs./Ft. Depth Cement Used Additives
1850
** SURFACE 12-1/4" 8-5/8" 24.0 1580 A/H 900 2.5A-2/3% A-7
** PRODUCTION 7-7/8" 5-1/2" 15.5 5685 H/H 500/ 5% KCL/ 600 SAME
ADDITIONAL CEMENTING/SQUEEZE RECORD
Purpose: Depth Top Bottom Type of Cement #Sacks Used Type and Percent Additives
Perforate Protect Casing
Plug Back TD Plug Off Zone
Plag 011 Zone
PERFORATION RECORD - Bridge Plugs Set/Type Shots Per Foot Specify Footage of Each Interval Perforated (Amount and Kind of Material Used) Depth
CIBP a 5200
TUBING RECORD Size Set At Packer At Liner Run 2-7/8" 4575 □ Yes ☑ No
Date of First, Resumed Production, SWD or Inj. Producing Method RESUMED: 8-30-98
Estimated Production Oil Bbls. Gas Mcf Water Bbls. Gas-Oil Ratio Gravity Per 24 Hours 65 0 104 0.0
Disposition of Gas: METHOD OF COMPLETION Production Interv