

FORM MUST BE TYPED

SIDE ONE

COPY *me*

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

API NO. 15- _____ 033-20970 _____

County COMANCHE _____

_____ - NW - SE - NE Sec. 14 Twp. 31 Rge. 18 _____ E
_____ X W

_____ 1650 _____ Feet from N/X (circle one) Line of Section

_____ 990 _____ Feet from E/X (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:
NE, SE, NW or SW (circle one)

Lease Name PYLE "B" _____ Well # 2 _____

Field Name WILMORE _____

Producing Formation MISSISSIPPI _____

Elevation: Ground 2074.0 _____ KB _____

Total Depth 5200 _____ PBDT 5166 _____

Amount of Surface Pipe Set and Cemented at 504 _____ Feet

Multiple Stage Cementing Collar Used? _____ Yes X No

If yes, show depth set _____ Feet

If Alternate II completion, cement circulated from _____

feet depth to _____ w/ _____ sx cmt.

Drilling Fluid Management Plan AH-1 11-19-98 U.C.
(Data must be collected from the Reserve Pit)

Chloride content 6500 ppm Fluid volume 700 bbls

Dewatering method used DRY, BACKFILL & RESTORE LOCATION

Location of fluid disposal if hauled offsite:

Operator Name _____

Lease Name _____ License No. _____

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

County _____ Docket No. _____

Operator: License # 4549 _____

Name: ANADARKO PETROLEUM CORPORATION _____

Address P. O. BOX 351 _____

City/State/Zip LIBERAL, KANSAS 67905-0351 _____

Purchaser: KGS _____

Operator Contact Person: DAVID W. KAPPLE _____

Phone (316) 624-6253 _____

Contractor: Name: DUKE DRILLING _____

License: 5929 _____

Wellsite Geologist: _____

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

_____ Oil _____ SWD _____ SIOW _____ Temp. Abd.
X 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 _____ PBDT
_____ Commingled _____ Docket No. _____
_____ Dual Completion _____ Docket No. _____
_____ Other (SWD or Inj?) _____ Docket No. _____

9-1-98 _____ 9-10-98 _____ 9-24-98 _____
Spud Date _____ Date Reached TD _____ Completion Date _____

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.

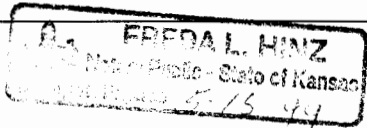
Signature L. Marc Harvey
L. MARC HARVEY

Title DRILLING TECHNICAL ASSISTANT _____ Date 10-22-98 _____

Subscribed and sworn to before me this 22nd day of October
19 98.

Notary Public Freeda A. Hines _____

_____ te Commission Expires _____



K.C.C. OFFICE USE ONLY
F Letter of Confidentiality Attached
C Wireline Log Received
C _____ Geologist Report Received

Distribution
 KCC _____ SWD/Rep _____ NGPA
 KGS _____ Plug _____ Other
(Specify) IS

SIDE TWO

Operator Name ANADARKO PETROLEUM CORPORATION Lease Name PYLE "B" Well # 2

Sec. 14 Twp. 31 Rge. 18 East County COMANCHE
 West

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 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: CBL-CCL-GR, DIL, ML, CNL-LDT.

Log Formation (Top), Depth and Datums Sample

Name	Top	Datum
ADMIRE	3316	
WABAUNSEE	3448	
TOPEKA	3698	
HEEBNER	4167	
DOUGLAS	4227	
LANSING	4360	
B/KANSAS CITY	4772	
MARMATON	4830	
CHEROKEE	4920	
MISSISSIPPIAN	5001	
OSAGE	5054	

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"	23.0	504	P+ MIDCON 2/P+	90/115	3%CC, 1/4%SK FLC/2%CC, 1/4%SK FLC.
PRODUCTION	7-7/8"	5-1/2"	15.5	5200	50/50 POZ.	180	.75% HALAD 322, 10% SALT, 1/4%SK FLC.

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	
	2	5039-5043.		ACID: 500 GAL 15% FeHCL.
2	5017-5029, 5001-5003.		ACID: 4200 GAL FOAMED HCL.	5001-5029 (OA)

TUBING RECORD	Size	Set At	Packer At	Liner Run
	2-3/8"	4998		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Date of First, Resumed Production, SWD or Inj. 10-9-98 Producing Method Flowing Pumping Gas Lift Other (Explain)

Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
		590			

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 5001-5043 (OA)