

35-32-31W
and

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

Operator: License # 4549

Name: ANADARKO PETROLEUM CORPORATION

Address P.O. BOX 351

City/State/Zip LIBERAL, KANSAS 67905-0351

Purchaser: PANHANDLE EASTERN PIPELINE COMPANY

Operator Contact Person: J. L. ASHTON

Phone (316) 624-6253

Contractor: Name: NA

License: NA

Wellsite Geologist: NA

Designate Type of Completion
 New Well Re-Entry Workover

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

f Workover:

Operator: ANADARKO PETROLEUM CORPORATION

Well Name: GANO "A" NO. 1

Comp. Date 11/26/65 Old Total Depth 5190'

Deepening Re-perf. Conv. to Inj/SWD
 Plug Back 4863' PBTB
 Commingled Docket No. _____
 Dual Completion Docket No. _____
 Other (SWD or Inj?) Docket No. _____

8/23/95 NA 9/21/95
Date OF START Date Reached TD Completion Date OF WORKOVER

API NO. 15- N/A (DRILLED 1965)

County SEWARD

- C - NE - SW Sec. 35 Twp. 32S Rge. 31 X W^E

1980 Feet from (S)x (circle one) Line of Section

1980 Feet from x(W) (circle one) Line of Section

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

Lease Name GANO "A" Well # 1

Field Name MASSONI

Producing Formation JUDY "A"

Elevation: Ground 2764' KB --

Total Depth 5190' PBTB 4863'

Amount of Surface Pipe Set and Cemented at 1616 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 REWORK 9/2 10-3-95
(Data must be collected from the Reserve Pit)
NOT APPLICABLE

Chloride content _____ ppm Fluid volume _____ bbls

Dewatering method used _____

Location of fluid disposal if hauled offsite: _____

Operator Name _____

Lease Name _____ License No. _____

_____ 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 complied with and the statements herein are complete and correct to the best of my knowledge.

Signature John M. Dolan
JOHN M. DOLAN

Title SENIOR TECHNICAL ASSISTANT Date 9/27/95

Subscribed and sworn to before me this 27th day of September 1995.

Notary Public Freda L. Hinz

Date Commission Expires _____

FREDA L. HINZ
Notary Public - State of Kansas
My Appt. Expires 5-15-99

RECEIVED
STATE CORPORATION COMMISSION
SEP 29 1995
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) JS

32-35-32

SIDE TWO

Operator Name ANADARKO PETROLEUM CORPORATION Lease Name GANO "A" Well # 1

Sec. 35 Twp. 32S Rge. 31 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Name	Top	Datum
Cores Taken	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	(SEE ORIGINAL DRILLERS LOG - ATTACHED)		
Electric Log Run (Submit Copy.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
List All E.Logs Run:				

CASING RECORD				ORIGINAL COMPLETION			
<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
SURFACE	12-1/4"	8-5/8"	24.0	1616'	COMMON/POZ	200/650	2%CACL/4%GEL 2% CACL
PRODUCTION	7-7/8"	5-1/2"	15.5	5190'	POZMIX	200	SALT W/.5% CFR2

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
	CIBP SET @ 5000'		
	SPOT 5 SX CLASS H CMT ON CIBP		
4	PERF 4640'-4650'	PMPD 835 GAL 40# BORATE LIN GEL W/ 40 SXS 10/20 SMD, FL W/500 GAL 2%KCL	4640'-4650'
	CMT TAGGED @ 4863' (NEW PBDT)		

TUBING RECORD	Size 2-3/8"	Set At 4589'	Packer At 4589'	Liner Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date of First, Resumed Production, SWD or Inj. 9/17/95	Producing Method <input checked="" type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)			
Estimated Production Per 24 Hours	Oil -- Bbls.	Gas 748 Mcf	Water 0 Bbls.	Gas-Oil Ratio -- Gravity --

Disposition of Gas: **METHOD OF COMPLETION** Production Interval

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

Open Hole Perf. Dually Comp. Commingled 4640-4650

Other (Specify) _____

SW

FORM MUST BE TYPED

SIDE ONE

15-175-30076-0001

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

Operator: License # 4549

Name: ANADARKO PETROLEUM CORPORATION

Address P. O. BOX 351

City/State/Zip LIBERAL, KANSAS 67905-0351

Purchaser: ANADARKO ENERGY SERVICES

Operator Contact Person: SHAWN D. YOUNG

Phone (316) 624-6253

Contractor: Name: NA

License: NA

Wellsite Geologist: NA

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: ANADARKO PETROLEUM CORPORATION

Well Name: GANO A-1

Comp. Date 11-26-65 Old Total Depth 5190

Deepening Re-perf. Conv. to Inj/SWD
 Plug Back 4550 PBDT
 Commingled Docket No. _____
 Dual Completion Docket No. _____
 Other (SWD or Inj?) Docket No. _____

3-2-99 -- 3-23-99
Spud Date Date Reached TD Completion Date

API NO. 15- NA SPUD 11-9-65

County SEWARD

-- C -- NE -- SW Sec. 35 Twp. 32 Rge. 31 X W

1980 Feet from S/X (circle one) Line of Section

1980 Feet from X/W (circle one) Line of Section

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

Lease Name GANO "A" Well # 1

Field Name MASSONI

Producing Formation LANSING

Elevation: Ground 2764 KB --

Total Depth 5190 PBDT 4550

Amount of Surface Pipe Set and Cemented at 1616 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
(Data must be collected from the Reserve Pit)
NOT APPLICABLE

Chloride content _____ ppm Fluid volume _____ bbls

Dewatering method used _____

Location of fluid disposal if hauled offsite:

Operator Name _____

Lease Name _____ License No. _____

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

County _____ Docket No. _____

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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 Shawn D. Young
Title DIVISION PRODUCTION ENGINEER Date 4/8/99

Subscribed and sworn to before me this 8th day of April 19 99.

RECEIVED
STATE CORPORATION COMMISSION
Date Commission Expires APR 12 1999
NOTARY PUBLIC - State of Kansas
SHIRLEY J. CHILDETS
My Appt. Exp. 11/4/02

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