

STATE CORPORATION COMMISS. 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

ORIGINAL

City/State/Zip LIBERAL, KANSAS 67905-0351

Purchaser: TEXACO TRADING & TRANSPORTATION INC.

Operator Contact Person: J. L. ASHTON

Phone (316) 624-6253

Contractor: Name: GABBERT-JONES

License: 5842

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: _____

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. _____

1-17-95 2-1-95 4-4-95
Spud Date Date Reached TD Completion Date

API NO. 15- 175-21412

County SEWARD

- - - SW - NW Sec. 5 Twp. 32S Rge. 33

1980 Feet from (circle one) Line of Section

660 Feet from (circle one) Line of Section

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

Lease Name MORGAN "M" Well # 1

Field Name ANGMAN

Producing Formation CHESTER

Elevation: Ground 2815.9 KB --

Total Depth 5800 PBTB 5723

Amount of Surface Pipe Set and Cemented at 1668'

Multiple Stage Cementing Collar Used? Yes No

If yes, show depth set 4490

If Alternate II completion, cement circulated from _____

feet depth to _____ w/ _____ SX _____

Drilling Fluid Management Plan
(Data must be collected from the Reserve Pit)

Chloride content 1100 ppm Fluid volume 5000

Dewatering method used NATURAL EVAPORATION

Location of fluid disposal if hauled offsite: _____

Operator Name _____

Lease Name _____ License No. _____

Quarter --- Sec. --- Twp. --- S Rng. --- E.

County _____ Docket No. _____

INSTRUCTIONS: An original and two copies of this form shall be filed with the Kansas Corporation Commission, 130 S. Mark
- 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
12 months if requested in writing and submitted with the form (see rule 82-3-107 for confidentiality in excess of
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

Title DRILLING TECHNICAL ASSISTANT Date 4-20-95

Subscribed and sworn to before me this 20 day of April,
1995.

Notary Public Cheryl Steers

Date Commission Expires _____

CHERYL STEERS
Notary Public - State of Kansas
My Appt. Expires 6-1-97

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)

Operator Name ANADARKO PETROLEUM RATION _____ Lease Name MORGA " _____ Well # 1

Sec. 5 Twp. 32S Rge. 33 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.

ORIGINAL

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.)

Log Formation (Top), Depth and Datums Sample

Name	Top	Datum
CHASE	2542	
COUNCIL GROVE	2882	
LANSING	4190	
MARMATON	4808	
MORROW	5324	
CHESTER	5457	
L. CHESTER	5520	
STE. GENEVIEVE	5595	
ST. LOUIS	5685	

List All E.Logs Run: DIL, MSFL, ML, LONG SPACED SONIC, CML-LDT, FULL WAVE SONIC, FRAC. PRESSURE, FRAC. ID.

CASING RECORD <input checked="" 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	1668	PREM PLUS LT/ PREM PLUS	580/160	2%CC, 1/4#/SX FLC/ 2%CC, 1/4#/SX FLC/
PRODUCTION	7 7/8	5 1/2	15.5	5785	50/50 POZ/ 50/50 POZ	50/175	.75% HLD-322, 10% SALT, 1/4#/SX FLC/ .75% HLC-322, 1% SALT, 1/4#/SX I

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
1	5520-5595'	ACID: 4000GAL 15% GCL & 100 BS	
		FRAC: 36900GAL 40# GLD 2% KCL WTR &	5520-5595'
		165000# 16/30 SD.	

TUBING RECORD		Size	Set At	Packer At	Liner Run	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
		2-3/8	5608'				
Date of First, Resumed Production, SWD or Inj. FIRST 4-8-95			Producing Method <input type="checkbox"/> Flowing <input checked="" type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)				
Estimated Production Per 24 Hours	Oil 58 Bbls.	Gas 64 Mcf	Water 8 Bbls.	Gas-Oil Ratio	Gravity 30..2		

Disposition of Gas: METHOD OF COMPLETION Vented Sold Used on Lease (If vented, submit ACO-18.) Open Hole Perf. Dually Comp. Commingled Other (Specify) _____ Production Interval _____ 5520-5595'