

FORM MUST BE TYPED

SIDE ONE

COPY

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

Operator: License # 4549Name: ANADARKO PETROLEUM CORPORATIONAddress P. O. BOX 351City/State/Zip LIBERAL, KANSAS 67905-0351Purchaser: TEXACO TRADING AND TRANSPORTATION, INC.Operator Contact Person: DAVID W. KAPPLEPhone (316) 624-6253Contractor: Name: BRUCE WELL SERVICELicense: 07407

Wellsite Geologist: _____

Designate Type of Completion

New Well _____ Re-Entry ☒ Workover _____☒ Oil _____ SWD _____ SIOW _____ Temp. Abd. _____☐ Gas _____ ENHR _____ SIGW _____☐ Dry _____ Other (Core, WSW, Expl., Cathodic, etc) _____

If Workover:

Operator: ANADARKO PETROLEUM CORPORATIONWell Name: SANTA FE "E" NO. 4Comp. Date 1-7-97 Old Total Depth 6800

PBD 5659

☐ Deepening ☒ Re-perf. _____ Conv. to Inj/SWD _____☐ Plug Back _____ PBD _____☒ Commingled _____ Docket No. PENDING☐ Dual Completion _____ Docket No. _____☐ Other (SWD or Inj?) _____ Docket No. _____10-23-96 11-5-96 3/8/9710-23-96 Date of START Date Reached TD Completion Date ofOF WORKOVERWORKOVERAPI NO. 15- 175-21566-0001County SEWARDNE - SW - NW Sec. 6 Twp. 32 Rge. 33 X E1650 Feet from X 6 (circle one) Line of Section990 Feet from X 6 (circle one) Line of SectionFootages Calculated from Nearest Outside Section Corner:
NE, SE, NO or SW (circle one)Lease Name SANTA FE "E" Well # 4Field Name ANGMANProducing Formation CHESTER/STE. GENEVIEVE/ST. LOUISElevation: Ground 2741 KB --Total Depth 6800 PBD 5659Amount of Surface Pipe Set and Cemented at 1594 FeetMultiple 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 JZ 4-10-97
(Data must be collected from the Reserve Pit)Chloride content 7500 ppm Fluid volume 700 bblsDewatering 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. _____

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.

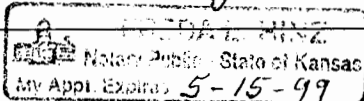
All requirements of the statutes, rules and regulations promulgated to regulate the oil and gas industry have been fully complied with and the statements herein are complete and correct to the best of my knowledge.

Signature L. Marc Harvey

L. MARC HARVEY

Title DRILLING TECHNICAL ASSISTANT Date 4-7-97Subscribed and sworn to before me this 7th day of April 19 97.Notary Public Frederic L. Harvey

Date 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)

Form ACO-1 (7-91)

SIDE TWO

Operator Name ANADARKO PETROLEUM CORPORATION Lease Name SANTA FE "E" Well # 4Sec. 6 Twp. 32 Rge. 33 ☐ East ☒ WestCounty 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 ☐ Yes ☒ No
(Attach Additional Sheets.)Samples Sent to Geological Survey ☒ Yes ☐ NoCores Taken ☐ Yes ☒ NoElectric Log Run ☒ Yes ☐ No
(Submit Copy.)List All E.Logs Run: DIL, CNL-LDT, SONIC, ML, SBT-CCL-GR.
LOGS FILED WITH ORIGINAL ACO-1.☒ Log Formation (Top), Depth and Datums ☐ Sample

Name	Top	Datum
CHASE	2440	
COUNCIL GROVE	2772	
TORONTO	3959	
LANSING	4061	
MARMATON	4691	
MORROW	5228	
CHESTER	5395	
STE. GENEVIEVE	5509	
ST. LOUIS	5590	
SPERGEN	5764	
OSAGE	6320	
VIOLA	6582	
ARBUCKLE	6685	

*ORIGINAL COMPLETION

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	1594	P+ MIDCON 2/P+	300/100	3%CC, 1/4#SK FLC/2%CC, 1/4#SK FLC.
* PRODUCTION	7-7/8"	5-1/2"	15.5	5704	VERSASET	150	3%CC, .6% HALAD 322, 5%KCL, 1/4#SK FLC.

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				

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
* 6	* ORIGINAL COMPLETION * 5587-5617		
* 8	* 5510-5585		
2	5410-20, 5464-70.	ACID: 1500 GAL 7 1/2% HCL. FRAC: 35600 GAL XLINK KCL WTR & 167000# 20/40 SD.	5410-5470 (OA) 5410-5470 (OA)
TUBING RECORD	Size 2 3/8 Set At 5380 Packer At	Liner Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Date of First, Resumed Production, SWD or Inj. RESUMED: 3/9/97	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 22 Bbls. Gas 0 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☐ Other (Specify) _____

5410-5617 (OA)