

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: DAVID W. KAPPLF

Phone (316) 624-6253

Drill Contractor Name: NORSEMAN DRILLING

License: 3779

Wellsite Geologist: _____

Completion 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: _____

Well Name: _____

Comp. Date _____ Old Total Depth _____

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

5-1-97 6-3-97 7-3-97
Date Date Reached TD Completion Date

API NO. 15- 175-21610

County SEWARD

NE - NE - SW - SW Sec. 3 Twp. 34 Rge. 34 W

1250 Feet from X (circle one) Line of Section

1250 Feet from X (circle one) Line of Section

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

Lease Name WILES "A" Well # 2H

Field Name HUGOTON

Producing Formation CHASE

Elevation: Ground 2915.7 KB _____

Total Depth 2800 PBD 2750

Amount of Surface Pipe Set and Cemented at 716 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 A14.1-1-15-98 U.C.
(Data must be collected from the Reserve Pit)

Chloride content NA ppm Fluid volume 400 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. _____

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 2 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 9-25-97

Subscribed and sworn to before me this 25th day of September

27.
Notary Public Freda L. Hinz

Date Commission Expires _____

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

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

Operator Name ANADARKO PETROLEUM CORPORATION Lease Name WILES "A" Well # 2H

Sec. 3 Twp. 34 Rge. 34 East County SEWARD 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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (Attach Additional Sheets.) Samples Sent to Geological Survey <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Electric Log Run <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (Submit Copy.) List All E.Logs Run: CBL-CCL-GR.	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td><input checked="" type="checkbox"/> Log</td> <td>Formation (Top), Depth and Datums</td> <td><input type="checkbox"/> Sample</td> </tr> <tr> <td>Name</td> <td>Top</td> <td>Datum</td> </tr> <tr> <td>GLORIETTA</td> <td>1144-1322</td> <td></td> </tr> <tr> <td>B/STONE CORRAL</td> <td>1692</td> <td></td> </tr> <tr> <td>HERRINGTON</td> <td>2612</td> <td></td> </tr> <tr> <td>KRIDER</td> <td>2640</td> <td></td> </tr> <tr> <td>WINFIELD</td> <td>2724</td> <td></td> </tr> </table>	<input checked="" type="checkbox"/> Log	Formation (Top), Depth and Datums	<input type="checkbox"/> Sample	Name	Top	Datum	GLORIETTA	1144-1322		B/STONE CORRAL	1692		HERRINGTON	2612		KRIDER	2640		WINFIELD	2724	
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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"	23.0	716	P+ MIDCON 2/ P+	140/160	3%CC, 1/4#SK FLC/ 2%CC, 1/4#SK FLC.
PRODUCTION	7-7/8"	5-1/2"	15.5	2791	P+ MIDCON 2/ P+ MIDCON 2	190/90	3%CC, 1/4#SK FLC/ 3%CC, 1/4#SK FLC.

ADDITIONAL CEMENTING/SQUEEZE RECORD				
Purpose:	Depth		#Sacks Used	Type and Percent Additives
	Top	Bottom		
<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
3	2724-2740, 2676-2708.		ACID: 1700 GAL 15% FeHCL.	2724-2740
2	2646-2662, 2612-2630.		ACID: 2900 GAL 15% FeHCL.	2612-2662 (OA)
			FRAC: 15169 GAL FMD GEL & 190000# 12/20 & 12000# 16/30 SD.	2612-2662 (OA)
TUBING RECORD	Size 2 3/8"	Set At 2719	Packer At	Liner Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Date of First, Resumed Production, SWD or Inj. 7-16-97		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 Bbls.	Gas Mcf 195	Water Bbls. 60	Gas-Oil Ratio Gravity

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: 2612-2740 (OA)