

WELL COMPLETION FORM

WELL HISTORY - DESCRIPTION OF WELL & LEASE

Operator: License # 4549
Name: Anadarko Petroleum Corporation
Address 1201 Lake Robbins Drive
City/State/Zip The Woodlands, TX 77380
Purchaser: Anadarko Energy Services Company
Operator Contact Person: Diana Smart
Phone (832) 636-8380
Contractor: Name: Best Well Service, Inc.
License: 32564
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/Reentry: Old Well Info as follows:
Operator: Anadarko Petroleum Corporation
Well Name: Mantzke A #1
Original Comp. Date 02/03/1976 Original Total Depth 3055'
____ Deepening ____ Re-perf. ____ Conv. to Enhr./SWD
____ Plug Back ____ Plug Back Total Depth
 Commingled Docket No. C-164
____ Dual Completion Docket No. _____
____ Other (SWD or Enhr?) Docket No. _____
03/31/08 04/05/08
Spud Date or Date Reached TD Completion Date or Recompletion Date

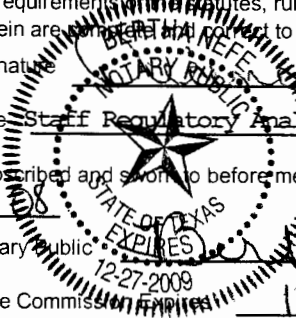
API NO. 15- 189-20296
County Stevens
____ - ____ - C - SE Sec. 13 Twp. 34 S. R. 39 E W
1250 S Feet from S/N (circle one) Line of Section
1250 E Feet from E/W (circle one) Line of Section
Footages Calculated from Nearest Outside Section Corner:
(circle one) NE SE NW SW
Lease Name Mantzke A Well # 1
Field Name Hugoton/Panoma
Producing Formation Chase/Council Grove
Elevation: Ground 3284' Kelley Bushing _____
Total Depth 3055' Plug Back Total Depth _____
Amount of Surface Pipe Set and Cemented at 527 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)
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. R. _____ 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, rules and regulations promulgated to regulate the oil and gas industry have been fully complied with and the statements herein are true and correct to the best of my knowledge.

Signature: [Signature]
Title: Staff Regulatory Analyst Date: 04/07/08
Subscribed and sworn to before me this 7th day of April
20 2008
Notary Public: [Signature]
Date Commission Expires: 12-27-09



KCC Office Use ONLY
 Letter of Confidentiality Received
If Denied, Yes Date: _____
 Wireline Log Received **APR 09 2008**
 Geologist Report Received
 UIC Distribution
RECEIVED
KANSAS CORPORATION COMMISSION
CONSERVATION DIVISION
WICHITA, KS

Operator Name Anadarko Petroleum Corporation Lease Name Mantzke A Well # 1

Sec. 13 Twp. 34 S.R. 39 East West County Stevens

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 all Electric Wireline Logs surveyed. Attach final geological well site report.

Drill Stem Tests Taken (Attach Additional Sheets.)	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No		<input 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				
Electric Log Run (Submit Copy.)	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No				
List All E.Logs Run: No new logs						

CASING RECORD <input type="checkbox"/> New <input checked="" 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		8-5/8"	20	527'		550	
Production		5-1/2"	14	3054'		650	

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
3	2977'- 3035' existing perfs		
2	2866'- 2877' existing Perfs		
2	2809'-2812' & 2828'-2832' existing perfs		
2	2767'-2770' existing Perfs	KO CIBP & push to 3035'	

TUBING RECORD	Size 2-3/8"	Set At 3002'	Packer At	Liner Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Date of First, Resumed Production, SWD or Enhr. 04/02/08	Producing Method <input type="checkbox"/> Flowing <input checked="" type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)
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Estimated Production Per 24 Hours	Oil Bbls. 0	Gas Mcf 74	Water Bbls. 15	Gas-Oil Ratio N/A	Gravity N/A
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Disposition of Gas: Vented Sold Used on Lease Open Hole Perforation Dually Comp. Commingled 2767'-3035'

(If vented, submit ACO-18.) Other (Specify) _____