

FORM MUST BE TYPED

COPY

SIDE ONE

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

API No. 15- 129-20265-0002 *Paul*
County MORTON
NW
NE Sec. 15 Twp. 34 Rge. 42 X W

Operator: License # 4549

1320 Feet from X (circle one) Line of Section

Name: ANADARKO PETROLEUM CORPORATION

1310 Feet from X (circle one) Line of Section

Address 701 S TAYLOR, STE. 400

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

City/State/Zip AMARILLO, TEXAS, 79101

Lease Name KANSAS-REGENTS Well # 2-15

Purchaser: ANADARKO ENERGY SERVICES

Field Name GREENWOOD

Operator Contact Person: CRAIG R. WALTERS, P.E.

Producing Formation WABAUNSEE, TOPEKA

Phone (806) 457-4600

Elevation: Ground 3451 KB _____

Contractor: Name: NA

Total Depth 3068 PBDT 3041

License: NA

Amo 603 Surface Pipe Set and Cemented at _____ Feet

Wellsite Geologist: NA

Multistage Cementing Collar Used? Yes X No _____

Designate Type of Completion
_____ New Well _____ Re-Entry X Workover

If _____ show depth set _____ Feet

_____ Oil _____ SWD _____ SIOW _____ Temp. _____ d.
X Gas _____ ENHR _____ SIGW
_____ Dry _____ Other (Core, WSW, Expl., Cathodic, etc)

If alternate II completion, cement circulated from _____

If Workover:

feet depth to _____ w/ _____ sx cmt.

Operator: PAN EASTERN EXPLORATION CO.
ANADARKO PETROLEUM CORPORATION

Drilling Fluid Management Plan REWORK 9/10/9/01
(Data must be collected from the Reserve Pit)
NOT APPLICABLE

Well Name: KANSAS-REGENTS 2-15

Chloride content _____ ppm Fluid volume _____ bbls

Comp. Date 8-7-76 Old Total Depth 3068

Dewatering method used _____

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

Location of fluid disposal if hauled offsite: _____

4-14-2001 19-2001 4-30-2001

Operator Name _____

Date of START Date Reached TD Completion Date of WORKOVER

Lease Name _____ License No. _____

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

County _____ Docket No. _____

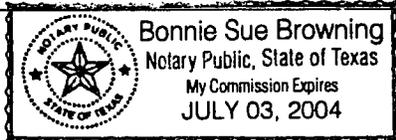
INSTRUCTIONS: An original and two copies of this form shall be filed with the Kansas Corporation Commission, 130 S. Market - Room 2078, Wichita, Kansas 67202, within 120 days of the spud date, recompletion, workover or conversion of a well. Rules 82-3-130, 82-3-106 and 82-3-107 apply. Information on 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 Craig R. Walters
CRAIG R. WALTERS, P.E.
Title DIVISION PRODUCTION ENGINEER Date 5/27/2001

Subscribed and sworn to before me this 30 day of May
20 01.
Notary Public Bonnie Sue Browning

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
IOG (Specify)

Operator Name ANADARKO PETROLEUM CORPORATION Lease Name KANSAS-REGENTS Well # 2-15

Sec. 15 Twp. 34 Rge. 42 East County MORTON
 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 Yes No
 (Attach Additional Sheets.)
 Samples Sent to Geological Survey Yes No
 Cores Taken Yes No
 Electric Log Run Yes No
 (Submit Copy.)
 List All E.Logs Run:

Log Formation (Top), Depth and Datums Sample
 Name Top Datum

SEE ATTACHED DRILLERS LOG

** Original Completion		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"	24.0	603	COMMON	500	--
** PRODUCTION	7-7/8"	5-1/2"	14	3061	POZMIX	15	18% SALT

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	
		FRAC W/ 10640 GAL 30# FMD 70 Q LEANER GEL + 11500# 16/30 SND	2618-2658

TUBING RECORD	Size 2-1/16"	Set At 3032	Packer At	Liner Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
---------------	--------------	-------------	-----------	---

Date of First, Resumed Production, SWD or Inj. RESUMED: 4-28-2001	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 0 Bbls.	Gas 473 Mcf	Water 6 Bbls.	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: 2612-3030 OA