

FORM MUST BE TYPED

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- 129-21640 0000

County MORTON
100' S & 200' W OF C
NE SE Sec. 16 Twp. 34S Rge. 43 X W

1880 Feet from X(S) (circle one) Line of Section
860 Feet from (E)X (circle one) Line of Section

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

Lease Name USA INTERSTATE "A" Well # 1

Field Name WILDCAT

Producing Formation NONE **OCT 07 2002**

Elevation: Ground 3511.0 KB

Total Depth 4525 **FROM CONFIDENTIAL**

Amount of Surface Pipe Set and Cemented at 1308 Feet

Multiple Stage Cementing Collar Used? Yes X No

If yes, show depth set _____ Feet

If Alternate II completion, cement circulated from _____

feet depth to _____ w/ _____ sx cmt.

Drilling Fluid Management Plan ALL 1 PMA EN 10-30-02
(Data must be collected from the Reserve Pit)

Chloride content 900 ppm Fluid volume 700 bbls

Watering 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. _____

Operator: License # 4549

Name: ANADARKO PETROLEUM CORPORATION

Address 701 S. TAYLOR, SUITE 400

City/State/Zip AMARILLO, TEXAS 79101

Purchaser: NONE- D&A

Operator Contact Person: JOHN VIGIL **KCC**

Phone (806) 457-4600 **SEP 05 2001**

Contractor: Name: BIG "A" DRILLING

License: 31572 **CONFIDENTIAL**

Wellsite Geologist: _____

Designate Type of Completion
 New Well Re-Entry Workover

Oil SWD SIOW Temp. Abd.
 Gas ENHR SIGW
 Dry Other (Core, WSW, Expl., etc.)

If Workover:

Operator: _____ **SEP 13 2001**

Well Name: KCC WICHITA

Comp. Date _____ Old Total Depth _____

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

6-12-2001 6-21-2001 6-22-2001
Spud Date Date Reached TD Completion Date

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. Maxc Harvey
L. MAXC HARVEY
Title ENGINEERING TECHNICIAN III Date 9-5-01

Subscribed and sworn to before me this 5 day of September
20 01.

Notary Public Lori Pearson
Date Commission Expires 2/26/05

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)

LORI PEARSON

Operator Name ANADARKO PETROLEUM CORPORATION Lease Name USA INTERSTATE "A" Well # 1

Sec. 16 Twp. 34 Rge. 43 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 <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (Attach Additional Sheets.) Samples Sent to Geological Survey <input checked="" type="checkbox"/> Yes <input 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: DIL, CNL-LDT-ML, DIPOLE SONIC. <p style="text-align: center;">DOT# 112-4178</p>	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datums <input type="checkbox"/> Sample <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Name</th> <th style="text-align: left;">Top</th> <th style="text-align: left;">Datum</th> </tr> </thead> <tbody> <tr> <td>WABAUNSEE</td> <td>2520</td> <td></td> </tr> <tr> <td>TOPEKA</td> <td>2736</td> <td></td> </tr> <tr> <td>GREENWOOD LANSING</td> <td>2970</td> <td></td> </tr> <tr> <td>HEEBNER</td> <td>3041</td> <td></td> </tr> <tr> <td>LANSING</td> <td>3162</td> <td></td> </tr> <tr> <td>MARMATON</td> <td>3600</td> <td></td> </tr> <tr> <td>CHEROKEE</td> <td>3832</td> <td></td> </tr> <tr> <td>MORROW</td> <td>4144</td> <td></td> </tr> </tbody> </table>	Name	Top	Datum	WABAUNSEE	2520		TOPEKA	2736		GREENWOOD LANSING	2970		HEEBNER	3041		LANSING	3162		MARMATON	3600		CHEROKEE	3832		MORROW	4144	
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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	1308	CLASS C/ CLASS C.	300/100	3% EXTENDER, 0.2% ANTI-FOAMER, 1/2#/SK FLOCELE/2%CC, 1/2#/SK FLOCELE.

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

TUBING RECORD	Size	Set At	Packer At	Liner Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Date of First, Resumed Production, SWD or Inj.	Producing Method <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)
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Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
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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 NONE-D&A