

FORM MUST BE TYPED

SIDE ONE

COPY *Am*

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: NONE-D&A

Operator Contact Person: DAVID W. KAPPLÉ

Phone (316) 624-6253

Contractor: Name: BIG "A" DRILLING

License: 31572

Wellsite Geologist: OCT 08 1998

Designate Type of Completion
 New Well Re-Entry Workover

Oil SWD SLOW 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 PBDT
 Commingled Docket No. _____
 Dual Completion Docket No. _____
 Other (SWD or Inj?) Docket No. _____

9-22-98 10-2-98 10-4-98
Spud Date Date Reached TD Completion Date

API NO. 15- 175-21754

County SEWARD

NE SW Sec. 11 Twp. 35 Rge. 34 X W

1980 Feet from X(S) (circle one) Line of Section

1980 Feet from X(W) (circle one) Line of Section

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

Lease Name HEADRICK "B" Well # 1

Field Name ARCHER

Producing Formation NONE

Elevation: Ground 2899.9 KB _____

Total Depth 6890 PBDT 0

Amount of Surface Pipe Set and Cemented at 1589 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 P4A, 2-25-99 UR
(Data must be collected from the Reserve Pit)

Chloride content 1400 ppm Fluid volume 700 bbls

Dewatering method used DRY, BACKEILL & 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 10-8-98

Subscribed and sworn to before me this 8th day of October 19 98.

Notary Public Sheda L. King

Notary Commission Expires _____

FRED L. KING
Notary Public - State of Kansas
My Appt. Expires 5-15-99

K.C.C. OFFICE USE ONLY		
F	<input checked="" type="checkbox"/>	Letter of Confidentiality Attached
C	<input checked="" type="checkbox"/>	Wireline Log Received
C	<input type="checkbox"/>	Geologist Report Received
Distribution		
<input checked="" type="checkbox"/>	KCC	<input type="checkbox"/> SWD/Rep
<input type="checkbox"/>	KGS	<input type="checkbox"/> Plug
		<input checked="" type="checkbox"/> NGPA
		<input type="checkbox"/> Other (Specify)
IOG		

Operator Name ANADARKO PETROLEUM CORPORATION Lease Name HEADRICK "B" Well # 1

Sec. 11 Twp. 35 Rge. 34 East West County 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 No

Cores Taken Yes No

Electric Log Run Yes No
(Submit Copy.)

List All E.Logs Run: DIL, CNL-LDT, ML, LS SONIC, MSFL.

Log Formation (Top), Depth and Datums Sample

Name	Top	Datum
CHASE	2628	
COUNCIL GROVE	2999	
HEEBNER	4284	
TORONTO	4317	
LANSING	4429	
MARMATON	5159	
CHEROKEE	5515	
MORROW	5838	
CHESTER	6172	
STE. GENEVIEVE	6464	
ST. LOUIS	6527	
SPERGEN	6709	

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	1589	P+ MIDCON 2/P+	360/100	3%CC, 1/4#SK FLC/ 2%CC, 1/4#SK FLC.

ADDITIONAL CEMENTING/SQUEEZE RECORD

Purpose: ___ Perforate ___ Protect Casing ___ Plug Back TD ___ Plug Off Zone	Depth		Type of Cement	#Sacks Used	Type and Percent Additives
	Top	Bottom			

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
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)		
Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
	<i>N-A</i>				

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) _____

NONE-D&A