

ORIGINAL

JRM MUST BE TYPED

SIDE ONE

COPY

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

JRM

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. KAPPLE

Phone (316) 624-6253

Contractor: Name: BIG "A" DRILLING
License: 31572

Wellsite Geologist: _____

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 PBTB
 Commingled Docket No. PENDING
 Dual Completion Docket No. _____
 Other (SWD or Inj?) Docket No. _____
9-9-1998 9-20-1998 2-9-1999
Spud Date Date Reached TD Completion Date

API NO. 15- 175-21752
County SEWARD
C - SW - SE Sec. 11 Twp. 35 Rge. 34 X E

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

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

Lease Name HEADRICK "A" Well # 3

Field Name ARCHER

Producing Formation MORROW/CHESTER

Elevation: Ground 2884.8 KB _____

Total Depth 6800 PBTB 6255

Amount of Surface Pipe Set and Cemented at 1622 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 1000 ppm Fluid volume 700 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. _____

STATE CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION
Wichita, Kansas
RECEIVED
MAR - 4 1999

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
Title DRILLING TECHNICAL ASSISTANT Date 3-2-99

Subscribed and sworn to before me this 2nd day of March 19 99.

Notary Public Shirley Childers

Commission Expires _____

NOTARY PUBLIC - State of Kansas
SHIRLEY J. CHILDERS
My Appt. Exp. 11/14/02

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)

COPY *Good*

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

API NO. 15- 175-21752

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(Data must be collected from the Reserve Pit)

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Operator Name _____

Lease Name _____ License No. _____

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

County _____ Docket No. _____

Operator: License # 4549

Name: ANADARKO PETROLEUM CORPORATION

Address P. O. BOX 351

CONFIDENTIAL

City/State/Zip LIBERAL, KANSAS 67905-0351

Purchaser: NONE-SIGW

Operator Contact Person: DAVID W. KAPPL

Phone (316) 624-6253

Contractor: Name: BIG "A" DRILLING

License: 31572

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Designate Type of Completion

X New Well _____ Re-Entry _____ Workover

_____ Oil _____ SWD _____ SIOW _____ Temp. Abd.

_____ Gas _____ ENHR X SIGW

_____ Dry _____ Other (Core, WSW, Expl., Cathodic, etc)

KCC

If Workover:

Operator: _____ 05 1999

Well Name: _____ **CONFIDENTIAL**

Comp. Date _____ Old Total Depth _____

_____ Deepening _____ Re-perf. _____ Conv. to Inj/SWD

_____ Plug Back _____ PBDT

_____ Commingled _____ Docket No. PENDING

_____ Dual Completion _____ Docket No. _____

_____ Other (SWD or Inj?) _____ Docket No. _____

9-9-98 9-20-98 10-21-98

Spud Date Date Reached TD Completion Date

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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 1-5-99

Subscribed and sworn to before me this 5th day of January
19 99.

Notary Public Frederic L. Harvey
Date Commission 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)

RELEASED

MAY 08 2001

Operator Name ANADARKO PETROLEUM CORPORATION Lease Name HEADRICK "A" Well # 3

Sec. 11 Twp. 35 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 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: CAST V CBL, DIL, CNL-LDT, LS SONIC, ML.	<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>CHASE</td><td>2621</td><td></td></tr> <tr><td>COUNCIL GROVE</td><td>2995</td><td></td></tr> <tr><td>HEEBNER</td><td>4289</td><td></td></tr> <tr><td>TORONTO</td><td>4320</td><td></td></tr> <tr><td>LANSING</td><td>4435</td><td></td></tr> <tr><td>MARMATON</td><td>5156</td><td></td></tr> <tr><td>CHEROKEE</td><td>5530</td><td></td></tr> <tr><td>MORROW</td><td>5852</td><td></td></tr> <tr><td>CHESTER</td><td>6182</td><td></td></tr> <tr><td>STE. GENEVIEVE</td><td>6472</td><td></td></tr> <tr><td>ST. LOUIS</td><td>6530</td><td></td></tr> <tr><td>SPERGEN</td><td>6739</td><td></td></tr> </tbody> </table>	Name	Top	Datum	CHASE	2621		COUNCIL GROVE	2995		HEEBNER	4289		TORONTO	4320		LANSING	4435		MARMATON	5156		CHEROKEE	5530		MORROW	5852		CHESTER	6182		STE. GENEVIEVE	6472		ST. LOUIS	6530		SPERGEN	6739	
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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	1622	P+ MIDCON 2/ PREM PLUS	330/100	3%CC, 1/4%SK FLC/ 2%CC, 1/4%SK FLC.
PRODUCTION	7-7/8"	5-1/2"	15.5	6719	50/50 POZ/ 50/50 POZ	25/115	.75% HALAD 322, 10% SALT, 1/4%SK FLC/SAME

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
4	6595-6613, CIBP @ 6500.	ACID: 1800 GAL 15% HCL. ACID: 2700 GAL 15% HCL. 6595-6613
2	6411-6420, CIBP @ 6250.	ACID: 514 GAL 7-1/2% HCL. 6411-6420
2	6154-6160, 6184-6192.	ACID: 700 GAL 15% HCL. 6154-6192 (OA)

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. NONE-EVALUATING		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 42 Mcf	Water 0 Bbls.	Gas-Oil Ratio Gravity

Disposition of Gas: TO BE	METHOD OF COMPLETION	Production Interval
<input type="checkbox"/> Vented <input checked="" type="checkbox"/> Sold <input type="checkbox"/> Used on Lease (If vented, submit ACO-18.)	<input type="checkbox"/> Open Hole <input checked="" type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input checked="" type="checkbox"/> Comingled <input type="checkbox"/> Other (Specify) _____	6154-6192 (OA)