

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: _____
Operator Contact Person: Jerry N. Blossom
Phone (832) 636-3128
Contractor: Name: Murfin Drilling Co., Inc.
License: 30606

Wellsite Geologist: _____

Designate Type of Completion
 New Well _____ Re-Entry _____
_____ Oil _____ SWD _____
_____ Gas _____ ENHR _____
 Dry _____ Other (Core, WSW, Expl., Cathodic, etc.) _____

If Workover/Reentry: Old Well Info as follows:

Operator: _____

Well Name: _____

Original Comp. Date _____ Original Total Depth _____

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

_____ Plug Back _____ Plug Back Total Depth _____

_____ Commingled _____ Docket No. _____

_____ Dual Completion _____ Docket No. _____

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

<u>1/7/04</u>	<u>1/14/04</u>	<u>N/A</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API NO. 15- 189-22464-00-00

County Stevens

S/2 - SW - NW - NW Sec. 26 Twp. 31 S. R. 38 E W

1100 N Feet from S/N (circle one) Line of Section

330 W Feet from E/W (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:

(circle one) NE SE NW SW

Lease Name Schowalter "A" Well # 3

Field Name Wildcat

Producing Formation N/A

Elevation: Ground 3135' Kelley Bushing 3142'

Total Depth 6200' Plug Back Total Depth _____

Amount of Surface Pipe Set and Cemented at 1770' 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 ALTI WITH 10-16-06
(Data must be collected from the Reserve Pit)

Chloride content 1925 ppm Fluid volume 700 bbls

Dewatering method used Evaporation

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 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.

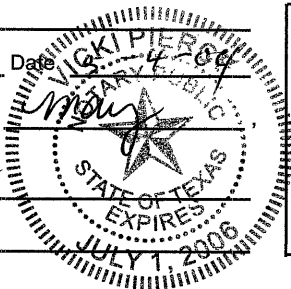
Signature Jerry Blossom

Title Staff Envir. & Regulatory Analyst Date _____

Subscribed and sworn to before me this 4th day of _____
20 04.

Notary Public Viki Ferrer

Date Commission Expires 7-1-06



KCC Office Use ONLY
NO Letter of Confidentiality Attached
If Denied, Yes Date: _____
_____ Wireline Log Received
_____ Geologist Report Received
_____ UIC Distribution

Operator Name Anadarko Petroleum Corporation

Lease Name Schwalter "A"

Well # 3

Sec. 26 Twp. 31 S.R. 38 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 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 (Submit Copy.) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No List All E.Logs Run: Compensated Neutron; Micro Resistivity; Array Induction; Compensated Sonic	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;"><input checked="" type="checkbox"/> Log</td> <td style="width:60%;">Formation (Top), Depth and Datums</td> <td style="width:10%;"><input type="checkbox"/> Sample</td> </tr> <tr> <td>Name</td> <td>Top</td> <td>Datum</td> </tr> <tr> <td>Council Grove</td> <td>2695</td> <td>440</td> </tr> <tr> <td>Marmaton</td> <td>4714</td> <td>-1579</td> </tr> <tr> <td>Morrow</td> <td>5689</td> <td>-2554</td> </tr> <tr> <td>St. Louis</td> <td>5960</td> <td>-2825</td> </tr> </table>	<input checked="" type="checkbox"/> Log	Formation (Top), Depth and Datums	<input type="checkbox"/> Sample	Name	Top	Datum	Council Grove	2695	440	Marmaton	4714	-1579	Morrow	5689	-2554	St. Louis	5960	-2825
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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"	24	1770'	Premium +	545	3%CC; .1%FWCA
Production	7-7/8"	5-1/2"	15.5	4911'	50/50 POZ	125	

ADDITIONAL CEMENTING/SQUEEZE RECORD				
Purpose	Depth	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	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
4	4742' - 4749'	2100 gal 15% HCl, 4% KCl	4842'

TUBING RECORD	Size None	Set At	Packer At	Liner Run <input type="checkbox"/> Yes <input type="checkbox"/> No
Date of First, Resumed Production, SWD or Enhr.		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. N/A	Gas Mcf	Water Bbls.	Gas-Oil Ratio Gravity

Disposition of Gas: Vented Sold Used on Lease Open Hole Perforation Dually Comp. Commingled _____

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

HALLIBURTON JOP SUMMARY

REGION Central Operations		SALES ORDER NUMBER 2877932	DATE 01/15/04
MCLID / EMPL # MCL10101 106322		BDA / STATE MC/KS	COUNTY STEVENS
LOCATION LIBERAL		PSL DEPARTMENT Cement	CUSTOMER REP / PHONE KENNY PARKS 629-5136
TICKET AMOUNT \$7,320.47		WELL TYPE 01 Oil	SAP BOMB NUMBER 7523
WELL LOCATION Dermont, Ks		DEPARTMENT Cement	Cement Production Casing
LEASE NAME SCHOWALTER		WELL NO. A-3	WELL FACILITY (CLOSEST TO WELL SITE) Liberal Ks
WELL NO. / TRP / RNB 26 - 31S - 38W			

HES EMP NAME / EMP # / (EXPOSURE HOURS)	HR	HR	HR	HR
McLane, D 106322	8.5			
Smith, B 106036	8.5			
Archuleta, M 228381	7.5			

N.B.S. UNIT #S / (R / T MILES)	R / T MILES	R / T MILES	R / T MILES	R / T MILES
10547695	86			
10251401	86			
10243558 10011272	13			

Form. Name _____ Type: _____
 Form. Thickness _____ From _____ To _____
 Packer Type _____ Set At _____
 Bottom Hole Temp. _____ Pressure _____
 Retainer Depth _____ Total Depth _____

Date	Called Out	On Location	Job Started	Job Completed
	1/15/2004	1/15/2004	1/16/2004	1/16/2004
Time	1800	2030	0300	0400

Tools and Accessories

Type and Size	Qty	Make
Float Collar SS II 5 1/2	1	Howco
Float Shoe		Howco
Centralizers 5 1/2	9	Howco
Top Plug 5 1/2	1	Howco
HEAD 5 1/2	1	Howco
Limit clamp 5 1/2	1	Howco
Weld-A	1	Howco
Guide Shoe 5 1/2	1	Howco
Basket 5 1/2	1	Howco

Well Data

	New/Used	Weight	Size	Grade	From	To	Max. Allow
Casing	New	15.5#	5 1/2"		0	4,911	
Liner							
Liner							
Tubing							
Drill Pipe							
Open Hole			7 7/8"				Shots/Ft.
Perforations							
Perforations							
Perforations							

Materials

	Density	Lb/Gal
Mud Type		
Disp. Fluid		
Prop. Type	Size	Lb
Prop. Type	Size	Lb
Acid Type	Gal.	%
Acid Type	Gal.	%
Surfactant	Gal.	In
NE Agent	Gal.	In
Fluid Loss	Gal/Lb	In
Gelling Agent	Gal/Lb	In
Fric. Red.	Gal/Lb	In
Breaker	Gal/Lb	In
Blocking Agent	Gal/Lb	
Perfoac Balls	Qty.	
Other		
Other		
Other		
Other		
Other		

Hours On Location

Date	Hours
1/15	3.5
1/16	5.0
Total	8.5

Operating Hours

Date	Hours
1/16	1.0
Total	1.0

Description of Job
 Cement Production Casing
 RECEIVED
 KANSAS CORPORATION COMMISSION
 MAY 05 2004
 CONSERVATION DIVISION
 WICHITA, KS

Ordered _____ Hydraulic Horsepower _____
 Treating _____ Average Rates in BPM _____
 Feet 45 _____ Cement Left in Pipe _____
 Reason _____ SHOE JOINT

Cement Data

Stage	Sacks	Cement	Bulk/Sks	Additives	W/Rq.	Yield	Lbs/Gal
1	25	50/50 POZ H	BULK	10% SALT - .6% HALAD-322 - 1/4# FLOCELE	40.45	6.07	10.00
2	100	50/50 POZ H	Bulk	10% SALT - .6% HALAD-322 - 1/4# FLOCELE	5.58	1.26	14.40
3	25	50/50 POZ H	Bulk	10% SALT - .6% HALAD-322 - 1/4# FLOCELE	5.58	1.26	14.40
4							

Summary

Circulating _____	Displacement _____	Preflush: _____	Type: _____
Breakdown _____	MAXIMUM _____	Load & Bkdn: Gal - BBI _____	Pad: Bbl - Gal _____
Lost Returns: _____	Lost Returns: _____	Excess /Return BBI _____	Calc. Disp Bbl 115.7
Cmt Rtrn#Bbl _____	Actual TOC _____	Calc. TOC: _____	Actual Disp. 116
Average _____	Frac. Gradient _____	Treatment: Gal - BBI _____	Disp: Bbl _____
Shut in: Instant _____	5 Min. _____	Cement Slurry BBI _____	27 / 22.5 Rat & Mouse 5.6
		Total Volume BBI _____	#VALUE!

Frac Ring #1 _____ Frac Ring #2 _____ Frac Ring #3 _____ Frac Ring #4 _____

THE INFORMATION STATED HEREIN IS CORRECT
 CUSTOMER REPRESENTATIVE _____ SIGNATURE _____

HALLIBURTON JOB LOG				TICKET #	2858727	TICKET DATE	01/08/04
REGION Central Operations		NWA / COUNTRY Mid Continent/USA		BDA / STATE	MC/Ks	COUNTY	STEVENS
MBU ID / EMPL # MCLI0110 / 198516		H.E.S. EMPLOYEE NAME Jason Clemens		PSL DEPARTMENT Cement			
LOCATION LIBERAL		COMPANY ANADARKO PETROLEUM CORP		CUSTOMER REP / PHONE KENNY PARKS 620-629-5136		API/UWI #	
TICKET AMOUNT \$13,425.79		WELL TYPE 01 Oil		JOB PURPOSE CODE Cement Surface Casing			
WELL LOCATION HUGOTON		DEPARTMENT ZI		HES FACILITY (CLOSEST TO WELL S) Liberal, Ks			
LEASE NAME SCHOWALTER		Well No. A-3	SEC / TWP / RNG 26 - 31S - 38W				

HES EMP NAME/EMP # (EXPOSURE HOURS)	HRS	HES EMP NAME/EMP # (EXPOSURE HOURS)	HRS	HES EMP NAME/EMP # (EXPOSURE HOURS)	HRS	HES EMP NAME/EMP # (EXPOSURE HOURS)	HRS
Clemens, A 198516	4						
Schawo, N 222552	4						
Arnett, J 226567	3						
Torres, J	3						

Chart No.	Time	Rate (BPM)	Volume (BBL)(GAL)	Rate			Job Description / Remarks
				N2	CSG.	Tbg	
	1000						CALLED FOR JOB
	1300						ARRIVE ON LOCATION
	1315						PRE-JOB SAFETY MEETING
	1330						SPOT EQUIPMENT
	1400						START CASING
	1600						CASING ON BOTTOM & CIRCULATE W/ RIG
	1625				1800		PRESSURE TEST PUMPS & LINES
	1630	7.0	207.0		200		START LEAD 395 SKS MIXED @ 11.4#
	1703	7.0	36.0		150		START TAIL 150 SKS MIXED @ 14.8#
	1708	7.0	243.0		100		END CEMENT / DROP PLUG
	1709	3.0	110.0		0		START DISPLACEMENT
	1722	6.0	60.0		125		CAUGHT CEMENT
	1728	2.0	100.0		375		SLOW RATE
	1733	2.0	110.0		900		LAND PLUG
	1745						END JOB
					400		PRESSURE BEFORE LANDING PLUG
							CIRCULATED CEMENT

RECEIVED
 KANSAS CORPORATION COMMISSION
 MAY 05 2004
 CONSERVATION DIVISION
 WICHITA, KS

THANK YOU JASON & CREW.