

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

ORIGINAL

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

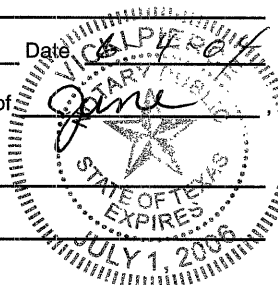
If Workover/Reentry: Old Well Info as follows:
Operator: _____
Well Name: _____
Original Comp. Date _____ Original Total Depth _____
 Deepening Re-perf. Conv. to Enhr./SWD
 Plug Back _____ Plug Back Total Depth _____
 Commingled _____ Docket No. _____
 Dual Completion _____ Docket No. _____
 Other (SWD or Enhr?) _____ Docket No. _____
2/3/04 2/11/04
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API NO. 15- 081-21508-00-00
County Haskell
E/2 NE NE SE Sec. 21 Twp. 29 S. R. 34 E W
2275 S Feet from S/N (circle one) Line of Section
150 E Feet from E/W (circle one) Line of Section
Footages Calculated from Nearest Outside Section Corner:
(circle one) NE SE NW SW
Lease Name Eubank North Unit Well # 3-3
Field Name Eubank
Producing Formation Chester
Elevation: Ground 2977' Kelley Bushing 2984"
Total Depth 5680' Plug Back Total Depth _____
Amount of Surface Pipe Set and Cemented at 1806 Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set _____ Feet
If Alternate II completion, cement circulation _____
feet depth to _____ w/ JUN 07 2004 sx cmt.
Drilling Fluid Management Plan ALT#1 KGR 5/31/07
(Data must be collected from the Reserve CONSERVATION DIVISION
WICHITA, KS
Chloride content 1960 ppm Fluid volume 700 bbls
Dewatering method used Evaporate
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 N. Blossom
Title Staff Envir. & Regulatory Analyst Date _____
Subscribed and sworn to before me this 4th day of June
20 04.
Notary Public Wicki Perera
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

X

Operator Name Anadarko Petroleum Corporation

Lease Name Eubank North Unit

Well # 3-3

Sec. 21 Twp. 29 S.R. 34 East West

County Haskell

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.) Yes No

Samples Sent to Geological Survey Yes No

Cores Taken Yes No

Electric Log Run (Submit Copy.) Yes No

List All E.Logs Run:

HML Microlog Gamma Ray, Compensated Neutron Litho-Density/GR, and Array induction/ Sp Linear Correlation/GR, Cement Volume/GR

Log Formation (Top), Depth and Datums Sample

Name	Top	Datum
Chase	2505	472
Council Grove	2797	180
Marmaton	4670	-1693
Morrow	5177	-2200
Chester	5387	-2410

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"	22.81	1806'	Midcon/Prem	600	2-3%CC, .1%FWC
Production	7-7/8"	5-1/2"	15.5	5680'	50/50 POZ	170	5%KCL, .5%HALA

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
4	Perfs-5392-5422; 5432-5466; 5497-5504'; and and 5532-5552	9100 gal 7.5% FeHCL	5592'

TUBING RECORD	Size	Set At	Packer At	Liner Run
	2-7/8"	5570'	5570'	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date of First, Resumed Production, SWD or Enhr.	Producing Method			
Not on production yet	<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

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

(If vented, submit ACO-18.)

HALLIBURTON JOB SUMMARY

SALES ORDER NUMBER 2906072	TICKET DATE 02/05/04
BDA / STATE MC/Ks	COUNTY HASKELL
PSL DEPARTMENT Cement	ORIGINAL
CUSTOMER REP / PHONE KENNY PARKS	620-629-5136
SAP BOMB NUMBER 7521	Cement Surface Casing <input type="checkbox"/>
HES FACILITY (CLOSEST TO WELL SITE) Liberal Ks.	

REGION Central Operations	INWA / COUNTRY Mid Continent/USA
SIBU ID / EMPL.# MC10103 106304	H.E.S. EMPLOYEE NAME TYCE DAVIS
LOCATION LIBERAL	COMPANY ANADARKO PETROLEUM CORP.
TICKET AMOUNT \$15,171.55	WELL TYPE 02 Gas
WELL LOCATION LAND N. SATANTA	DEPARTMENT CEMENT
LEASE NAME ENU	Well No. 3-3
	SEC / TWP / RNG 21 - 29S - 34W

HES EMP NAME / EMP # / (EXPOSURE HOURS)	HRS	HRS	HRS	HRS
Davis, T 106304	6.0	Harper, K 241985	4.0	
Wille D. 225409	10.0			
Torres, J 295373	10.0			
Kilbourne T, 298801	10.0			

H.E.S. UNIT #S / (R / T MILES)	R / T MILES	R / T MILES	R / T MILES	R / T MILES
10219237	90			
10011406-10011277	35			
10240236-10011276	35			

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
	2/5/2004	2/5/2004	2/5/2004	2/5/2004
Time	1130	1400	2130	2300

Tools and Accessories

Type and Size	Qty	Make
Float Collar INSERT	1	HOWCO
Float Shoe FILL TUBE	1	HOWCO
Centralizers S4	5	HOWCO
Top Plug 5W	1	HOWCO
HEAD PC	1	HOWCO
Limit clamp	1	HOWCO
Weld-A	1	HOWCO
Guide Shoe REG	1	HOWCO
BTM PLUG BASKET	1	HOWCO

Well Data

	New/Used	Weight	Size	Grade	From	To	Max. Allow
Casing	NEW	24.0	8 5/8"		0	1,821	
Liner							
Liner							
Tubing							
Drill Pipe							
Open Hole			12 1/4"				Shots/Ft.
Perforations							
Perforations							
Perforations							

Materials

Mud Type _____	Density _____	Lb/Gal _____
Disp. Fluid _____	Density _____	Lb/Gal _____
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 _____	
Perfpac Balls _____	Qty. _____	
Other _____		
Other _____		
Other _____		
Other _____		

Hours On Location		Operating Hours		Description of Job
Date	Hours	Date	Hours	
2/5	10.0	2/5	1.5	Cement Surface Casing
				RECEIVED
				KANSAS CORPORATION COMMISSION
				JUN 07 2004
				CONSERVATION DIVISION
				WICHITA KS
Total	10.0	Total	1.5	

Ordered _____ Hydraulic Horsepower Avail. _____ Used _____
 Treating _____ Average Rates in BPM Disp. _____ Overall _____
 Feet 44 Cement Left in Pipe Reason SHOE JOINT

Cement Data

Stage	Sacks	Cement	Bulk/Sks	Additives	W/Rq.	Yield	Lbs/Gal
1	450	MIDCON C		3% CC - 1/2# FLOCELE - .1% FWCA	17.98	2.94	11.40
2	150	PREM PLUS		2% CC - 1/4# FLOCELE	6.30	1.34	14.80
3							
4							

Summary

Circulating _____	Displacement _____	Preflush: BBI _____	Type: _____
Breakdown _____	MAXIMUM _____	Load & Bkdn: Gal - BBI _____	Pad: Bbl - Gal _____
Lost Returns _____	Lost Returns _____	Excess /Return BBI _____	Calc. Disp Bbl _____
Cmt Rtrn#Bbl _____	Actual TOC _____	Calc. TOC: _____	Actual Disp. _____
Average _____	Frac. Gradient _____	Treatment: Gal - BBI _____	Disp: Bbl _____
Shut In: Instant _____	5 Min. _____ 15 Min. _____	Cement Slurry BBI _____	272.0
		Total Volume BBI _____	385.00

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

THE INFORMATION STATED HEREIN IS CORRECT
 CUSTOMER REPRESENTATIVE _____

SIGNATURE _____

HALLIBURTON JOB SUMMARY

REGION Central Operations		MVA / COUNTRY Mid Continent/USA		SALES ORDER NUMBER 2918738	TICKET DATE 02/12/04
MBU ID / EMPL # MCL0110 / 198516		H.E.S. EMPLOYEE NAME Jason Clemens		BDA / STATE MC/Ks	COUNTY HASKELL
LOCATION LIBERAL		COMPANY ANADARKO PETROLEUM CORP 30		PSL DEPARTMENT Cement	ORIGINAL
TICKET AMOUNT \$9,630.15		WELL TYPE 01 Oil		CUSTOMER REP / PHONE KENNY PARKS 629-3136	
WELL LOCATION SATANTA		DEPARTMENT ZI		SAP BOMB NUMBER 7523	Cement Production Casing
LEASE NAME ENU		Well No. 3-3	SEC / TWP / R/WG 21 - 29S - 34W	WELL FACILITY (CLOSEST TO WELL SITE) Liberal, Ks	

HES EMP NAME / EMP # / (EXPOSURE HOURS)	HRS	HRS	HRS	HRS
Clemens, A 198516				
Green, S 301261				
Berumen, E 267804				
Smith, B 106036				

H.E.S. UNIT #S / (R / T MILES)	R / T MILES	R / T MILES	R / T MILES	R / T MILES
10547690	90			
10251401	90			
10244148/10286731	35			

Form. Name _____ Type: _____
 Form. Thickness _____ From _____ To _____
 Packer Type _____ Set At _____
 Bottom Hole Temp. _____ Pressure _____
 Retainer Depth _____ Total Depth **5680**

Date	Called Out	On Location	Job Started	Job Completed
	2/12/2004	2/12/2004	2/12/2004	2/12/2004
Time	08:00	11:00	17:47	18:45

Tools and Accessories

Type and Size	Qty	Make
Float Collar 5-1/2" SSII	1	H
Float Shoe		O
Centralizers 5-1/2" S-4		W
Top Plug 5-1/2" 5W	1	C
HEAD 5-1/2"	1	H O
Limit clamp 5-1/2"	1	O
Weld-A	1	W
Guide Shoe 5-1/2" REG	1	C
BTM PLUG		O

Well Data

	New/Used	Weight	Size	Grade	From	To	Max. Allow
Casing	N	15.5	5 1/2		0	5,680	
Liner							
Liner							
Tubing							
Drill Pipe							
Open Hole			7 7/8		1,810	5,680	Shots/Ft
Perforations							
Perforations							
Perforations							

Materials

Mud Type	Density	Lb/Gal
Disp. Fluid	Density	Lb/Gal
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	
Perfpac Balls	Qty.	
Other		
Other		
Other		
Other		

Hours On Location		Operating Hours		Description of Job
Date	Hours	Date	Hours	
2/12	6.5	2/12	1.0	Cement Production Casing RECEIVED
				KANSAS CORPORATION COMMISSION
				JUN 07 2004
				CONSERVATION DIVISION WICHITA, KS
Total	6.5	Total	1.0	

Ordered _____ Hydraulic Horsepower _____
 Avail. _____ Used _____
 Treating _____ Average Rates in BPM _____
 Disp. _____ Overall _____
 Feet **44** Cement Left in Pipe _____
 Reason _____ SHOE JOINT

Cement Data

Stage	Sacks	Cement	Bulk/Sks	Additives	W/Rq.	Yield	Lbs/Gal
1	25	60/50 POZ PP		5%KCL - 5%CALSEAL - 6#GILSONITE - .5%HALAD-322 -	33.84	6.22	10.00
2	120	60/50 POZ PP		5%KCL - 5%CALSEAL - 6#GILSONITE - .5%HALAD-322 -	7.43	1.62	13.20
3	25	60/50 POZ PP		5%KCL - 5%CALSEAL - 6#GILSONITE - .5%HALAD-322 -	7.43	1.62	13.20
4							

Summary

Circulating Breakdown	Displacement	Preflush: BBI	10.00	Type: WATER
Lost Returns	MAXIMUM	Load & Bkdn: Gal - BBI		Pad:Bbl -Gal
Cmt Rtn#Bbl	Actual TOC	Excess /Return BBI		Calc. Disp Bbl 134
Average	Frac. Gradient	Calc. TOC:		Actual Disp. 134
Shut In: Instant	5 Min. 15 Min.	Treatment Gal - BBI		Disp:Bbl
		Cement Slurry BBI	65.0	
		Total Volume BBI	209.00	

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

THE INFORMATION STATED HEREIN IS CORRECT
 CUSTOMER REPRESENTATIVE _____
Kenny Parks
 SIGNATURE

