

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- J&A

Operator Contact Person: SHAWN YOUNG

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 PBD
 Commingled Docket No. _____
 Dual Completion Docket No. _____
 Other (SWD or Inj?) Docket No. _____

9-17-2000 9-20-2000 9-20-2000
Spud Date Date Reached TD Completion Date

API NO. 15- 189-22351 0000

County STEVENS

 - - NW - SW Sec. 33 Twp. 31S Rge. 38 E
 X W

1980 Feet from X, (5) (circle one) Line of Section

660 Feet from X, (4) (circle one) Line of Section

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

Lease Name CAVNER "A" Well # 5

Field Name YOUNGGREN NE EXT.

Producing Formation NONE

Elevation: Ground 3160.7 KB _____

Total Depth 1401 PBD 0

Amount of Surface Pipe Set and Cemented at NONE 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 P&A KGR 7/16/07
(Data must be collected from the Reserve Pit)

Chloride content NA ppm Fluid volume 400 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. _____

RECEIVED
STATE CORPORATION COMMISSION
NOV 6 2000
Wichita, Kansas
CONSERVATION DIVISION

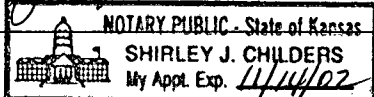
INSTRUCTIONS: An original and two copies of this form shall be filed with the Kansas Corporation Commission, 130 S. Market - Room 2078, Wichita, Kansas 67202, within 120 days of the spud date, recompletion, workover or conversion of a well. Rule 82-3-130, 82-3-106 and 82-3-107 apply. Information on side 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 ENGINEERING TECHNICIAN III Date 11-2-2000

Subscribed and sworn to before me this 2nd day of November 2000.

Notary Public Shirley Childers
Date Commission Expires _____



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)

Operator Name ANADARKO PETROLEUM CORPORATION Lease Name CAVNER "A" Well # 5

Sec. 33 Twp. 31 Rge. 38 East County STEVENS
 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 (Attach Additional Sheets.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Samples Sent to Geological Survey <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Electric Log Run (Submit Copy.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No List All E.Logs Run: NONE. | <input checked="" type="checkbox"/> Log Formation (Top), Depth and Datums <input type="checkbox"/> Sample Name Top Datum NONE |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|

| 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" | | | NONE - J&A HOLE @ 1401' | | DUE TO LOSS | CIRCULATION. |
| | | | | | | | |
| | | | | | | | |

| ADDITIONAL CEMENTING/SQUEEZE RECORD | | | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|--------|----------------|-------------|----------------------------|
| Purpose: <input type="checkbox"/> Perforate <input type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> 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 |
|-----------------------------------|-----------|---------|-------------|---------------|---------|

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-J&A