



KANSAS CORPORATION COMMISSION 1052547
OIL & GAS CONSERVATION DIVISION

Form ACO-1
June 2009

Form Must Be Typed
Form must be Signed
All blanks must be Filled

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # 4549
Name: Anadarko Petroleum Corporation
Address 1: PO Box 1330
Address 2: _____
City: HOUSTON State: TX Zip: 77251 + 1300
Contact Person: Joyce Martens
Phone: (832) 636-7978
CONTRACTOR: License # 32564
Name: Best Well Service, Inc.
Wellsite Geologist: Claude Cerecero
Purchaser: Anadarko Energy Services Company

Designate Type of Completion:
 New Well Re-Entry Workover
 Oil WSW SWD SIOW
 Gas D&A ENHR SIGW
 OG GSW Temp. Abd.
 CM (Coal Bed Methane)
 Cathodic Other (Core, Expl., etc.): _____

If Workover/Re-entry: Old Well Info as follows:
Operator: Anadarko Petroleum Corporation
Well Name: Flower "A"
Original Comp. Date: 01/04/1995 Original Total Depth: 3005
 Deepening Re-perf. Conv. to ENHR Conv. to SWD
 Conv. to GSW
 Plug Back: _____ Plug Back Total Depth _____
 Commingled Permit #: _____
 Dual Completion Permit #: _____
 SWD Permit #: _____
 ENHR Permit #: _____
 GSW Permit #: _____
09/23/2010 01/04/1995 09/23/2010
Spud Date or Date Reached TD Completion Date or Recompletion Date

API No. 15 - 15-189-21857-00-02
Spot Description: _____
E2 E2 W2 SW Sec. 25 Twp. 31 S. R. 38 East West
1,320 Feet from North / South Line of Section
1,250 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Stevens
Lease Name: FLOWER A Well #: 1
Field Name: HUGOTON/PANOMA
Producing Formation: CHASE/COUNCIL GROVE
Elevation: Ground: 3145 Kelly Bushing: 3139
Total Depth: 3005 Plug Back Total Depth: 3005
Amount of Surface Pipe Set and Cemented at: 2433 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: _____ ppm Fluid volume: _____ bbls
Dewatering method used: _____
Location of fluid disposal if hauled offsite: _____
Operator Name: _____
Lease Name: _____ License #: _____
Quarter _____ Sec. _____ Twp. _____ S. R. _____ East West
County: _____ Permit #: _____

AFFIDAVIT

I am the affiant and I hereby certify that 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.

Submitted Electronically

KCC Office Use ONLY

Letter of Confidentiality Received
Date: _____
 Confidential Release Date: _____
 Wireline Log Received
 Geologist Report Received
 UIC Distribution
ALT I II III Approved by: Deanna Garrison Date: 03/22/2011



1052547

Operator Name: Anadarko Petroleum Corporation Lease Name: FLOWER A Well #: 1
 Sec. 25 Twp. 31 S. R. 38 East West County: Stevens

INSTRUCTIONS: Show important tops and base of formations penetrated. Detail all cores. Report all final copies of drill stems 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 test, along with final chart(s). Attach extra sheet if more space is needed. Attach complete copy of all Electric Wire-line Logs surveyed. Attach final geological well site report.

Drill Stem Tests Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(Attach Additional Sheets)</i> 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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Electric Log Submitted Electronically <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(If no, Submit Copy)</i> List All E. Logs Run:	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:70%;">Name</td> <td style="width:15%;">Top</td> <td style="width:15%;">Datum</td> </tr> <tr> <td>B/CIMMARRON ANHYDRITE</td> <td>1735</td> <td></td> </tr> <tr> <td>WEILLINGTON</td> <td>2190</td> <td></td> </tr> <tr> <td>CHASE</td> <td>2455</td> <td></td> </tr> <tr> <td>COUNCIL GROVE</td> <td>2790</td> <td></td> </tr> </table>	Name	Top	Datum	B/CIMMARRON ANHYDRITE	1735		WEILLINGTON	2190		CHASE	2455		COUNCIL GROVE	2790	
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WEILLINGTON	2190															
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CASING RECORD <input type="checkbox"/> New <input checked="" 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	12.250	8.625	24	2433	CLASS H	150	2%CC1/4#/SX FLC
PRODUCTION	7.875	5.500	15.5	3005	CLASS H	215	10#SX Microbnd

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 <i>(Amount and Kind of Material Used)</i>	Depth
Attached	Attached	Attached	Attached

TUBING RECORD: Size: <u>2.375</u> Set At: <u>2900</u> Packer At: _____		Liner Run: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Date of First, Resumed Production, SWD or ENHR. <u>10/08/2010</u>		Producing Method: <input type="checkbox"/> Flowing <input checked="" type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain) _____	
Estimated Production Per 24 Hours	Oil Bbls. <u>0</u>	Gas Mcf <u>375</u>	Water Bbls. <u>0</u>
Gas-Oil Ratio		Gravity	

DISPOSITION OF GAS: <input type="checkbox"/> Vented <input checked="" type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input checked="" type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <i>(Submit ACO-5)</i> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: <u>2507 - 2896</u>
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Form	ACO1 - Well Completion
Operator	Anadarko Petroleum Corporation
Well Name	FLOWER A 1
Doc ID	1052547

Perforations

Shots Per Foot	Perforation Record	Material Record	Depth
18	6	Frac w/72,639 gals 20# x-linked 0.5% kcl	2890 - 2896
18	6	120,000# 12/20 snd mp 628 AP 410	2866 - 2872
9	3	MR BPM ISDP 0 BLTR 1730	2812 - 2815
20	10	Frac w/139,776 gals 25# .5% kcl	2674 - 2684
20	10	300,000# 12/20 Snd MP 610	2640 - 2650
12	6	AP 4400 MR 64 BPM AR 63 BPM	2575 - 2581
12	6	ISDP 540, ISIP 100	2507 - 2513