

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: KANSAS GAS SUPPLY

Operator Contact Person: DAVID W. KAPPLF

Phone (316) 624-6253

Contractor: Name: DUKE DRILLING

License: 5929

Wellsite Geologist: JIM MUSGROVE

Designate Type of Completion
 New Well Re-Entry Workover

Oil SWD SIOW 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 PBDT
 Commingled Docket No. _____
 Dual Completion Docket No. _____
 Other (SWD or Inj?) Docket No. _____

4-1-97 4-9-97 5-1-97
Spud Date Date Reached TD Completion Date

API NO. 15- 033-20926 - 0000

County COMANCHE

- N/2 - N/2 - NW Sec. 24 Twp. 31 Rge. 18 E W

330 Feet from (circle one) Line of Section

1320 Feet from (circle one) Line of Section

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

Lease Name PYLE "C" Well # 1

Field Name WILMORE

Producing Formation MISSISSIPPI

Elevation: Ground 2058.8 KB _____

Total Depth 5105 PBDT 5034

Amount of Surface Pipe Set and Cemented at 504 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 ALT 1 JH 9-3-97
(Data must be collected from the Reserve Pit)

Chloride content 5100 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. _____

RECEIVED
KANSAS CORP COM
6-6-97
1017
-5 D

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
L. MARC HARVEY

Title DRILLING TECHNICAL ASSISTANT Date 6-4-97

Subscribed and sworn to before me this 4th day of June 19 97.

Notary Public Freda L. Hinz

Date Commission Expires _____

FREDA L. HINZ
Notary Public - State of Kansas
My Appt. 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)

Operator Name ANADARKO PETROLEUM CORPORATION Lease Name PYLE "C" Well # 1

Sec. 24 Twp. 31S Rge. 18 East County COMANCHE
 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 Yes No
 (Attach Additional Sheets.)

Samples Sent to Geological Survey Yes No

Cores Taken Yes No

Electric Log Run Yes No
 (Submit Copy.)

List All E.Logs Run: SBT-CCL-GR, DIL, CNL-LDT-ML, SONIC, GR-CAL.

<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datums <input type="checkbox"/> Sample		
Name	Top	Datum
CHASE	2486	
COUNCIL GROVE	2814	
ADMIRE	3298	
WABAUNSEE	3444	
TOPEKA	3690	
HEEBNER	4158	
LANSING	4346	
B/KANSAS CITY	4770	
MARMATON	4844	
CHEROKEE	4920	
MISSISSIPPI	4974	

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
CONDUCTOR	24"	20"	94.0	50	UNKNOWN	UNKNOWN	UNKNOWN
SURFACE	12 1/4"	8 5/8"	23.0	504	STD MIDCON/ STD MIDCON.	110/115	3%CC, 1/4#SK FLC/ 2%CC, 1/4#SK FLC.
PRODUCTION	7 7/8"	5 1/2"	15.5	5097	VERSASET	100	.6% HALAD 322, 5% KCL, .75% VERSASET, 1/4#SK FLC.

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	
		Amount	Depth
3	4980-5002	NONE	

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. 5-9-97 Producing Method Flowing Pumping Gas Lift Other (Explain)

Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
		484	0		

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 4980-5002'



JOB SUMMARY 4239-1

15-033-20926-0000

TICKET # 104969

TICKET DATE 9-1-97

REGIO: North America	NW/COUNTRY: MED CONTINENT	BDA / STATE: NJ	COUNTY: Comanche
MBUID / EMP #: 20509 61622	EMPLOYEE NAME: Todd A. Sobko	PSL DEPARTMENT: STJM	ORIGINAL
LOCATION: DEPT	COMPANY: Hurdarke Pet Corp	CUSTOMER REP / PHONE: STEVE	
TICKET AMOUNT:	WELL TYPE: 01 OSL	API / UWI #:	
WELL LOCATION: W Walmart K1	DEPARTMENT: CMT	JOB PURPOSE CODE: 010	
LEASE / WELL #: PUE C/1	SEC / TWP / RNG: 29-31S-13W		

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
T Sobko 61622	C Bakula C 9997	B Johnson B 9726	

HES UNIT NUMBERS	R/T MILES	HES UNIT NUMBERS	R/T MILES	HES UNIT NUMBERS	R/T MILES	HES UNIT NUMBERS	R/T MILES
38923 PU	100						
52309 PTEK	100						
52533 BUK	100						

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

DATE	CALLED OUT	ON LOCATION	JOB STARTED	JOB COMPLETED
4-1-97	08:30	4-1-97	4-1-97	4-2-97
			22:30	2:30

TOOLS AND ACCESSORIES

TYPE AND SIZE	QTY	MAKE
Float-Collar 1 1/2 CT	1	H.E.S.
Float Shoe FILL	1	H.E.S.
Guide-Shoe TEXOSP	1	H.E.S.
Centralizers	4	H.E.S.
Bottom Plug		
Top Plug 3 1/2 SW	1	H.E.S.
Head		
Packer		
Other		

WELL DATA

NEW/USED	WEIGHT	SIZE	FROM	TO	MAX ALLOW
Casing	N	23"	8 3/8	KB	503
Liner					
Liner					
Tbg/D.P.					
Tbg/D.P.					
Open Hole					
Perforations					
Perforations					
Perforations					

TIE 2911 4 Dsg 130 SHOTS/FT.

MATERIALS

Treat Fluid	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	
4-1-97		4-1-97	5	1997-09-01 1997-09-01 1997-09-01 1997-09-01 1997-09-01 1997-09-01 1997-09-01 1997-09-01 1997-09-01 1997-09-01 1997-09-01
TOTAL		TOTAL		

HYDRAULIC HORSEPOWER
 Avail. _____ Used 30
 AVERAGE RATES IN BPM
 Disp. _____ Overall _____
 CEMENT LEFT IN PIPE
 Reason _____

CEMENT DATA

STAGE	SACKS	CEMENT	BULK/SKS	ADDITIVES	YIELD	LBS/GAL
1	110	MIDWAT	B	3% C.C. 1/4" Floccle	2.91	11.4
2	115	MIDWAT	B	2% C.C. 1/4" Floccle	1.18	15.6

Circulating _____	Displacement _____	Preflush: Gal - BBI _____	Type _____
Breakdown _____	Maximum _____	Load & Bkdn: Gal - BBI _____	Pad: BBI - Gal _____
Average _____	Frac Gradient _____	Treatment Gal - BBI _____	Disp: BBI - Gal 30.5
Shut In: Instant _____	5 Min _____ 15 Min _____	Cement Slurr Gal - BBI 57.4 24	
		Total Volume Gal - BBI 81	

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

THE INFORMATION STATED HEREIN IS CORRECT

CUSTOMER'S REPRESENTATIVE SIGNATURE: *Steve Kidenour*



15-033-20926-0000
JOB SUMMARY 4239-1

TICKET #	219089	TICKET DATE	4-10-97
BDA / STATE	MS.	COUNTY	WILKINSON
PSL DEPARTMENT	CEMENT		
CUSTOMER REP / PHONE	E. J. STUCK		
API / UWI #	15033209260000		
JOB PURPOSE CODE	035 ORIGINAL		

REGION	North America	NWA/COUNTRY	MSD (POD), USA
MBU ID / EMP #	C8500	EMPLOYEE NAME	BEVIN GORDLEY
LOCATION	PRATT, MS.	COMPANY	HANDBOOK PET. CORP.
TICKET AMOUNT	2695.84	WELL TYPE	02
WELL LOCATION	WILKINSON, MS	DEPARTMENT	CEMENT
LEASE / WELL #	C-1 PVLE	SEC / TWP / RNG	14-315-18W

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
R. GORDLEY C8500		R. PRATT H4784		C. MESSER H5314			

HES UNIT NUMBERS	R/T MILES	HES UNIT NUMBERS	R/T MILES	HES UNIT NUMBERS	R/T MILES	HES UNIT NUMBERS	R/T MILES
40083	110	51936	110	5234-5621	110		

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

TOOLS AND ACCESSORIES

TYPE AND SIZE	QTY	MAKE
Float Collar INSERT	1	HOWELL
Float Shoe FILL-UP	1	
Guide Shoe	1	
Centralizers	4	
Bottom Plug		
Top Plug	1	
Head MANUS.	1	
Packer		
Other		

MATERIALS

Treat Fluid	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	
Perpac Balls	Qty.	
Other		
Other		
Other		
Other		

DATE	CALLED OUT	ON LOCATION	JOB STARTED	JOB COMPLETED
	4-10 0830	4-10 1130	4-10 1730	4-10 1930

WELL DATA

	NEW/USED	WEIGHT	SIZE	FROM	TO	MAX ALLOW
Casing	N	1572	572	MS	5091	
Liner						
Liner	MARKER	SOLING	H7	4842		
Tbg/D.P.						
Tbg/D.P.						
Open Hole			77/8	5097	5100	SHOTS/FT.
Perforations						
Perforations						
Perforations						

HOURS ON LOCATION		OPERATING HOURS		DESCRIPTION OF JOB
DATE	HOURS	DATE	HOURS	
				MANUS. IS CORRECT RECEIVED 4-10-97 12:30 PM
TOTAL		TOTAL		

HYDRAULIC HORSEPOWER _____
 Avail. _____ Used _____
 AVERAGE RATES IN BPM _____
 Disp. _____ Overall _____
 CEMENT LEFT IN PIPE _____
 Reason _____

CEMENT DATA

STAGE	SACKS	CEMENT	BULK/SKS	ADDITIVES	YIELD	LBS/GAL
	100	SHAWMUT D	D	6% H-322, 5% KCL, 75% UBERSAET, 1/4 #152 FLOSOLE	1141	14.5
	25	SHAWMUT B	B	PLUG BALL HOLE & WIPERS HOLE		

Circulating	Displacement	Preflush:	Gal - BBI	10	Type	SHAWMUT
Breakdown	Maximum	Load & Bkdn:	Gal - BBI		Pad:	BBI - Gal
Average	Frac Gradient	Treatment	Gal - BBI		Disp:	BBI - Gal
Shut In: Instant	5 Min	Cement Slurr	Gal - BBI	25		
	15 Min	Total Volume	Gal - BBI			

Frac Ring #1 _____ Frac Ring #2 _____ Frac Ring #3 _____ Frac Ring #4 _____
 THE INFORMATION STATED HEREIN IS CORRECT
 CUSTOMER'S REPRESENTATIVE SIGNATURE _____

JOB LOG 4239-5

TICKET #	TICKET DATE
BOA / STATE	COUNTY
PSL DEPARTMENT	
CUSTOMER REP / PHONE	
API / UWI #	
JOB PURPOSE CODE	

ORIGINAL

REGION North America	NWA/COUNTRY
MBU ID / EMP #	EMPLOYEE NAME
LOCATION	COMPANY
TICKET AMOUNT	WELL TYPE
WELL LOCATION	DEPARTMENT
LEASE / WELL #	SEC / TWP / RNG

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

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL/GAL)	PUMPS		PRESS. (psi)		JOB DESCRIPTION / REMARKS
				T	C	Tbg	Csg	
1	0830 1130 1500							<p>CALLER OUI OIL REFORMATION PUMP TRUCK ON CREATION</p> <p>TO-5100 PUMP 4097.23' OF 512 1512" MISCELLANEOUS PUMP (MISCELLANEOUS) INSURE FLOW 114 15' PUMP (MISCELLANEOUS) 2700 RPM OIL PUMP 1-2-3-4-5 8-11-14-16. 34.00 2-4-5 ARE CONTROLLED WITH RECTA SWITCHES SHUT DOWN IS 35.07 MISCELLANEOUS PUMP AT 4802</p>
	1630							<p>CRACKING ON BOTTOM DEPT BULL PUMP TRUCK WITH MISC PUMP RECTA PUMP ON STATION</p>
	1730							<p>NOOD OF PUMP TO PUMP</p>
	1730	6	8	-		350		<p>PUMP 8 bbl H₂O</p>
		6	10			350		<p>PUMP 10 bbl SUP. PUMP</p>
		6	8			300		<p>PUMP 8 bbl H₂O</p>
	1740	6	0			300		<p>START MIX & PUMP (100 GNS STANDARD WITH 26% H₂O, 54% H₂O, 75% DENSITY, 1/4 H₂O PUMP)</p>
	1745	6	25			200		<p>F202511 MIX (PUMP) SHUT DOWN PUMP OUT LINE & PUMP PUMP</p>
	1748	8	0			200		<p>START PUMP</p>
		8	100			400		<p>DIFFERENTIAL PUMP</p>
		4	115			600		<p>SLOW RATE</p>
	1800	4	120 1/2			1200		<p>PUMP DOWN PUMP - PUMP HORIZ PUMP - PUMP HORIZ</p>
	25	8	STANDARD					<p>PUMP PUMP & PUMP PUMP UP - PUMP UP PUMP PUMP PUMP - PUMP PUMP</p>
	1930							<p>PUMP - PUMP PUMP PUMP - PUMP PUMP</p>

ANALYSIS RECEIVED
 1977 JUN 16
 6:00 AM
 36