

STATE CORPORATION COMMISSION OF KANSAS
OIL & GAS CONSERVATION DIVISION
WELL COMPLETION FORM
ACO-1 WELL HISTORY
DESCRIPTION OF WELL AND LEASE

API NO. 15- 189-21,762-0000

County ORIGINAL Stevens

W/2 SE Sec. 3 Twp. 33S Rge. 38 X E

Operator: License # 4549

1320 Feet from ⊙ (circle one) Line of Section

Name: Anadarko Petroleum Corporation

~~1470~~ 1320 ^{KCC} Feet from ⊙ (circle one) Line of Section

Address P.O. Box 351

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

City/State/Zip Liberal, KS 67905-0351

Lease Name Guyer "C" Well # 1*

Purchaser: None

Field Name Gentzler

Operator Contact Person: J. L. Ashton

Producing Formation None

Phone (316) 624-6253

Elevation: Ground 3157.8 KB -

Contractor: Name: Gabbert-Jones, Inc.

Total Depth 1706' PBSD 4'

License: 5842

Amount of Surface Pipe Set and Cemented at 45 Feet

Wellsite Geologist: NA

Multiple Stage Cementing Collar Used? Yes X No

Designate Type of Completion

If yes, show depth set _____ Feet

X New Well _____ Re-Entry _____ Workover

If Alternate II completion, cement circulated from _____

_____ Oil _____ SWD _____ SIOW _____ Temp. Abd.

feet depth to _____ w/ _____ sx cnt.

_____ Gas _____ ENHR _____ SIGW

X Dry _____ Other (Core, WSW, Expl., Cathodic, etc)

Drilling Fluid Management Plan LOST HOLE J 21 12-14-94
(Data must be collected from the Reserve Pit)

If Workover/Re-Entry: old well info as follows:

Chloride content 400 ppm Fluid volume 5000 bbls

Operator: _____

Dewatering method used natural evaporation

Well Name: _____

Location of fluid disposal if hauled offsite: _____

Comp. Date _____ Old Total Depth _____

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

_____ Plug Back _____ PBSD

_____ Commingled _____ Docket No. _____

_____ Dual Completion _____ Docket No. _____

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

Operator Name _____

Lease Name _____ License No. _____

_____ Quarter _____ Sec. _____ Twp. _____ S Rng. _____ E/W

7-26-94 7-28-94 7-29-94

Spud Date _____ Date Reached TD _____ Completion Date _____

County _____ Docket No. _____

*Skid Rig 1245 FSL & 1470 FEL, Guyer "C" #1A

INSTRUCTIONS: An original and two copies of this form shall be filed with the Kansas Corporation Commission, 200 Colorado Derby Building, 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 complied with and the statements herein are complete and correct to the best of my knowledge. STATE CORPORATION COMMISSION

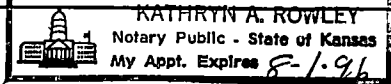
Signature Leslie I. Barnes

Title Sr. Technical Assistant Date 8/11/94

Subscribed and sworn to before me this 11th day of August, 19 94.

Notary Public Kathryn A. Rowley

Date Commission Expires 8-1-96



K.C.C. OFFICE USE **AUG 15 1994**
F _____ Letter of Confidentiality Attached
C _____ Wireline Log Received
C _____ Geologist Report Received
CONSERVATION DIVISION
WICHITA, KANSAS
Distribution
 KCC _____ SWD/Rep _____ NGPA
 KGS _____ Plug _____ Other
(Specify)

Operator Name Anadarko Petroleum Corporation Lease Name Guyer "C" Well # 1

Sec. 3 Twp. 33S Rge. 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 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.)

Log Formation (Top), Depth and Datums Sample

Name Top Datum

NOT APPLICABLE

List All E.Logs Run:

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	24	45	Class "H"	15	-

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 (Amount and Kind of Material Used)	Depth
	None		

TUBING RECORD Size None Set At Packer At Liner Run Yes No

Date of First, Resumed Production, SWD or Inj. Drilled & Abandoned Producing Method Flowing Pumping Gas Lift Other (Explain)

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

Disposition of Gas: None

Vented Sold Used on Lease (If vented, submit ACO-18.)

METHOD OF COMPLETION

Open Hole Perf. Dually Comp. Commingled Other (Specify)

Production Interval

Schlumberger

Dowell

DOWELL SCHLUMBERGER INCORPORATED

TREATMENT NUMBER 03-12-6344 DATE 7/28/94
 STAGE DS DISTRICT ULYSSES, KS

DS-498-A PRINTED IN U.S.A.

WELL NAME AND NO. GUYER C-1 LOCATION (LEGAL) SEC 3-33S-38W RIG NAME: GABERT R JONES #12
 FIELD POOL FORMATION WELL DATA: BIT SIZE 12 1/4 CSG/Uner Size TOTAL DEPTH 1706 WEIGHT
 COUNTY/PARISH STEPHENS STATE KS API. NO. MUD TYPE GRADE ORIGINAL
 NAME ANADARKO PET. CORP. MUD DENSITY LESS FOOTAGE SHOE JOINT(S) TOTAL
 AND MUD VISC. Disp. Capacity
 NOTE: Include Footage From Ground Level To Head In Disp. Capacity

ADDRESS ZIP CODE
 SPECIAL INSTRUCTIONS
 IS CASING/TUBING SECURED? YES NO
 LIFT PRESSURE PSI CASING WEIGHT - SURFACE AREA (3.14 x R²)
 PRESSURE LIMIT PSI BUMP PLUG TO PSI
 ROTATE RPM RECIPROCATE FT No. of Centralizers
 Head & Plugs TBG O.D.P. SQUEEZE JOB
 Double SIZE 4 1/2 TOOL TYPE
 Single WEIGHT 16.6 # DEPTH
 Swage GRADE TAIL PIPE: SIZE DEPTH
 Knockoff THREAD TUBING VOLUME
 TOP OR OW NEW USED CASING VOL BELOW TOOL Bbls
 BOT OR OW DEPTH TOTAL Bbls
 ANNUAL VOLUME Bbls

TIME	PRESSURE		VOLUME PUMPED bbl		JOB SCHEDULED FOR			ARRIVE ON LOCATION		LEFT LOCATION	
	TBG OR O.P.	CASING	INCREMENT	CUM	TIME	DATE	TIME	DATE	TIME	DATE	
0001 to 2400											
21:26											
21:28	1800		10		3.0	H ₂ O	8-3				
21:30	0										
21:32	1200		2.2		1.0	H ₂ O	8-3				
21:33	0										
21:34	1900		2.8		1.0	H ₂ O	8-3				
21:35											
22:06	0		5		3.5	H ₂ O	8-3				
22:30	100		10		5.0	H ₂ O	8-3				
22:32	210		11.5		5.0	CR	14.2				
22:34	200		1.5		5.0	H ₂ O	8-3				
22:35	60		10.5		5.0	Mud	9-3				
22:37	0										

REMARKS

SYSTEM CODE	NO. OF SACKS	YIELD CU. FT/SK	COMPOSITION OF GEMENTING SYSTEMS				SLURRY MIXED	
							BBLs	DENSITY
1.	190	1.26	50/50	dash H	Per	42.6	14.2	
2.								
3.								
4.								
5.								
6.								

RECEIVED STATE CORPORATION COMMISSION

AUG 15 1994

BREAKDOWN FLUID TYPE VOLUME DENSITY PRESSURE MAX.
 HESITATION SQ. RUNNING SQ. CIRCULATION LOST YES NO Cement Circulated To Surf. YES NO
 BREAKDOWN PSI FINAL PSI DISPLACEMENT VOL. Bbls TYPE OF WELL OIL GAS STORAGE INJECTION
 Shed Thru Peris YES NO TO FT. MEASURED DISPLACEMENT WIRELINE
 OPERATIONS CUSTOMER REPRESENTATIVE DS SUPERVISOR
 TO TO TOMASO CECALINI

Schlumberger

Dowell

DOWELL SCHLUMBERGER INCORPORATED

TREATMENT NUMBER 0312-6344	DATE 7/28/94
STAGE DS	DISTRICT ULYSSES, KS

DS-456-A PRINTED IN U.S.A.

WELL NAME AND NO. GUYER C-1	LOCATION (LEGAL) SEC 3 - 335 - 38 W	RIG NAME: GARBERT R JONES # 12
FIELD POOL	FORMATION	WELL DATA: BIT SIZE 12 1/4 CSG/Liner Size
COUNTY/PARISH STEPHENS	STATE KS	TOTAL DEPTH WEIGHT
NAME ANADARKO PET. CORP.	API. NO.	FOOTAGE
AND		MUD TYPE GRADE ORIGINAL
ADDRESS		THREAD
		MUD DENSITY LESS FOOTAGE SHOE JOINT(S)
		MUD VISC. Disp. Capacity

SPECIAL INSTRUCTIONS	NOTE: Include Footage From Ground Level To Head In Disp. Capacity																				
	<table border="1"> <tr> <th>Final</th> <th>TYPE</th> <th>DEPTH</th> <th>Stage Tool</th> <th>TYPE</th> <th>DEPTH</th> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>	Final	TYPE	DEPTH	Stage Tool	TYPE	DEPTH														
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IS CASING/TUBING SECURED? <input type="checkbox"/> YES <input type="checkbox"/> NO	<table border="1"> <tr> <th>TOP OR OW</th> <th>NEW</th> <th>USED</th> <th>CASING VOL. BELOW TOOL</th> <th>Bbls</th> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td></td> <td></td> </tr> </table>	TOP OR OW	NEW	USED	CASING VOL. BELOW TOOL	Bbls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>												
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																			
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BOT OR OW	DEPTH	TOTAL	Bbls																		
<input type="checkbox"/>																					
PRESSURE UNIT PSI	BUMP PLUG TO PSI	ANNUAL VOLUME	Bbls																		
ROTATE RPM	RECIPROCATATE FT	No. of Controllers																			

TIME	PRESSURE		VOLUME PUMPED BBL		JOB SCHEDULED FOR			ARRIVE ON LOCATION		LEFT LOCATION	
	TBG OR D.P.	CASING	INCREMENT	CUM	TIME	DATE	TIME	DATE	TIME	DATE	
0001 to 2400											
22:55	90		10		5-0	H ₂ O	8-3	7/28/94	0230	7-29-94	
22:58	130		11.2		5.0	CMT	14.2				
23:00	60		1.5		5.0	H ₂ O	8-3				
23:01	50		5.6		5.0	MUD					
23:02	0										
23:19	70		10		5.0	H ₂ O	8-3				
23:21	110		10.5		5.0	CMT	14.2				
23:23	50		1.5		5.0	H ₂ O	8-3				
23:24	50		1.6		5.0	MUD					
00:19	50		19.5		3-1	CMT	14.2				
00:26	0										

REMARKS

SYSTEM CODE	NO. OF SACS	YIELD CU. FT/SK	COMPOSITION OF CEMENTING SYSTEMS				SLURRY MIXED	
			50/50	Cement #/102	BBLs	DENSITY		
1.	190	1.26	50/50	Cement #/102	42.6	14.2		
2.								
3.								
4.								
5.								
6.								

BREAKDOWN FLUID TYPE	VOLUME	DENSITY	PRESSURE	MAX.
<input type="checkbox"/> HESITATION SQ.	<input type="checkbox"/> RUNNING SQ.	<input type="checkbox"/> YES <input type="checkbox"/> NO	Cement Circulated To Surf.	<input type="checkbox"/> YES <input type="checkbox"/> NO
BREAKDOWN PSI	FINAL PSI	DISPLACEMENT VOL. Bbls	TYPE OF WELL	CONSERVATION DIVISION
Washed Thru Ports <input type="checkbox"/> YES <input type="checkbox"/> NO	TO FT.	MEASURED DISPLACEMENT <input type="checkbox"/>	<input type="checkbox"/> OIL <input type="checkbox"/> GAS <input type="checkbox"/> STORAGE <input type="checkbox"/> INJECTION	DRIVE WATER <input type="checkbox"/> WILDACHTA, KANSAS
PERFORATIONS	CUSTOMER REPRESENTATIVE	DS	SUPERVISOR	

P.O. BOX 4378 HOUSTON, TEXAS 77210

OILFIELD SERVICES

DSI SERVICE ORDER RECEIPT AND INVOICE NO.

DSI SERVICE LOCATION NAME AND NUMBER

Ulysses, Ks 03-12

03-12-6344

CUSTOMER NUMBER

CUSTOMER P.O. NUMBER

TYPE SERVICE CODE

BUSINESS CODES

CUSTOMER'S NAME
ADDRESS

ANADARKO PET. CORP.

WORKOVER
NEW WELL
OTHER

W
 N

API OR IC NUMBER

IMPORTANT
SEE OTHER SIDE FOR TERMS & CONDITIONS

ARRIVE LOCATION *7 28 94 18:30*

SERVICE ORDER I authorize work to begin per service instructions in accordance with terms and conditions printed on the reverse side of this form and/or attached to this form and represent that I have authority to accept and sign this order.

SIGNATURE OF CUSTOMER OR AUTHORIZED REPRESENTATIVE

[Signature]

JOB COMPLETION *7 29 94 0100*

SERVICE RECEIPT I certify that the materials and services listed were received and all services performed in a workmanlike manner.

SIGNATURE OF CUSTOMER OR AUTHORIZED REPRESENTATIVE

[Signature]

STATE CODE COUNTY / PARISH CODE CITY

Ks. Steeple

WELL NAME AND NUMBER / JOB SITE

GUYER C-1

LOCATION AND POOL / PLANT ADDRESS

Sec. 3-335-38w

SHIPPED VIA

Dowell

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
059200-002	mileage	mi.	35	2.95	103.25
259697-000	PAGE chg	EA	1	159.00	159.00
102872-010	PUMP chg	EA	1	840.00	840.00 850.00
249102-000	hauling 15960	Today	279	1.00	279.00
049100-000	secure chg	ruft	190	1.36	258.40
04006-000	090.4 class H	SK	95	8.32	790.40
045008-000	D35 tires	SK	95	4.39	417.05

Thanks for using Dowell
2857.10

SUB TOTAL

Field exp. 2,847.10 2142.82

LICENSE/REIMBURSEMENT FEE

LICENSE/REIMBURSEMENT FEE

REMARKS:

STATE

% TAX ON \$

COUNTY

% TAX ON \$

CITY

% TAX ON \$

SIGNATURE OF DSI REPRESENTATIVE

TOTAL \$

Jenna Enguinel

2142.82

DOWELL SCHLUMBERGER INCORPORATED

P.O. BOX 4378 HOUSTON, TEXAS 77210

ORIGINAL

New Ticket
OILFIELD SERVICES

DSI SERVICE ORDER
RECEIPT AND INVOICE NO.
0312 - 6337

DSI SERVICE LOCATION NAME AND NUMBER
ULYSSES, KS 03-12

CUSTOMER NUMBER CUSTOMER P.O. NUMBER TYPE SERVICE CODE BUSINESS CODES
271

CUSTOMER'S NAME
ADDRESS

Anadarko

ORIGINAL

CITY, STATE AND ZIP CODE

WORKOVER NEW WELL OTHER API OR IC NUMBER

ARRIVE LOCATION MO. DAY YR. TIME
7 27 94 1100

SERVICE ORDER I authorize work to begin per service instructions in accordance with terms and conditions printed on the reverse side of this form and/or attached to this form and represent that I have authority to accept and sign this order.

SIGNATURE OF CUSTOMER OR AUTHORIZED REPRESENTATIVE
[Signature]

JOB COMPLETION MO. DAY YR. TIME
7 28 94 900

SERVICE RECEIPT I certify that the materials and services listed were received and all services performed in a workmanlike manner.

SIGNATURE OF CUSTOMER OR AUTHORIZED REPRESENTATIVE
[Signature]

STATE CODE COUNTY / PARISH CODE CITY
Kansas Stephens

WELL NAME AND NUMBER / JOB SITE LOCATION AND POOL / PLANT ADDRESS SHIPPED VIA
GUYER C-1 SEC 3 - 33 S - 38 W DOWELL

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
059220-002	Roundtrip mileage (1 pump)	mi	3270 ²¹⁰	3.15	651.50 ^{661.50}
049102-000	Hauling 35 miles	TD/mi	36.4123	1.00	1.272.00
049100-000	Service Charge	amt	861.00	1.36	1.171.37
067005-100	Soo1 (Gals)	lb	1.384	0.40	553.60
044003-025	D29 Cellulose Flakes	lb	150	1.77	265.50
045014-050	D20 Bentonite	lb	2.016	0.17	342.72
040015-000	D909 Cons H CRT	amt	500	8.32	4.160.00
045008-000	D35 Integoz 3	amt	300	4.39	1.317.00
059220-001	Incomplete Service Chg (2 pump)	hr	24 ^{hr}	270.00	6,480.00
056011-085	8 5/8" Centralizers	EA	2	82.00	164.00
050101-085	8 1/8" CRT - Guide Shoe	EA	1	280.00	280.00
056008-085	8 7/8" CRT - Basket	EA	1	267.00	267.00
056019-085	8 5/8" Stop ring	EA	1	23.00	23.00
057499-001	Threadlock kit	EA	1	28.00	28.00
053003-085	Insert float with Auto LLO	EA	1	360.00	360.00

SUB TOTAL

17,346.28

FIELD ESTIMATE **17,347.09**

RECEIVED
ATE CORPORATION COMMISSION
11,448.54
AUG 15 1994

LICENSE/REIMBURSEMENT FEE

REMARKS: STATE TAX ON \$ **5962.32** COUNTY TAX ON \$ CITY TAX ON \$ SIGNATURE OF DSI REPRESENTATIVE *[Signature]* TOTAL \$ **11,802.31**

