

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: HUGOTON GATHERING SYSTEM

Operator Contact Person: J. L. ASHTON

Phone (316) 624-6253

Contractor: Name: NORESEMAN DRILLING, INC.

License: 3779

Wellsite Geologist: NA **ORIGINAL**

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

11/16/94 NA 1/5/95
Spud Date Date Reached TD Completion Date

API NO. 15- 189-21,756 000

County STEVENS

SW - SW - NE - SW Sec. 4 Twp. 33S Rge. 38 X W ^E

1390 Feet from S (circle one) Line of Section

1390 Feet from X/W (circle one) Line of Section

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

Lease Name YOUNGGREN "J" Well # 1H

Field Name HUGOTON

Producing Formation CHASE

Elevation: Ground 3174.2 KB 3185.2

Total Depth 3200 PBTD 2880

Amount of Surface Pipe Set and Cemented at 2435 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 OWWD 2-15-96 SK
(Data must be collected from the Reserve Pit)

NOT APPLICABLE
Chloride content _____ ppm Fluid volume _____ bbls

Dewatering method used _____

Location of fluid disposal if hauled offsite: _____

Operator Name _____

Lease Name _____ License No. _____

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

County _____ Docket No. _____

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 fully complied with and the statements herein are complete and correct to the best of my knowledge.

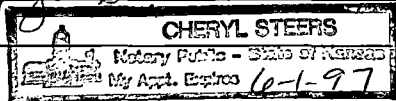
Signature Leslie I. Barnes

Title SR. TECHNICAL ASSISTANT Date 1/10/95

Subscribed and sworn to before me this 10th day of January, 1995.

Notary Public Cheyl Steers

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)

Form ACO-1 (7-91)
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KANSAS CORPORATION COMMISSION

JAN 11 1995

CONSERVATION DIVISION
WICHITA, KS

SIDE TWO

Operator Name ANADARKO PETROLEUM CORPORATION Lease Name YOUNGGREN "J" Well # 1H
 Sec. 4 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 Log Formation (Top), Depth and Datums Sample
 (Attach Additional Sheets.)
 Samples Sent to Geological Survey Yes No Name Top Datum
 Cores Taken Yes No
 Electric Log Run Yes No
 (Submit Copy.)
 List All E.Logs Run:

CASING RECORD		<input type="checkbox"/> New <input type="checkbox"/> Used		ORIGINAL			
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	2435	75/25 POZMIX/ CLASS "H"	1560/150	2%CC, 1/4#SX FLOC 2%CC, 1/4#SX FLOC
PRODUCTION	7 7/8	5 1/2	15.5	3200	CLASS "C"	135	10#/SX MICROBOND, 15%NACL, .6%HALAD, 322, 1/4#/SX FLOC

ADDITIONAL CEMENTING/SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	#Sacks Used	Type and Percent Additives
<input checked="" type="checkbox"/> Perforate <input checked="" type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> Plug Off Zone	2497 - 2498	CLASS "C"	75	SQUEEZE CEMENT *(MISSING INFO ON ORIGINAL FILING)

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	
				ACIDIZE W/1500 GAL 7.5% FEHCL & 70 B.S.
	CIBP @ 2680'			
2	2505-40, 2555-80, 2620-50		ACIDIZE W/3000 GAL 7.5% FEHC. & 200 B.S., FRAC W/ 15,000 GAL 30# BORAGEL IN 2% KCL WTR & 255,000# 12/20 SAND	2505-2650
	DRILL OUT CIBP @ 2680'			

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

Date of First, Resumed Production, SWD or Inj. 1/2/95 Producing Method Flowing Pumping Gas Lift Other (Explain)

Estimated Production Per 24 Hours	Oil -- Bbls.	Gas 943 Mcf	Water -- Bbls.	Gas-Oil Ratio --	Gravity --
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Disposition of Gas: Vented Sold Used on Lease (If vented, submit ACO-18.)

METHOD OF COMPLETION Open Hole Perf. Dually Comp. Commingled 2505-2766 OA

Production Interval Other (Specify) _____



JOB LOG HAL-2013-C

DATE 635481 PAGE NO 1

CUSTOMER *Archie Petroleum* WELL NO. *5-111* LEASE *Yunagan* JOB TYPE *Reconnect/E2-SU* TICKET NO. *635481*

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	IC	TUBING	CASING	
	07:30							Called Out
	07:32							ON location
	08:00							Requested @
	08:00							Rig crew set up rig
	08:30							Logging truck perforate @ 2497'
	08:50							Logging truck set E2-SU @ 2465'
	09:15							Rig up well head to run tubing
	09:32							pick up the guide & string T.D.H
	11:00							String into E2-SU, Pick off head
	11:10	2	4				550	load Annulus
	11:13	1.5	2			200	"	load Tubing
	11:15	2	10			250	"	injection rate
	11:25	2	5			250	"	Circulation thru surface casing
	11:21							Shot down tighten cap on surface head
	11:35	2	5			200	"	Start Mud Flush
	11:38	2	4			200	"	Start water spacer
	11:40	2	19			350	"	Start Cement @ 14.8 lb/gal
	11:46	2	9			200	"	Start water displacement
	11:49						0	Shot down, string out of E2-SU
	11:50	2	15			450	450	Reverse out tubing, 16 1/2 cent Perforated
	11:55					0	0	Shot down, rig down pump truck
	12:10							T.D.H w/ Tubing & string
	1:30:00							O.D.H. Job Complete
								Thanks for Calling Halliburton
								Richard & Crew

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JAN 11 1995

CONSERVATION DIVISION
WICHITA, KS

CUSTOMER



JOB SUMMARY

HALLIBURTON DIVISION
HALLIBURTON LOCATION

Mod. Cement
Liberi

BILLED ON TICKET NO. 635481

WELL DATA

FIELD Hogatan SEC 4 TWP 33S RANG 38W COUNTY Starras STATE KS

FORMATION NAME	TYPE
FORMATION THICKNESS	FROM TO
INITIAL PROD. OIL	BPD WATER BPD GAS MCFD
PRESENT PROD. OIL	BPD WATER BPD GAS MCFD
COMPLETION DATE	MUD TYPE MUD WT
PACKER TYPE	SET AT
BOTTOM HOLE TEMP.	PRESSURE
MISC DATA	TOTAL DEPTH

NEW USED	WEIGHT	SIZE	FROM	TO	MAXIMUM PSI ALLOWABLE
U	15.5	5 1/2	6.6	3146	
U	4.2	2 3/4	6.6	2465	
				2492	4

JOB DATA

CALLED OUT	ON LOCATION	JOB STARTED	JOB COMPLETED
DATE 9-22-94	DATE 9-22-94	DATE 9-22-94	DATE 9-22-94
TIME 04:30	TIME 07:30	TIME 09:30	TIME 13:00

TOOLS AND ACCESSORIES

TYPE AND SIZE	QTY	MAKE
FLOAT COLLAR		
FLOAT SHOE		
GUIDE SHOE		
CENTRALIZERS		
BOTTOM PLUG		
TOP PLUG		
HEAD		
PACKER	F2-SU	MKS

ORIGINAL

MATERIALS

TREAT FLUID	DENSITY	LB/GAL
DISPL FLUID	DENSITY	LB/GAL
PROP. TYPE	SIZE	LB
ACID TYPE	GAL	%
SURFACTANT TYPE	GAL	IN
NE AGENT TYPE	GAL	IN
FLUID LOSS ADD. TYPE	GAL-LB	IN
GELLING AGENT TYPE	GAL-LB	IN
FRIC RED. AGENT TYPE	GAL-LB	IN
BREAKER TYPE	GAL-LB	IN
BLOCKING AGENT TYPE	GAL-LB	IN
PERFPAC BALLS TYPE	QTY	

JAN 1 1995

PERSONNEL AND SERVICE UNITS

NAME	UNIT NO. & TYPE	LOCATION
R Taylor	D4073	93148 Liberl
M Vicky	63435	
D Cash	59179	40025 Liberl
T Payne	48100	52938 Liberl
G McIntyre	63735	5502 Hogatan

DEPARTMENT: Tools/Concrete
DESCRIPTION OF JOB: Record the F2-SU

JOB DONE THRU: TUBING CASING ANNULUS TBG/ANN

CUSTOMER REPRESENTATIVE: X Of (Handwritten signature)

HALLIBURTON OPERATOR: P. Frank COPIES REQUESTED: 2

CEMENT DATA

STAGE	NUMBER OF SACKS	CEMENT	BRAND	BULK SACKED	ADDITIVES	YIELD	MIXED
1	25	Pennsylvania	C	R	10% Celcon	1.95	MK

PRESSURES IN PSI

CIRCULATING	DISPLACEMENT
BREAKDOWN	MAXIMUM
AVERAGE	FRAC TURE GRADIENT
SHUT-IN INSTANT	5-MIN 15-MIN
ORDERED	AVAILABLE USED
TREATING	DISPL OVERALL
FEET	REASON

SUMMARY

PRESLUSH: BBL-GAL	4	TYPE	Mod Thick
LOAD & BKDN: BBL-GAL		PAD: BBL-GAL	
TREATMENT: BBL-GAL		DISPL: BBL-GAL	25
CEMENT SLURRY: BBL-GAL	19.3		
TOTAL VOLUME: BBL-GAL			

REMARKS

See Job log

Writing by a
CUSTOMER
DATE 9-22-94



CHARGE TO: Aradeco Petroleum Corp
 ADDRESS: _____
 CITY, STATE, ZIP CODE: _____

COPY

TICKET

No.

635481 - 0

PAGE 1 OF 1

FORM 1906 R-13

SERVICE LOCATIONS 1. <u>025510</u>	WELL/PROJECT NO. <u>J-11H</u>	LEASE <u>Youngman</u>	COUNTY/PARISH <u>Stensas</u>	STATE <u>MS</u>	CITY/OFFSHORE LOCATION	DATE <u>9-27-94</u>	OWNER <u>Some</u>
2.	TICKET TYPE <input checked="" type="checkbox"/> SERVICE	NITROGEN JOB? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	CONTRACTOR <u>Barclay Inc</u>	RIG NAME/NO.	SHIPPED VIA <u>C.T.</u>	DELIVERED TO <u>Location</u>	ORDER NO.
3.	WELL TYPE	WELL CATEGORY <u>02</u>	JOB PURPOSE <u>195</u>	WELL PERMIT NO.	WELL LOCATION <u>W. Hugates 4-33s-38w</u>		
4. REFERRAL LOCATION	INVOICE INSTRUCTIONS						

PRICE REFERENCE	SECONDARY REFERENCE / PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.		UNIT PRICE		AMOUNT
		LOC	ACCT	DF			U/M			
100-115		1			MILEAGE <u>93148</u>	1	hr	80.00	1.45	116.00
116-216		1			Operator Service Chg	8	hr			355.00
128-546		1			Squeeze Manifold	1	ea	1	Job	270.00
128-401		1			Star Guide	1	ea	1	Job	100.00
1197000	802.310	1			Tubing 11.5 sub	2	ea		35.00	70.00

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JAN 17 1995
OPERATIONS DIVISION
WICHITA, KS

LEGAL TERMS: Customer hereby acknowledges and agrees to the terms and conditions on the reverse side hereof which include, but are not limited to, PAYMENT, RELEASE, INDEMNITY, and LIMITED WARRANTY provisions. CUSTOMER OR CUSTOMER'S AGENT SIGNATURE <input checked="" type="checkbox"/> <u>[Signature]</u> DATE SIGNED _____ TIME SIGNED _____ <input type="checkbox"/> A.M. <input type="checkbox"/> P.M. <input type="checkbox"/> do <input type="checkbox"/> do not require IPC (Instrument Protection). <input type="checkbox"/> Not offered	SUB SURFACE SAFETY VALVE WAS: <input type="checkbox"/> PULLED & RETURN <input type="checkbox"/> PULLED <input type="checkbox"/> RUN	SURVEY AGREE UN-DECIDED DIS-AGREE OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN? WE UNDERSTOOD AND MET YOUR NEEDS? OUR SERVICE WAS PERFORMED WITHOUT DELAY? WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY? ARE YOU SATISFIED WITH OUR SERVICE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> CUSTOMER DID NOT WISH TO RESPOND	PAGE TOTAL FROM CONTINUATION PAGE(S) -25% SUB-TOTAL APPLICABLE TAXES WILL BE ADDED ON INVOICE
	TYPE LOCK _____ DEPTH _____ BEAN SIZE _____ SPACERS _____ TYPE OF EQUALIZING SUB. _____ CASING PRESSURE _____ TUBING SIZE _____ TUBING PRESSURE _____ WELL DEPTH _____ TREE CONNECTION _____ TYPE VALVE _____	911.00 227.25 1083.25	

CUSTOMER ACCEPTANCE OF MATERIALS AND SERVICES The customer hereby acknowledges receipt of the materials and services listed on this ticket.

CUSTOMER OR CUSTOMER'S AGENT (PLEASE PRINT) <u>C.T. Stuck</u>	CUSTOMER OR CUSTOMER'S AGENT (SIGNATURE) <input checked="" type="checkbox"/> <u>[Signature]</u>	HALLIBURTON OPERATOR/ENGINEER <u>[Signature]</u>	EMP # <u>D4033</u>	HALLIBURTON APPROVAL
--	--	---	-----------------------	----------------------

CHARGE TO: Anadarko Petroleum Corp.
 ADDRESS: _____
 CITY, STATE, ZIP CODE: _____

COPY _____

TICKET

 No. **635218 - 1**

PAGE 1 OF _____

FORM 1906 R-13

SERVICE LOCATIONS 1. <u>25540 Lipscomb, Ks</u> 2. <u>25535 Higdon, Ks</u>		WELL/PROJECT NO. <u>J-1-H</u>	LEASE <u>Youngren</u>	COUNTY/PARISH <u>Stevens</u>	STATE <u>Ks</u>	CITY/OFFSHORE LOCATION	DATE <u>9-27-94</u>	OWNER <u>Anadarko</u>
3. _____		TICKET TYPE <input checked="" type="checkbox"/> SERVICE <input type="checkbox"/> SALES	NITROGEN JOB? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	CONTRACTOR <u>Borealis Well</u>	RIG NAME/NO. <u>Borealis Well</u>	SHIPPED VIA <u>Loc.</u>	ORDER NO.	
4. _____		WELL TYPE	WELL CATEGORY <u>02 02</u>	JOB PURPOSE <u>205 Relevent</u>	WELL PERMIT NO.	WELL LOCATION <u>W of Higdon</u>		
REFERRAL LOCATION		INVOICE INSTRUCTIONS						

PRICE REFERENCE	SECONDARY REFERENCE/PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.		U/M		UNIT PRICE	AMOUNT
		LOC	ACCT	DF							
<u>000-117</u>					MILEAGE	<u>80</u>		<u>Miles</u>		<u>2.75</u>	<u>220.00</u>
<u>209-019</u>					Pump charge	<u>2497</u>		<u>FT</u>			<u>1490.00</u>
<u>218-315</u>					Mud Flush	<u>168</u>		<u>BL</u>		<u>70.00</u>	<u>109.20</u>
						<u>1</u>		<u>KB</u>			<u>70.00</u>

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 JAN 7 1995

LEGAL TERMS: Customer hereby acknowledges and agrees to the terms and conditions on the reverse side hereof which include, but are not limited to, PAYMENT, RELEASE, INDEMNITY, and LIMITED WARRANTY provisions.		SUB SURFACE SAFETY VALVE WAS: <input type="checkbox"/> PULLED & RETURN <input type="checkbox"/> PULLED <input type="checkbox"/> RUN		SURVEY		AGREE	UN-DECIDED	DIS-AGREE	PAGE TOTAL	<u>1889.20</u>
CUSTOMER OR CUSTOMER'S AGENT SIGNATURE <u>X O.J. Stuck</u>		TYPE OF EQUALIZING SUB.		CASING PRESSURE		OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN?		FROM CONTINUATION PAGE(S)		<u>1315.00</u>
DATE SIGNED _____ TIME SIGNED _____		TUBING SIZE _____ TUBING PRESSURE _____ WELL DEPTH _____		OUR SERVICE WAS PERFORMED WITHOUT DELAY?		WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY?		SUB-TOTAL APPLICABLE TAXES WILL BE ADDED ON INVOICE		
<input type="checkbox"/> do <input type="checkbox"/> do not require IPC (Instrument Protection). <input type="checkbox"/> Not offered		TREE CONNECTION _____ TYPE VALVE _____		ARE YOU SATISFIED WITH OUR SERVICE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> CUSTOMER DID NOT WISH TO RESPOND				

CUSTOMER ACCEPTANCE OF MATERIALS AND SERVICES The customer hereby acknowledges receipt of the materials and services listed on this ticket.			
CUSTOMER OR CUSTOMER'S AGENT (PLEASE PRINT) <u>O.J. Stuck</u>	CUSTOMER OR CUSTOMER'S AGENT (SIGNATURE) <u>X O.J. Stuck</u>	HALLIBURTON OPERATOR/ENGINEER <u>Dennis Gapp</u>	EMP # <u>59179</u>
		HALLIBURTON APPROVAL	



HALLIBURTON

TICKET CONTINUATION

DUNCAN COPY

TICKET No. 635218

HALLIBURTON ENERGY SERVICES

CUSTOMER APC WELL Youngren DATE 9-27-94 PAGE 3 OF 3

FORM 1911 R-10

110 PLC

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.		U/M		UNIT PRICE	AMOUNT
		LOC	ACCT	DF							
504-050	516.00265				Premium Plus Cement	75	sk			11 19	839 25
507-775	516.00144				Halad-322 On The Side	35	lb			7 00	245 00
508-127	516.00335 890.50812				EA-2 10#/75sk	8	sk			25 90	207 20
509-406	890.50812				Calcium Chloride 2%/75sk	2	sk			36 75	73 50
SERVICE CHARGE											
500-207										1 35	120 15
500-306					MILEAGE CHARGE						
					TOTAL WEIGHT	7913					
					LOADED MILES		8				
										31.65	95
											75 00

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JAN 17 1995
CONSERVATION DIVISION
WICHITA, KS

No. B 262925

CONTINUATION TOTAL 1315.10