

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: ANADARKO GATHERING COMPANY

Operator Contact Person: J. L. ASHTON

Phone (316) 624-6253

Contractor: Name: NA

License: NA

Wellsite Geologist: NA

Designate Type of Completion

New Well  Re-Entry  Workover

Oil  SWD  SLOW  Temp. Abd.  
 Gas  ENHR  SIG  
 Dry  Other (Core, WSW, Expl., Cathodic, etc)

If Workover:

Operator: ANADARKO PETROLEUM CORPORATION

Well Name: TEXACO "A" NO. 1

Comp. Date 9/23/88 Old Total Depth 6550

Deepening  Re-perf.  Conv. to Inj/SWD  
 Plug Back 6098  PBT  
 Commingled  Docket No. \_\_\_\_\_  
 Dual Completion  Docket No. \_\_\_\_\_  
 Other (SWD or Inj?)  Docket No. \_\_\_\_\_

7/1/94 NA 7/27/94  
~~Spud~~ Date of START Date Reached TD Completion Date of  
OF WORKOVER OF WORKOVER

API NO. 15- 189-21,243-0001 **ORIGINAL**

County STEVENS

NE - NE - SW - SW Sec. 15 Twp. 33S Rge. 39  <sup>E</sup>W

1250 Feet from  X (circle one) Line of Section

1250 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 TEXACO "A" Well # 1

Field Name DEMUTH

Producing Formation LOWER MORROW

Elevation: Ground 3224.4 KB 3236.4

Total Depth 6550 PBT 6098

Amount of Surface Pipe Set and Cemented at 1690 Feet

Multiple Stage Cementing Collar Used?  X Yes  No

If yes, show depth set 2837 Feet

If Alternate II completion, cement circulated from \_\_\_\_\_

feet depth to \_\_\_\_\_ w/ \_\_\_\_\_ sx cmt.

Drilling Fluid Management Plan REWORK 291 1-12-95  
(Data must be collected from the Reserve Pitt)

Chloride content NOT APPLICABLE 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

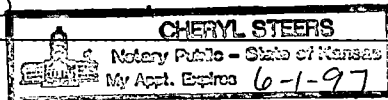
LESLIE I. BARNES

Title SR. TECHNICAL ASSISTANT Date 8/11/94

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

Notary Public Cheryl 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)  
**RECEIVED**

KANSAS CORPORATION COMMISSION

AUG 16 1994  
8-16-94  
CONSERVATION DIVISION  
WICHITA, KS

**SIDE TWO**

Operator Name ANADARKO PETROLEUM CORPORATION Lease Name TEXACO "A" Well # 1

Sec. 15 Twp. 33S Rge. 39  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 (Attach Additional Sheets.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Log Formation (Top), Depth and Datums	<input checked="" type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Name	Top Datum
Cores Taken	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	SEE ORIGINAL ACO-1 (ENCLOSED)	
Electric Log Run (Submit Copy.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
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	1690	POZMIX/COMMON	600/200	4% GEL, 2% CC
PRODUCTION	7 7/8	4 1/2	11.6	6264	LITE/ 50/50 POZ	75/180	6%GEL, 1/2# CF 10% SALT, 5% GILS
		FO TOOL @		2837	COMMON	220	10% DCD

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 checked="" type="checkbox"/> Plug Back TD <input type="checkbox"/> Plug Off Zone	6098 - 6550	LWL	50	REV OUT CMT

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
2	6104-6108	COMPLETED NATURAL	
1	6060-6020, 5976-86	ACIDIZE W/100 GAL 15% FEHCL ACID/FT TOTAL ACID=5000 GAL	5976-6060
		FRAC W/5000 GAL CLA-STA PAD, 42,800 GAL 40# FRAC GEL AND 121,780# 20/40 SD	5976-6060
	CEMENT RETAINER @ 6098'		

TUBING RECORD	Size 2 3/8	Set At 5967	Packer At	Liner Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date of First, Resumed Production, SWD or Inj. 7/18/94	Producing Method <input checked="" 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 171 Mcf	Water 12 Bbls.	Gas-Oil Ratio -- Gravity --

Disposition of Gas: **METHOD OF COMPLETION** Production Interval

Vented  Sold  Used on Lease  Open Hole  Perf.  Dually Comp.  Commingled 5976-6060

(If vented, submit ACO-18.)  Other (Specify) \_\_\_\_\_