

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

15-129-00308-0000  
CORR

FORM APPROVED  
Budget Bureau No. 1004-0135  
Expires: March 31, 1993

**SUNDRY NOTICES AND REPORTS ON WELLS**

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.  
Use "APPLICATION FOR PERMIT—" for such proposals

BLM-TULSA D.2  
JAN 27 10 02 AM '94  
KS NM 75114

**SUBMIT IN TRIPLICATE**

|  |  |
|--|--|
| 1. Type of Well<br><input type="checkbox"/> Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other | 7. If Unit or CA, Agreement Designation<br><br>NM041A2086C1030 |
| 2. Name of Operator<br>Anadarko Petroleum Corporation  | 8. Well Name and No.<br>Kneller 1-29                           |
| 3. Address and Telephone No.<br>P. O. Box 351, Liberal, Kansas 67905-0351 (316) 624-6253   | 9. API Well No.<br>15-129-00308                                |
| 4. Location of Well (Footage, Sec., T., R., M., or Survey Description)<br>1320' FSL & 2795' FEL<br>Section 29-33S-40W            | 10. Field and Pool, or Exploratory Area<br>Hugoton             |
|  | 11. County or Parish, State<br>Morton County, Kansas           |

12. CHECK APPROPRIATE BOX(S) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

| TYPE OF SUBMISSION                                   | TYPE OF ACTION   |
|--|--|
| <input checked="" type="checkbox"/> Notice of Intent | <input type="checkbox"/> Abandonment                         |
| <input type="checkbox"/> Subsequent Report           | <input type="checkbox"/> Recompletion                        |
| <input type="checkbox"/> Final Abandonment Notice    | <input type="checkbox"/> Plugging Back                       |
|  | <input type="checkbox"/> Casing Repair                       |
|  | <input type="checkbox"/> Altering Casing                     |
|  | <input checked="" type="checkbox"/> Other <i>Stimulation</i> |
|  | <input type="checkbox"/> Change of Plans                     |
|  | <input type="checkbox"/> New Construction                    |
|  | <input type="checkbox"/> Non-Routine Fracturing              |
|  | <input type="checkbox"/> Water Shut-Off                      |
|  | <input type="checkbox"/> Conversion to Injection             |
|  | <input type="checkbox"/> Dispose Water                       |

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

13. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)\*

Fracture stimulate well with 5500 gallons water & 5,000# 10/20 walnut hulls. Co. as required.

NOTE: Well located on private surface and communitized with federal lease #KS NM 67935 (NW/4).

RECEIVED  
STATE CORPORATION COMMISSION

FEB 14 1994

CONSERVATION DIVISION  
Wichita, Kansas

14. I hereby certify that the foregoing is true and correct

Signed [Signature] Title Division Production Manager Date 1-21-94  
 Approved by [Signature] Title CHIEF, BRANCH OF FLUID OPERATIONS Date FEB 10 1994  
 Conditions of approval, if any:

**ACCEPTED FOR RECORD PURPOSES ONLY**

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

\*See Instruction on Reverse Side