

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

CONFIDENTIAL

API NO. 15- 189-22339-0000
County STEVENS
50' W OF C _____ E
SE - SW - NE Sec. 27 Twp. 32S Rge. 39 X W

Operator: License # 4549
Name: ANADARKO PETROLEUM CORPORATION
Address P. O. BOX 351

2310 Feet from N/X (circle one) Line of Section
1700 Feet from E/X (circle one) Line of Section

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

City/State/Zip LIBERAL, KANSAS 67905-0351

Base Name SCHMIDT "D" Well # 189-22339-0000

Purchaser: NONE- D&A

Field Name WILDCAT

Operator Contact Person: SHAWN YOUNG

Producing Formation NONE

Phone (316) 624-6253

Elevation: Ground 3146.9 KB

Contractor: Name: BIG "A" DRILLING

Total Depth 6302 PBDT 0

License: 31572

Amount of Surface Pipe Set and Cemented at 1632 Feet

Wellsite Geologist: _____

Multiple Stage Cementing Collar Used? Yes No

Designate Type of Completion
 New Well Re-Entry Workover

If yes, show depth set _____ Feet

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

If Alternate II completion, cement circulated from _____

feet depth to _____ w/ _____ sx cmt.

If Workover:

Drilling Fluid Management Plan D&A 4/2/01 RB
(Data must be collected from the Reserve Pit)

Operator: _____

Chloride content 800 ppm Fluid volume 700 bbls

Well Name: _____

Dewatering method used DRY, BACKFILL & RESTORE LOCATION.

Comp. Date _____ Old Total Depth _____

Location of fluid disposal if hauled offsite: _____

Deepening Re-perf. Conv. to Inj/SWD
 Plug Back PBDT
 Commingled Docket No. _____
 Dual Completion Docket No. _____
 Other (SWD or Inj?) Docket No. _____

Operator Name _____

Lease Name _____ License No. _____

6-4-2000 6-15-2000 6-17-2000
Spud Date Date Reached TD Completion Date

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, 130 S. Market - Room 207B, 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 Marc Harvey
L MARC HARVEY
Title DRILLING TECHNICAL ASSISTANT Date 6-30-2000

Subscribed and sworn to before me this 30th day of June
19 2000

Notary Public Shirley J. Chudejs

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)

Operator Name ANADARKO PETROLEUM CORPORATION Lease Name SCHMIDT "D" Well # 1

Sec. 27 Twp. 32 Rge. 39 East West County STEVENS

INSTRUCTIONS: Show important tops and base of formations penetrated. 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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (Attach Additional Sheets.) Samples Sent to Geological Survey <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Electric Log Run <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (Submit Copy.) List All E.Logs Run: DIL, CNL-LDT, ML.	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datums <input type="checkbox"/> Sample <table border="1" style="width:100%"> <thead> <tr> <th>Name</th> <th>Top</th> <th>Datum</th> </tr> </thead> <tbody> <tr> <td>CHASE</td> <td>2338</td> <td></td> </tr> <tr> <td>COUNCIL GROVE</td> <td>2667</td> <td></td> </tr> <tr> <td>B/HEEBNER</td> <td>3886</td> <td></td> </tr> <tr> <td>MARMATON</td> <td>4734</td> <td></td> </tr> <tr> <td>MORROW</td> <td>5480</td> <td></td> </tr> <tr> <td>CHESTER</td> <td>5964</td> <td></td> </tr> <tr> <td>STE. GENEVIEVE</td> <td>6074</td> <td></td> </tr> <tr> <td>ST. LOUIS</td> <td>6176</td> <td></td> </tr> </tbody> </table>	Name	Top	Datum	CHASE	2338		COUNCIL GROVE	2667		B/HEEBNER	3886		MARMATON	4734		MORROW	5480		CHESTER	5964		STE. GENEVIEVE	6074		ST. LOUIS	6176	
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CASING RECORD							
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"	23.0	1632	P+ MIDCON 2/P+	400/100	3%CC, .1%FWCA, 1/4#/SK FLC/ 2%CC, 1/4#/SK FLC

ADDITIONAL CEMENTING/SQUEEZE RECORD					
Purpose:	Depth		Type of Cement	#Sacks Used	Type and Percent Additives
	Top	Bottom			
<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		Acid, Fracture, Shot, Cement Squeeze Record	
	Specify Footage of Each Interval Perforated		(Amount and Kind of Material Used)	Depth

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.		Producing Method <input 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 Mcf	Water Bbls.	Gas-Oil Ratio Gravity

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: _____ NONE-D&A

