

ORIGINAL

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 ENERGY SERVICES

Operator Contact Person: DAVID W. KAPPLE

Phone (316) 624-6253

Contractor: Name: NORSEMAN DRILLING

License: 3779

Wellsite Geologist: _____

Designate Type of Completion

New Well Re-Entry Workover

Oil SWD SLOW 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 PBTB

Commingled Docket No. _____

Dual Completion Docket No. _____

Other (SWD or Inj?) Docket No. _____

8-26-97 8-30-97 10-29-97

Spud Date Date Reached TD Completion Date

API NO. 15- 189-22232-6000

County STEVENS

SW - SW - NE - NW Sec. 18 Twp. 32 Rge. 37 E
X W

1250 Feet from N (circle one) Line of Section

1410 Feet from W (circle one) Line of Section

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

Lease Name BANE "C" Well # 2

Field Name HUGOTON

Producing Formation CHASE

Elevation: Ground 3158.8 KB _____

Total Depth 2960 PBTB 2902

Amount of Surface Pipe Set and Cemented at 679 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 Att. 1, 4-21-98 U.C.
(Data must be collected from the Reserve Pit)

11-31-97

Chloride content NA ppm Fluid volume 400 bbls

Dewatering method used DRY, BACKFILL & RESTORE LOCATION

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, 130 S. Market - Room 2078, 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 L. Marc Harvey
L. MARC HARVEY
Title DRILLING TECHNICAL ASSISTANT Date 11-25-97

Subscribed and sworn to before me this 25th day of November
19 97.

Notary Public Frederick L. Henry

Date Commission Expires _____

FREDERICK L. HENRY
Notary Public - State of Kansas
App. Expires 5-15-99

K.C.C. OFFICE USE ONLY		
F	<input type="checkbox"/>	Letter of Confidentiality Attached
C	<input checked="" type="checkbox"/>	Wireline Log Received
C	<input type="checkbox"/>	Geologist Report Received
Distribution		
<input checked="" type="checkbox"/>	KCC	<input type="checkbox"/> SWD/Rep <input type="checkbox"/> NGPA
<input type="checkbox"/>	KGS	<input type="checkbox"/> Plug <input type="checkbox"/> Other
(Specify)		

Operator Name ANADARKO PETROLEUM CORPORATION Lease Name BANE "C" Well # 2

Sec. 18 Twp. 32 Rge. 37 East County STEVENS
 West

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.)

List All E.Logs Run: CBL-CCL-GR.

Log Formation (Top), Depth and Datums Sample

Name	Top	Datum
GLORIETTA	1266-1428	
B/STONE CORRAL	1746	
U. KRIDER	2562	
L. KRIDER	2612	
WINFIELD	2646	
TOWANDA	2694	
FT. RILEY	2754	
FLORENCE	2812	
WREFORD	2844	

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"	9-5/8"	32.0	679	P+ MIDCON 2/ P+	60/100	2%CC, 1/4#SK FLC/ 2%CC, 1/4#SK FLC.
PRODUCTION	8-3/4"	7"	23.0	2958	P+ MIDCON 2/ P+ MIDCON 2.	150/100	2%CC, 1/4#SK FLC/ 2%CC, 1/4#SK FLC.

ADDITIONAL CEMENTING/SQUEEZE RECORD

Purpose: <input type="checkbox"/> Perforate <input type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> Plug Off Zone	Depth		Type of Cement	#Sacks Used	Type and Percent Additives
	Top	Bottom			

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	
		1 SHOT/1.5'	2563-2572, 2612-2619, 2656-2662, 2700-2706, 2726-2742, 2756-2786, 2814-2822, 2844-2850.

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. 11-3-97 Producing Method Flowing Pumping Gas Lift Other (Explain)

Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
		296	0		

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 2563-2850 (OA)



JOB SUMMARY 4239-1

TICKET #	234907	TICKET DATE	8-26-97
BOA / STATE	OKC KS	COUNTY	STEVENSON
PSL DEPARTMENT	CEMENT		
CUSTOMER REP / PHONE	JP. SPICK		
API / UWI #			
JOB PURPOSE CODE	010		

REGION	North America	NWA/COUNTRY	MID CONTINENT USA
MBU ID / EMP #		EMPLOYEE NAME	JOHN KLOET
LOCATION	LIBERAL KS	COMPANY	ANADARKO PETROLEUM
TICKET AMOUNT		WELL TYPE	01
WELL LOCATION	11 HURDON KS	DEPARTMENT	CEMENT 5001
LEASE / WELL #	BANK C-2	SEC / TWP / RNG	18-31S-37W

HES EMP NAME/EMP#/(EXPOSURE HOURS) HRS	HES EMP NAME/EMP#/(EXPOSURE HOURS) HRS	HES EMP NAME/EMP#/(EXPOSURE HOURS) HRS	HES EMP NAME/EMP#/(EXPOSURE HOURS) HRS
J. NICHOLAS 62098			
S. TELFER 41817			

ORIGINAL

HES UNIT NUMBERS	R/T MILES	HES UNIT NUMBERS	R/T MILES	HES UNIT NUMBERS	R/T MILES	HES UNIT NUMBERS	R/T MILES

Form Name _____ Type: _____
 Form Thickness _____ From _____ To _____
 Packer Type _____ Set At _____
 Bottom Hole Temp. _____ Pressure _____
 Misc. Data _____ Total Depth _____

DATE TIME	CALLED OUT	ON LOCATION	JOB STARTED	JOB COMPLETED
8-26-97 1300		8-26-97 1350	8-26-97 19:22	8-26-97 20:16

TOOLS AND ACCESSORIES		
TYPE AND SIZE	QTY	MAKE
Float Collar	1	HOWCO
Float Shoe	1	
Guide Shoe	1	
Centralizers	4	
Bottom Plug		
Top Plug	1	SWIPER
Head		
Packer	1	NEW A
Other	1	CEMENT BAGS

WELL DATA						
	NEW/USED	WEIGHT	SIZE	FROM	TO	MAX ALLOW
Casing	NEW	32 3/4	9 5/8	KB	676	
Liner						
Liner						
Tbg/D.P.						
Tbg/D.P.						
Open Hole						SHOTS/FT.
Perforations						
Perforations						
Perforations						

MATERIALS		
Treat Fluid	Density	Lb/Gal
Disp. Fluid	Density	Lb/Gal
Prop. Type	Size	Lb.
Prop. Type	Size	Lb.
Acid Type	Gal.	%
Acid Type	Gal.	%
Surfactant	Gal.	In
NE Agent	Gal.	In
Fluid Loss	Gal/Lb	In
Gelling Agent	Gal/Lb	In
Fric. Red.	Gal/Lb	In
Breaker	Gal/Lb	In
Blocking Agent	Gal/Lb	
Perfpac Balls	Qty.	
Other		
Other		
Other		
Other		

HOURS ON LOCATION		OPERATING HOURS		DESCRIPTION OF JOB
DATE	HOURS	DATE	HOURS	
				OFF SURFACE
TOTAL		TOTAL		

HYDRAULIC HORSEPOWER
 Avail. _____ Used _____

AVERAGE RATES IN BPM
 Disp. _____ Overall _____

CEMENT LEFT IN PIPE
 Reason: SHOE JOINT

STAGE	SACKS	CEMENT	BULK/SKS	ADDITIVES	YIELD	LBS/GAL
HEAD	60	P+MIXAL	BULK	3% CC 1/4# FLOCLE	3.22	11.1
TAIL	100	PCEM +	BULK	2% CC 1/4# FLOCLE	1.32	14.8

Circulating _____ Displacement _____ Preflush: Gal - BBI _____ Type _____
 Breakdown _____ Maximum _____ Load & Bkdn: Gal - BBI _____ Pad: BBI - Gal _____
 Average _____ Frac Gradient _____ Treatment Gal - BBI _____ Disp: BBI - Gal _____
 Shut In: Instant _____ 5 Min _____ 15 Min _____ Cement Slurr Gal - BBI 34.4 BBL - 23.5 BBL
 Total Volume Gal - BBI _____

Frac Ring #1	Frac Ring #2	Frac Ring #3	Frac Ring #4
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THE INFORMATION STATED HEREIN IS CORRECT
 CUSTOMER'S REPRESENTATIVE SIGNATURE



JOB LOG 4239-5

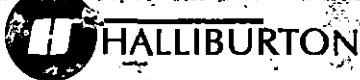
REGION North America	NWA/COUNTRY Holliston	TICKET #	TICKET DATE
MBU ID / EMP #	EMPLOYEE NAME The King	BDA / STATE	COUNTY
LOCATION	COMPANY American Petroleum	PSL DEPARTMENT	
TICKET AMOUNT	WELL TYPE	CUSTOMER REP / PHONE	
WELL LOCATION	DEPARTMENT	API / UWI #	
LEASE / WELL #	SEC / TWP / RNG	JOB PURPOSE CODE	

HES EMP NAME/EMP#/(EXPOSURE HOURS) HRS	HES EMP NAME/EMP#/(EXPOSURE HOURS) HRS	HES EMP NAME/EMP#/(EXPOSURE HOURS) HRS	HES EMP NAME/EMP#/(EXPOSURE HOURS) HRS

ORIGINAL

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL)(GAL)	PUMPS		PRESS. (psi)		JOB DESCRIPTION / REMARKS
				T	C	Tbg	Csg	
	7:45							Call Out
	8:45							On location
	11:00							Setup Rig-up & Safety Meeting
	11:22							Drop Ball
	11:40							Circulate w/ Rig
	11:50	8	34.19			110		Mix & Pump Lead CMT @ 11.1
	12:54	8	23.50			130		" Tail CMT @ 14.8
	12:00							Shutdown
	20:01							Drop Plug
	20:02	8	49.65			10/230		Start Displacement
	20:24					230/190		Load Plug
	20:15							End Job - Release Back / Plug Held
	20:16							End Job

THANK YOU
Jason Star



JOB SUMMARY 4239-1

TICKET #	234621	TICKET DATE	8-30-97
BDA / STATE	KS	COUNTY	STEVENS
PSL DEPARTMENT	CEMENT	CUSTOMER REP / PHONE	JIM BARLOW
API / UWI #		JOB PURPOSE CODE	035-5 1/2 LONG STRING

REGION	North America	NWA/COUNTRY	MID CONTINENT
MBU ID / EMP #	LI104 62573	EMPLOYEE NAME	JOHN WOODROW
LOCATION	LIBERAL, KS	COMPANY	ANADARKO PET
TICKET AMOUNT		WELL TYPE	02
WELL LOCATION	N. HUGOTON	DEPARTMENT	
LEASE / WELL #	BANE C-2	SEC / TWP / RNG	18-32S-37W

HES EMP NAME/EMP#/(EXPOSURE HOURS)	HRS	HES EMP NAME/EMP#/(EXPOSURE HOURS)	HRS	HES EMP NAME/EMP#/(EXPOSURE HOURS)	HRS	HES EMP NAME/EMP#/(EXPOSURE HOURS)	HRS
C. LAY 09259							
R. KEEK 48815							

ORIGINAL

HES UNIT NUMBERS	R/T MILES	HES UNIT NUMBERS	R/T MILES	HES UNIT NUMBERS	R/T MILES	HES UNIT NUMBERS	R/T MILES
420044 011	74						
53552/78202	74						
4461/6617	9						

Form Name _____ Type: _____
 Form Thickness _____ From _____ To _____
 Packer Type _____ Set At _____
 Bottom Hole Temp. _____ Pressure _____
 Misc. Data _____ Total Depth _____

DATE	CALLED OUT	ON LOCATION	JOB STARTED	JOB COMPLETED
8-30-97	8:30	8:36	8	
TIME	1430	1800		

TOOLS AND ACCESSORIES

TYPE AND SIZE	QTY	MAKE
Float Collar		
Float Shoe		
Guide Shoe		
Centralizers		
Bottom Plug		
Top Plug		
Head		
Packer		
Other		

WELL DATA

	NEW/USED	WEIGHT	SIZE	FROM	TO	MAX ALLOW
Casing	N	33"	7"	KB	2968	
Liner						
Liner						
Tbg/D.P.						
Tbg/D.P.						
Open Hole						SHOTS/FT.
Perforations						
Perforations						
Perforations						

MATERIALS

Treat Fluid _____	Density _____	Lb/Gal _____
Disp. Fluid _____	Density _____	Lb/Gal _____
Prop. Type _____	Size _____	Lb. _____
Prop. Type _____	Size _____	Lb. _____
Acid Type _____	Gal. _____	% _____
Acid Type _____	Gal. _____	% _____
Surfactant _____	Gal. _____	In _____
NE Agent _____	Gal. _____	In _____
Fluid Loss _____	Gal/Lb _____	In _____
Gelling Agent _____	Gal/Lb _____	In _____
Fric. Red. _____	Gal/Lb _____	In _____
Breaker _____	Gal/Lb _____	In _____
Blocking Agent _____	Gal/Lb _____	Qty. _____
Perfpac Balls _____	Qty. _____	
Other _____		
Other _____		
Other _____		
Other _____		

HOURS ON LOCATION		OPERATING HOURS		DESCRIPTION OF JOB
DATE	HOURS	DATE	HOURS	
TOTAL		TOTAL		

HYDRAULIC HORSEPOWER
 ORDERED Avail. _____ Used _____
AVERAGE RATES IN BPM
 TREATED Disp. _____ Overall _____
CEMENT LEFT IN PIPE
 FEET Reason _____

CEMENT DATA

STAGE	SACKS	CEMENT	BULK/SKS	ADDITIVES	YIELD	LBS/GAL
	150	pt midcont	B	2 1/2 CC 1/4 floccle	3.22	11.1
	160	pt midcont	B	2 1/2 CC 1/4 floccle (DENSIFIED)	2.0	12.8

Circulating _____	Displacement _____	Preflush: Gal - (BB) 10	Type SUPER FLOSH
Breakdown _____	Maximum _____	Load & Bkdn: Gal - BBI _____	Pad: BBI - Gal _____
Average _____	Frac Gradient _____	Treatment Gal - BBI _____	Disp: (BB) Gal 118
Shut In: Instant _____	5 Min _____ 15 Min _____	Cement Slurr Gal - (BB) 86 LC 35.5 TC	
		Total Volume Gal - BBI _____	

Frac Ring #1 _____ Frac Ring #2 _____ Frac Ring #3 _____ Frac Ring #4 _____

THE INFORMATION STATED HEREIN IS CORRECT . CUSTOMER'S REPRESENTATIVE SIGNATURE _____

