

ORIGINAL

FORM MUST BE TYPED

SIDE ONE

STATE CORPORATION COMMISSION OF KANSAS
OIL & GAS CONSERVATION DIVISION
WELL COMPLETION FORM
ACD-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: SHAWN D. YOUNG

Phone (316) 624-6253

Contractor: Name: NA

License: NA

Wellsite Geologist: NA

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: ANADARKO PETROLEUM CORPORATION

Well Name: McCLURE A-4

Comp. Date 12-20-97 Old Total Depth 2700

Deepening Re-perf. Conv. to Inj/SWD
 Plug Back 2200 PBD
 Commingled Docket No. _____
 Dual Completion Docket No. _____
 Other (SWD or Inj?) Docket No. _____

2-22-99 -- 2-22-99
Spud Date Date Reached TD Completion Date

API NO. 15- 189-22262-0100

County STEVENS

NW - NW - SE - NE Sec. 16 Twp. 32 Rge. 38 X W

SHL: 1600 Feet from X/N (circle one) Line of Section

SHL: 1250 Feet from E/X (circle one) Line of Section

BHL: 1589 FNL & 3129 FEL.
Footages Calculated from Nearest Outside Section Corner:
NE, SE, NW or SW (circle one)

Lease Name McCLURE "A" Well # 4

Field Name HUGOTON

Producing Formation CHASE

Elevation: Ground 3192 KB --

Total Depth 4427 MD, 2700 IVD PBDT 2200

Amount of Surface Pipe Set and Cemented at 1754 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 Re-work, 3-8-99 W.
(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, 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.

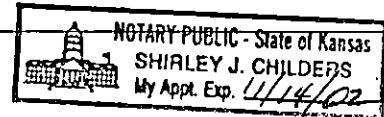
Signature Shawn D. Young

Title DIVISION PRODUCTION ENGINEER Date 3/1/99

Subscribed and sworn to before me this 1st day of March 19 99.

Notary Public Shirley J. Childers

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)

SIDE TWO

Operator Name ANADARKO PETROLEUM CORPORATION Lease Name McCLURE "A" Well # 4

Sec. 16 Twp. 32 Rge. 38
 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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (Attach Additional Sheets.) Samples Sent to Geological Survey <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Electric Log Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (Submit Copy.) List All E.Logs Run:	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datums <input type="checkbox"/> Sample Name Top Datum SEE ATTACHED ORIGINAL ACO-1
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** Original Completion CASING RECORD <input checked="" type="checkbox"/> New <input type="checkbox"/> 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"	32.3	1754	P+ MIDCON 2/ P+	340/ 150	3%CC, 1/4# SK FLC/ 2%CC, 1/4# SK FLC.
** PRODUCTION	7-7/8"	7"	23.0	2897	P+ MIDCON 2/ CLASS H	130/ 250	2%CC, 1/4# SK FLC/ .1% FWCA, .8% HALAD 322, 1/4# SK FLC.

ADDITIONAL CEMENTING/SQUEEZE RECORD					
Purpose: ___ Perforate ___ Protect Casing ___ Plug Back TD ___ Plug Off Zone	Depth		Type of Cement	#Sacks Used	Type and Percent Additives
	Top	Bottom			

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
	CIBP @ 2200			

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. NONE: TA'd Producing Method Flowing Pumping Gas Lift 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 TA'd

Other (Specify) _____

Production Interval _____

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. KAPLAN

Phone (316) 624-6253

Contractor: Name: BIG "A" DRILLING

License: 31572

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. _____

12-7-97 12-20-97 12-20-97

Spud Date Date Reached TD Completion Date

API NO. 15- 189-22262-0100

County STEVENS

NW - NW - SE - NE Sec. 16 Twp. 32 Rge. 38 X W

1600 Feet from NX (circle one) Line of Section

1250 Feet from EX (circle one) Line of Section

BHL: 1589 FNL & 3129 FEL.

Footages Calculated from Nearest Outside Section Corner:

NE SE, NW or SW (circle one)

Lease Name MCCLURE "A" Well # 4

Field Name HUGOTON

Producing Formation CHASE

Elevation: Ground 3192.0 KB 3203

Total Depth 4427 MD, 2700 TVD PBTB 4427 MD, 2700 TVD

Amount of Surface Pipe Set and Cemented at 1754 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
(Data must be collected from the Reserve Pit)

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. _____

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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 4-3-98

Subscribed and sworn to before me this 3rd day of April
19 98.

Notary Public Freda L. Davis

Date Commission Expires _____

FREDA L. DAVIS
Notary Public - State of Kansas
My Appl. Expires 5-15-99

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)

SIDE TWO

Operator Name ANADARKO PETROLEUM CO :ATION _____ Lease Name MCCLURE Well # 4

Sec. 16 Twp. 32 Rge. 38 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: NO OPEN HOLE LOGS RUN.

DIRECTIONAL SURVEY ATTACHED.

Name	Formation (Top), Depth and Datums		Datum KB 3202
	MD	Top TVD	
B/STONE CORRAL	1772	1772	
WELLINGTON	2198	2198	
CHASE	2528	2509	
HERRINGTON	2554	2529	
KRIDER	2598	2561	
TOWANDA	2834	2681	
TD	4438	2700	

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"	32.3	1754	P+ MIDCON 2/ P+	340/150	3%CC, 1/4#SK FLC/ 2%CC, 1/4#SK FLC.
PRODUCTION	8-3/4"	7"	23.0	2897	P+ MIDCON 2/ CLASS H.	130/250	2%CC, 1/4#SK FLC/ .1% FWCA, .8% HALAD 322, 1/4#SK FLC.

ADDITIONAL CEMENTING/SQUEEZE RECORD

Purpose: ____ Perforate ____ Protect Casing ____ Plug Back TD ____ 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	
	OH	2897-4427 MD.		NONE

TUBING RECORD	Size	Set At	Packer At	Liner Run
	2 7/8"	2784		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Date of First, Resumed Production, SWD or Inj. 1/7/988 Producing Method Flowing Pumping Gas Lift Other (Explain)

Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
		144			

Disposition of Gas:

METHOD OF COMPLETION

Production Interval

Vented Sold Used on Lease (If vented, submit ACO-18.) Open Hole Perf. Dually Comp. Commingled Other (Specify) _____

2897-4427 MD