

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: NONE

Operator Contact Person: DAVID W. KAPPLF

Phone (316) 624-6253

Contractor: Name: DUKE DRILLING

License: 5929

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. _____

9-11-97 9-21-97 P&A 9-21-97
Spud Date Date Reached TD Completion Date

API No. 15- 189-22237-00-00

County STEVENS *plugged 9-21-97*

 - - C - SW Sec. 17 Twp. 34 Rge. 38 X W

1320 Feet from X(S) (circle one) Line of Section

1320 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 LOVE "B" Well # 1

Field Name FETERITA

Producing Formation NONE

Elevation: Ground 3262.8 KB _____

Total Depth 6576 PBTB 0

Amount of Surface Pipe Set and Cemented at 1767 Feet

Multiple Stage Cementing Collar Used? _____ Yes X No

If yes, show depth set _____ Feet

If Alternate II completion, cement circulated from _____

feet depth to _____ w/ _____ sx cmt.

Drilling Fluid Management Plan D+A, 10-1-98 UIC.
(Data must be collected from the Reserve Pit)
No Spud Fine - per M.L.K. Letter.

Chloride content 1000 ppm Fluid volume 700 bbls

Dewatering method used DRY, BACKFILL & RESTORE LOCATION.

Location of fluid disposal if hauled offsite:

10-22-97

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 10-21-97

Subscribed and sworn to before me this 21st day of October
19 97.

Notary Public Freda L. Hinz

Date Commission Expires _____

FREDA L. HINZ
Notary Public - State of Kansas
My Appl. Expires 10-21-97

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
ORIGINAL
 Lease Name LOVE "B"

Operator Name ANADARKO PETROLEUM CORPORATION Well # 1

Sec. 17 Twp. 34 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: DIL, CNL-LDT, ML, SONIC.

Log Formation (Top), Depth and Datums Sample

Name	Top	Datum
CHASE	2634	
COUNCIL GROVE	3026	
WABAUNSEE	3418	
TOPEKA	3690	
HEEBNER	4254	
TORONTO	4280	
LANSING	4392	
MARMATON	5060	
CHEROKEE	5342	
MORROW	5896	
L. MORROW	6360	
CHESTER	6400	
STE. GENEVIEVE	6518	

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"	8-5/8"	23.0	1767	P+ MIDCON 2/ P+	325/100	3%CC, 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			
___ Perforate					
___ Protect Casing					
___ Plug Back TD					
___ 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 Flowing Pumping Gas Lift Other (Explain)

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

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: _____ D&A _____



JOB SUMMARY 4239-1

TICKET #	234699	TICKET DATE	9-22-97
BDA / STATE	Ks	COUNTY	STEVENS
PSL DEPARTMENT	5001		
CUSTOMER REP / PHONE			
API / UWI #			
JOB PURPOSE CODE	115 PTA		

REGION	North America	NWA/COUNTRY	
MBU ID / EMP #		EMPLOYEE NAME	50179 Dennis Cape
LOCATION	Liberal Ks	COMPANY	Dunbar & Peto Corp
TICKET AMOUNT		WELL TYPE	
WELL LOCATION	Sof 1st 100ft	DEPARTMENT	5001 Cement
LEASE / WELL #	R-1 1012	SEC / TWP / RNG	17 24S 28W

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
D. Cape 50179	S. E. Ford 114817		
R. E. Ford 04210			

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
5000 - 713		5000 - 764					

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
9-21	2200	9-22	0355	4-22
				0800

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			8 1/2	GL	/	
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	
				Play to 1000
TOTAL		TOTAL		

HYDRAULIC HORSEPOWER
 ORDERED Avail. _____ Used _____
 TREATED AVERAGE RATES IN BPM
 Disp. _____ Overall _____
 FEET 917 1887 150 Reason 3 Plugs

CEMENT DATA

STAGE	SACKS	CEMENT	BULK/SKS	ADDITIVES	YIELD	LBS/GAL
	225	40/10	Rz H	4% Total Gel		

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 _____	
		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: _____



JOB LOG 4239-5

TICKET #	2341	TICKET DATE	
REGION	North America	BDA / STATE	KS
NWA/COUNTRY		COUNTY	Stanton
MBU ID / EMP #		PSL DEPARTMENT	FR 11
LOCATION	10000 Linn Co	COMPANY	Anderson Petroleum
TICKET AMOUNT		WELL TYPE	
WELL LOCATION	See Report	DEPARTMENT	211 Cement
LEASE / WELL #	211 Linn	SEC / TWP / RNG	15 24E 17N
		API / UWI #	
		JOB PURPOSE CODE	115 P11

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	
	0200							Time Collected
	0200	0200						Time Ready
	0180							Time on Job
	0355	5						1 st AT 3100 FT 100 ^{SE}
	0402							Start Water Al Level
	0404		10					Start Cement
	0410		30.0					Start Spacers Behind
	0411		3.5					Start Displacement w/ mud
	0418		32.7					Shut Down Break Loss
	0507	5						2 nd AT 1733 FT 50 ^{SE}
	0512							Hooked to DP
	0513		10					Start Water Al Level
	0518		15.0					Start Cement
	0519		3					Start Spacers Behind w/ mud
	0522		18.4					Start 11 th ft. Break Loss
	0605							3 rd AT 800 FT 40 ^{SE} Hooked DP
	0608		10					Start Water Al Level
	0610		12					Start Cement
	0612		13.0					Start Spacers Behind
	0613		14.9					Start 11 th ft. w/ mud
	0615		30.0					Shut Down Break Loss
	0740							4 th AT 7-30 FT w 10 ^{SE}
	0745		3.0					Hooked to DP
	0748							Start cement
								Calculate to Cement Top Based on Log
	0750		3.0					5/6 10 ^{SE} 10 ^{SE} 10 ^{SE} 10 ^{SE}
	0755		7.5					15 ^{SE} 15 ^{SE} 15 ^{SE} 15 ^{SE}
	0800							Final w - log

Thanks For Calling Halliburton Energy Services
 Dennis
 Crew