

FORM MUST BE TYPED

SIDE ONE

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 TRADING COMPANY

Operator Contact Person: J. L. ASHTON

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: TUCKER "L" NO. 1

Comp. Date 8/9/95 Old Total Depth 5300'

Deepening Re-perf. Conv. to Inj/SWD
 Plug Back 5223' PBD
 Commingled Docket No. CO 10961
 Dual Completion Docket No.
 Other (SWD or Inj?) Docket No.

9/10/96 NA 11/14/96
Date OF START Date Reached TD Completion Date OF
OF WORKOVER WORKOVER

API NO. 15- 129-21387-0001

County MORTON

- E/2 - NE - SW Sec. 4 Twp. 34S Rge. 41 E W

1980 Feet from (SYN) (circle one) Line of Section

2310 Feet from (E/W) (circle one) Line of Section

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

Lease Name TUCKER "L" Well # 1

Field Name NW WILBURTON

Producing Formation KEYES & L. MORROW "G" (COMMINGLED)

Elevation: Ground 3383.7' KB --

Total Depth 5300' PBD 5223'

Amount of Surface Pipe Set and Cemented at 1429 Feet

Multiple Stage Cementing Collar Used? Yes No

If yes, show depth set 3407 Feet

If Alternate II completion, cement circulated from _____
feet depth to _____ w/ _____ sx cmt.

Drilling Fluid Management Plan REWORK 9/11/97
(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. _____

KANSAS RECEIVED CORP COM
1-16-1997
P 1:13

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 John M. Dolan
JOHN M. DOLAN
Title SENIOR TECHNICAL ASSISTANT Date 12/30/96

Subscribed and sworn to before me this 30th day of December 1996.

Notary Public Freda L. Hinz

Date Commission Expires _____

FREDA L. HINZ
Notary Public - State of Kansas
My Appt. 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 CORPORATION Lease Name TUCKER "L" Well # 1

Sec. 4 Twp. 34S Rge. 41 East County MORTON
 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 (Attach Additional Sheets.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 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 (Submit Copy.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No List All E.Logs Run:	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datums <input type="checkbox"/> Sample Name Top Datum (SEE ORIGINAL ACO-1 - ATTACHED)
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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"	8-5/8"	24.0	1429'	MIDCON 2 PREM PLUS	245 160	1/4#/SK FLOC 2%CC, 1/4#/SK FLOC
** PRODUCTION	7-7/8"	5-1/2"	15.5	5277'	PREM 11 PPG PREM 15.3PPG	50 150	10%EA-2, 10%SALT, .6%HALAD, 1/4#/SK FLO
**			DV TOOL	3407'	PREM 11/15.3	50/150	AS ABOVE

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	
		SET CIBP @ 5130'		
4	PERF 5078'-5084' & 5092'-5103' (L. MORROW "G")		ACIDIZE W/1000 GAL 7.5% FEHCL, FRAC W/ 27,300 GAL X-LINK GEL + 93,100# 16/30 SND	5078'-5103' OA
	PUSH CIBP @ 5130' DOWN TO 5223' (NEW PBTD)			
TUBING RECORD				
	Size 2-3/8"	Set At 5156'	Packer At --	Liner Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date of First, Resumed Production, SWD or Inj. 11/2/96 - RESUMED		Producing Method <input type="checkbox"/> Flowing <input checked="" type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)		
Estimated Production Per 24 Hours	Oil 0 Bbls.	Gas 204 Mcf	Water 28 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: 5078'-5103' OA (L.MOR) 5145'-5186' OA (KEYES)

ANADARKO PETROLEUM CORPORATION

PHONE 316 - 624 - 6253 1701 NORTH KANSAS AVE. P.O. BOX 351 LIBERAL, KANSAS 67905 - 0351



December 30, 1996

Kansas Corporation Commission
Conservation Division
Finney State Office Building
130 South Market, Rm. 2078
Wichita, Kansas 67202

Attn.: Priscilla Zadoka

Re: Workover Completion (Form ACO-1)

Tucker "L" No. 1
Sec. 4-34S-41W
Morton County, Kansas

Dear Ms. Zadoka:

Enclosed in triplicate is an affidavit of completion (KCC Form ACO-1) for the workover performed on the referenced well. Perforations were made in the L. Morrow "G" (5078'-5103' OA) and the zone was acidized and fracture stimulated. The L. Morrow "G" and Keyes were commingled per KCC Docket No. CO 10961. A copy of the original completion ACO-1 (Keyes) is also enclosed. Please file accordingly.

If you require additional information, please contact this office at the letterhead address or call me at (316) 629-4306.

Sincerely,

A handwritten signature in cursive script that reads "John M. Dolan".

John M. Dolan
Senior Technical Assistant
/sh

Enclosures

cc: Well File
Ken Lester - HGO
Manager Land Administration - HGO
WI Owners

acollet.doc

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KANSAS CORP COMM
1997 JUN -6 P 1:43

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 TRADING COMPANY

Operator Contact Person: J. L. ASHTON

Phone (316) 624-6253

Contractor: Name: GABBEERT-JONES INC.

License: 5842

Wellsite Geologist: NA

Designate Type of Completion

New Well Re-Entry Workover

Oil SWD SLOW Temp. Abd.

Gas ENHR SIGW

Dry Other (Core, MSW, Expl., Cathodic, etc)

If Workover:

Operator: _____

Well Name: _____

Comp. Date _____ Old Total Depth _____

Deepening Re-perf. Conv. to Inj/SWD

Plug Back _____ PBD

Commingled _____ Docket No. _____

Dual Completion _____ Docket No. _____

Other (SWD or Inj?) _____ Docket No. _____

6-23-95 7-3-95 8-9-95

Spud Date Date Reached TD Completion Date

API NO. 15- 129-21387 ORIGINAL

County MORISON

E/2 - NE - SW Sec. 4 Twp. 34S Rgc. 41

1980 Feet from X(S) (circle one) Line of Section

2310 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 TUCKER "L" Well # 1

Field Name NW WILBURTON

Producing Formation MORISON Keyes

Elevation: Ground 3383.7 KB --

Total Depth 5300 PBD 5225

Amount of Surface Pipe Set and Cemented at 1429 Feet

Multiple Stage Cementing Collar Used? Yes No

If yes, show depth set 3407 Feet

If Alternate II completion, cement circulated from _____

feet depth to _____ w/ _____ in. cmt.

Drilling Fluid Management Plan
(Data must be collected from the Reserve Pit)

Chloride content 1000 ppm Fluid Volume 700 bbls

Dewatering method used NATURAL EVAPORATION

Location of fluid disposal if hauled offsite _____

Operator Name _____

Lease Name _____ License No. _____

_____ Quarter Sec. _____ Twp. _____ S Rng. _____ E/W

County _____ Docket No. _____

RECEIVED
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SEP 28 1995

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 David W. Kapple
Title DAVID W. KAPPLE

Date 9/28/95

Subscribed and sworn to before me this 28th day of September, 19 95.

Notary Public L. Marc Harvey

Date Commission Expires _____

L. MARC HARVEY
Notary Public - State of Kansas
My Appl. Expires 6-12-99

K.C.C. OFFICE USE ONLY		
F	<input type="checkbox"/>	Letter of Confidentiality Attached
C	<input type="checkbox"/>	Wireline Log Received
C	<input type="checkbox"/>	Geologist Report Received
Distribution		
<input 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 II "A" Well # 1
 Sec. 4 Twp. 34 Rge. 41 East West
 County MORTON

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 (Attach Additional Sheets.)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Log	Formation (Top), Depth and Datums	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Name	Top	Datum
Cores Taken	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	CHASE	2102	
Electric Log Run (Submit Copy.)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	COUNCIL GROVE	2408	
List All E.Logs Run: CNL-LDT, DIL, ML, SBT-CCL-GR		HEEBNER	3436	
		TORONTO	3502	
		LANSING	3603	
		MORROW	4640	
		KEYES	5144	

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	24	1429	HIDCON 2/ PREMPLUS	245/160	1/4 #/SK FLC/ 2%CC, 1/4#/SK FLC
PRODUCTION	7-7/8	5-1/2	15.5	5277	PREM 11PPG/ PREM 15.3PPG	50/150	10%EA-2, 10%SALT .6% HALAD-322, 1/4#/SK FLC/SAME
			DV TOOL @	3407	PREM 11PPG/ PREM 15.3PPG	50/150	AS ABOVE

ADDITIONAL CEMENTING/SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	#Sacks Used	Type and Percent Additives
<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 Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used)	Depth
4	5168-5174, 5178-5186, 5145-5157	NONE.	6210-6219'
			6184-6202'

TUBING RECORD Size 2-3/8" Set At 5126 Packer At _____ Liner Run Yes No

Date of First, Resumed Production, SWD or Inj. 9-20-95 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 Other (Specify) _____ Production Interval: 5145-5186 (C&I)