

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. KAPPLE

Phone (316) 624-6253

Contractor: Name: CHEYENNE DRILLING

License: 5382

Wellsite Geologist: _____

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: _____

Well Name: _____

Comp. Date _____ Old Total Depth _____

Deepening Re-perf. Conv. to Inj/SWD

Plug Back PBDT

Commingled Docket No. _____

Dual Completion Docket No. _____

Other (SWD or Inj?) Docket No. _____

11-7-97 11-16-97 P&A 11-17-97

Spud Date Date Reached TD Completion Date

API NO. 15- 189-22253-06-00

County STEVENS plugged 11/17/97

- - - C - SE Sec. 34 Twp. 34 Rge. 38 X E W

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

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

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

Lease Name BEAVERS "B" Well # 3

Field Name MOUSER

Producing Formation NONE

Elevation: Ground 3203.6 KB _____

Total Depth 6500 PBDT 0

Amount of Surface Pipe Set and Cemented at 1739 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 DFA, 4-24-98 U.C.
(Data must be collected from the Reserve Pit)

Chloride content 950 ppm Fluid volume 700 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

DEC 30 1997
12-30-97
CONSERVATION DIVISION
Date 12-23-97

Subscribed and sworn to before me this 23rd day of December 1997.

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)

Operator Name ANADARKO PETROLEUM CORPORATION Lease Name BEAVERS "B" Well # 3

Sec. 34 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 (Attach Additional Sheets.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 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 (Submit Copy.) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No List All E.Logs Run: DIL, ML MSFL, CNL-LDT, SONIC.	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datums <input type="checkbox"/> Sample <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:60%;">Name</th> <th style="width:20%;">Top</th> <th style="width:20%;">Datum</th> </tr> </thead> <tbody> <tr><td>B/STONE CORRAL</td><td>1751</td><td></td></tr> <tr><td>CHASE</td><td>2628</td><td></td></tr> <tr><td>WABAUNSEE</td><td>3378</td><td></td></tr> <tr><td>HEEBNER</td><td>4230</td><td></td></tr> <tr><td>TORONTO</td><td>4314</td><td></td></tr> <tr><td>LANSING</td><td>4428</td><td></td></tr> <tr><td>MARMATON</td><td>5206</td><td></td></tr> <tr><td>CHEROKEE</td><td>5412</td><td></td></tr> <tr><td>MORROW</td><td>5970</td><td></td></tr> <tr><td>CHESTER</td><td>6466</td><td></td></tr> </tbody> </table>	Name	Top	Datum	B/STONE CORRAL	1751		CHASE	2628		WABAUNSEE	3378		HEEBNER	4230		TORONTO	4314		LANSING	4428		MARMATON	5206		CHEROKEE	5412		MORROW	5970		CHESTER	6466	
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MORROW	5970																																	
CHESTER	6466																																	

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	1739	P+ MIDCON 2/ P+	410/100	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			
<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

TUBING RECORD	Size	Set At	Packer At	Liner Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Date of First, Resumed Production, SWD or Inj. <u>D&A</u>	Producing Method <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)
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Estimated Production Per 24 Hours	Oil <u>N-A</u> Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
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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

HALLIBURTON **JOB SUMMARY** 428-1

TICKET # **231863** NO. 857 P. 3RD DATE **11-8-97**

REGION **North America** MW/COUNTRY **U.S.A.** BDA / STATE **Ks** COUNTY **SENECA**

MSU ID / EMP # **12015 D-4360** EMPLOYEE NAME **ROBERT ELWOOD** PCL DEPARTMENT **5001 CNT**

LOCATION **LACRAL Ks** COMPANY **AMSTAR 40** CUSTOMER REP / PHONE

TICKET AMOUNT

WELL LOCATION **W LACRAL Ks** DEPARTMENT **5001 CNT** JOB PURPOSE CODE **010**

LEASE / WELL # **BEAVER B-3** SEC / TWP / RNG **34-34S-38W**

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
R. Elwood D-4360							
M. FOX E 0423							
C. Ashby 4406							
D. Hamilton G.3090							

HES UNIT NUMBERS	R/T MILES	HES UNIT NUMBERS	R/T MILES	HES UNIT NUMBERS	R/T MILES	HES UNIT NUMBERS	R/T MILES
400065	60						
50948-75496	60						
50984-72031	15						
52276-7649	15						

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
11-8-97	08:53		11-8-97	11:00	11-8-97
			06:00		12:10

TOOLS AND ACCESSORIES

TYPE AND SIZE	QTY	MAKE
Float Collar 5/8" x 1/2"	1	Hawsco
Float Shoe		
Guide Shoe REG	1	
Centralizers S.4	4	
Bottom Plug		
Top Plug S-WRPA	1	
Head O.C.P.C.	1	
Packer Cap Pack	1	
Other Hawsco 410	1	

WELL DATA

	NEW/USED	WEIGHT	SIZE	FROM	TO	MAX ALLOW
Casing	N	22	8 3/8	K.A.	1739	
Liner						
Liner						
Tbg/D.P.						
Tbg/D.P.						
Open Hole				12 2/1	6.6	1239
Perforations						SHOTS/FT.
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	
Perpac Balls	Qty.	
Other		
Other		
Other		

HOURS ON LOCATION		OPERATING HOURS		DESCRIPTION OF JOB
DATE	HOURS	DATE	HOURS	
				8 3/8 SURFACE
TOTAL		TOTAL		

ORDERED	HYDRAULIC HORSEPOWER	
	Avail.	Used
TREATED	AVERAGE RATES IN BPM	
	Disp.	Overall
FEET	45.10	CEMENT LEFT IN PIPE
		Reason SHOE JOINT

CEMENT DATA

STAGE	SACKS	CEMENT	BULK/SKS	ADDITIVES	YIELD	LBS/GAL
	410	Normal Pt	B	3/4 C.C., 1/4 2/3K Floccle	3.22	11.1
	100	Prem Plas	B	2X C.C., 1/4 2/3K Floccle	1.72	14.8

Circulating	Displacement	Preflush:	Gal - BB	Type 16.0
Breakdown	Maximum	Load & Bldn:	Gal - BB	Pad: BB - Gal
Average	Frac Gradient	Treatment	Gal - BB	Disp: BB - Gal 108.43
Shut In: Instant	5 Min	Cement Slurr	Gal - BB	
	15 Min	Total Volume	Gal - BB	255.13 + 225.1

Frac Ring #1 _____ Frac Ring #2 _____ CON. OPERATION DIV. Frac Ring #3 _____ Frac Ring #4 _____

THE INFORMATION STATED HEREIN IS CORRECT CUSTOMER'S REPRESENTATIVE SIGNATURE *Jim Barclay*

JOB LOG 423-3

TICKET # 231963	NO. 857	P. 2 DATE 11 7 97
REGION North America	NW/COUNTRY U.S.A	EDA/STATE Ks
MOU ID / EMP # Robert Elwood	EMPLOYEE NAME Robert Elwood	PSL DEPARTMENT 3801 CRT
LOCATION COBEN! Ks	COMPANY ANDARNO	CUSTOMER REP / PHONE
TICKET AMOUNT	WELL TYPE G1	API / UWI #
WELL LOCATION W. COBEN! Ks.	DEPARTMENT 3801 CRT	JOB PURPOSE CODE 010
LEASE / WELL # BEAVERS B-3	SEC / TWP / RNG 34-34S 3PLW	

HEG EMP NAME/EMP#(EXPOSURE HOURS) HRS	HEG EMP NAME/EMP#(EXPOSURE HOURS) HRS	HEG EMP NAME/EMP#(EXPOSURE HOURS) HRS	HEG EMP NAME/EMP#(EXPOSURE HOURS) HRS
Robert Elwood 0-4760			
M. FOR 0-0423			
CHARLEY 44061			
D. HANDELTON 6-3090			

ORIGINAL

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL/GAL)	PUMPS		PRESS. (PSI)		JOB DESCRIPTION / REMARKS
				T	C	Tbg	Cig	
	08:33							Called out READ 02:30
	06:00							AN LOG KIT DOLG
	8:00							T.O.O.H
	9:36							START Csg.
	10:35							Csg on Bottom
	10:40							Circulate w/ Rig
	11:00							Hook to HALLIBURTON
	11:05	6.7	235					100 START LEAD CNT @ 11.1 gpa!
	11:40	4.7	23.5					150 START TAIL CNT @ 14.8 gpa!
	11:45							VAL SHUT DOWN
	11:46							VAL Pump Plug
	11:47	5.4	98					VAL START Displacement Wash Pumps & Lines
	12:05	3.2	30					350 Slow Rate
	12:08							200 Plug Down
	12:09							0 Release BACK
	12:10							0 Job Complete

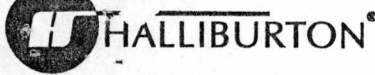
Cnt Circulated to Pit ✓
 BBL 50
 SKS 87

THANK YOU FOR CALLING
 HALLIBURTON
 ROBERT & CREW

RECEIVED
 STATE OF KANSAS COMMISSION

DEC 30 1997

COURT REPORTER
 Wichita, Kansas



JOB SUMMARY 4239-1

TICKET #	276998	TICKET DATE	11-17-97
BDA / STATE	ICS.	COUNTY	STEVENS
PSL DEPARTMENT	ZONAL ISOLATION		
CUSTOMER REP / PHONE	STEVE KIDENOUR		
API / UWI #			
JOB PURPOSE CODE	115 PTA		

REGION	North America	NWA/COUNTRY	MID-CONTINENT
MBU ID / EMP #	D-4372	EMPLOYEE NAME	J. GONZALES
LOCATION	WANDA, TX.	COMPANY	ANADARCO PET. CORP.
TICKET AMOUNT	45,072.29	WELL TYPE	WELL
WELL LOCATION	S. HUBERTON, ICS.	DEPARTMENT	CEMENT
LEASE / WELL #	LAUGHS B-3	SEC7 TWP / RNG	

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. GONZALES D4372			
T. Cook H2809			
L. Vako M6400			
J. Walker H8760			

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
52106-78335	50						
420996	50						
50866-11611							

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
11-17-97	11:15	1500	11:31	1945

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						
Liner						
Liner						
Tbg/D.P.	U		4 1/2	K.B.	3100	
Tbg/D.P.						
Open Hole			7 7/8	GL	2200	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	
Perpac Balls	Qty.	
Other		
Other		
Other		
Other		

HOURS ON LOCATION

DATE	HOURS
11-17-97	
TOTAL	

OPERATING HOURS

DATE	HOURS
11-17-97	
TOTAL	

DESCRIPTION OF JOB

PTA

HYDRAULIC HORSEPOWER

ORDERED _____ Avail. _____ Used _____

AVERAGE RATES IN BPM

TREATED _____ Disp. _____ Overall _____

CEMENT LEFT IN PIPE

REASON _____

CEMENT DATA

STAGE	SACKS	CEMENT	BULK/SKS	ADDITIVES	YIELD	LBS/GAL
1	100	Prem 6446 Poz		6% Gel	1.54	13.2
2	50			"	"	"
3	40			"	"	"
4	10			"	"	"

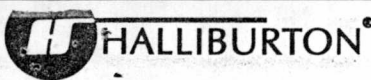
Circulating	Displacement	Preflush:	Gal - BBI	Type
Breakdown	Maximum	Load & Bkdn:	Gal - BBI	Pad: BBI - Gal
Average	Frac Gradient	Treatment	Gal - BBI	Disp: BBI - Gal
Shut In: Instant	5 Min	Cement Slurr	Gal - BBI	
	15 Min	Total Volume	Gal (BBI)	

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

THE INFORMATION STATED HEREIN IS CORRECT

CUSTOMER'S REPRESENTATIVE SIGNATURE

Steve Kidenour



JOB LOG 4239-5

TICKET #	TICKET DATE
BDA / STATE	COUNTY
PSL DEPARTMENT	
CUSTOMER REP / PHONE	
API / UWI #	
JOB PURPOSE CODE	

REGION North America	NWA/COUNTRY
MBU ID / EMP #	EMPLOYEE NAME
LOCATION	COMPANY
TICKET AMOUNT \$5,075.29	WELL TYPE
WELL LOCATION	DEPARTMENT
LEASE / WELL #	SEC / TWP / RNG

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	
1115								CALLED OUT TO BE ON LOC.
1501								CALL LOC.
1125								SAFETY MEETING. SET UP HOOK UP TO DRILL PIPE
1131	1:112	10				420		1st PLUG - 2 ICE WELLS. Plan 1/4 P. 2
1134	1:112	27.4				450		10 BBL H ₂ O AHEAD
1140	4	3.5				50		27.4 BBLS CELEST
1141						100		2.5 BBL H ₂ O DISPL. BEHIND.
1142		33.5				0		33.5 BBL MUD TO BALANCE.
								SHUT DOWN FULL DRILL PIPE. (ANNOUNCED)
								2nd PLUG. 50 SKS. (1720')
1737	5:6	5				0		5 BBL H ₂ O AHEAD
1739	5:6	13.7				125		13.7 BBLS CAT.
1743	5:6	13.4				100		13.4 BBL H ₂ O DISPL. BEHIND
1744	5:6					50		19.2 BBL MUD TO BALANCE.
1749		19.8				0		SHUT DOWN FULL DRILL PIPE.
								3rd PLUG. 60 SKS (40 SKS)
1841	5:6	5				50		5 BBL H ₂ O AHEAD
1844	5:6	10.9				120		10.9 BBLS CAT.
1845	5:6	13.4				0		13.4 BBL H ₂ O DISPL. BEHIND
1846	5:1	4.6				50		4.6 BBL MUD TO BALANCE.
1851								SHUT DOWN FULL DRILL PIPE. BUT 1ST
								4th PLUG. 200 SKS SURFACE (100 SKS)
1917	11:12	2.112						PUMP 2 1/2 BBLS CAT. TO SURFACE.
1920		4						SHUT DOWN
		3						JUMPED 4 BBLS IN RAT HOLE.
1945								REPORTED 2 BBL IN MUD HOLE.
								JOB COMPLETE.
								WASH TRUCK UP. & RIG DOWN
160								RELEASED

RECEIVED
STATE OF KANSAS COMMISSION
DEC 30 1989

THANKS FOR
CALLING H.T.
James J. Jordan
CRG.