

ORIGINAL

SIDE ONE *Plugged 4/2/1990*

STATE CORPORATION COMMISSION OF KANSAS
OIL & GAS CONSERVATION DIVISION
WELL COMPLETION FORM
ACO-1 WELL HISTORY
DESCRIPTION OF WELL AND LEASE

API NO. 15- 129, 21, 011-00-00
County Morton
NE SW SW Sec. 33 Twp. 33S Rge. 39 East
 West

Operator: License # 4549

1250 Ft. North from Southeast Corner of Section

Name: Anadarko Petroleum Corporation

4030 Ft. West from Southeast Corner of Section
(NOTE: Locate well in section plat below.)

Address P.O. Box 351

Lease Name ANADARKO "D" Well # 1

City/State/Zip Liberal, KS 67905-0351

Field Name Wildcat

Purchaser: Not Applicable

Producing Formation None

Operator Contact Person: M. L. Pease

Elevation: Ground 3275 KB NA

Phone (316) 624-6253

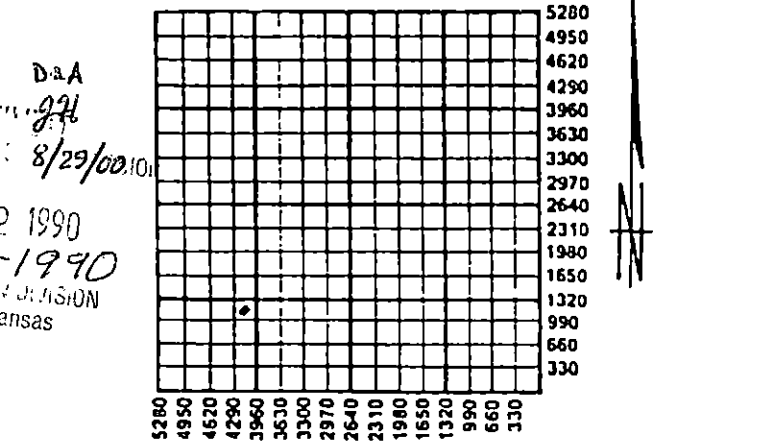
Total Depth 903 PBD 0

Contractor: Name: Gabbert-Jones, Inc.

License: 5842

Wellsite Geologist: NA

Designate Type of Completion
 New Well Re-Entry Workover
 Oil SMD Temp. Add.
 Gas Inj Delayed Comp.
 Dry Other (Core, Water Supply, etc.)



If O&W: old well info as follows:
Operator: _____

Amount of Surface Pipe Set and Cemented at _____ * Feet

Well Name: _____

Multiple Stage Cementing Collar Used? Yes No

Comp. Date _____ Old Total Depth _____

If yes, show depth set _____ Feet

Drilling Method:
 Mud Rotary Air Rotary Cable

If Alternate II completion, cement circulated from _____

8-16-89 8-18-89 8-18-89
Spud Date Date Reached TD Completion Date

feet depth to _____ w/ _____ sx cmt.

INSTRUCTIONS: This form shall be completed in triplicate and filed with the Kansas Corporation Commission, 200 Colorado Derby Building, Wichita, Kansas 67202, within 120 days of the spud date of any well. Rule 82-3-130, 82-3-107 and 82-3-106 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 drillers time log 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. Any recompletion, workover or conversion of a well requires filing of ACO-2 within 120 days from commencement date of such work.

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 Beverly J. Williams
Title Engineering Technician Date 1-31-90

K.C.C. OFFICE USE ONLY
F Letter of Confidentiality Attached
C Wireline Log Received
C Drillers Timelog Received

Distribution
KCC SWD/Rep NGPA
KGS Plug Other
(Specify)

Subscribed and sworn to before me this 31st day of January, 19 90.

Notary Public Cheryl Steers

Date Commission Expires _____



* See CP-4 Well Plugging Record.

ORIGINAL

SIDE TWO

Operator Name Anadarko Petroleum Corporation Lease Name ANADARKO "D" Well # 1

Sec. 33 Twp. 33S Rge. 39 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Formation Description <input type="checkbox"/> Log <input type="checkbox"/> Sample Name Top Bottom None
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	

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
None							

Shots Per Foot	PERFORATION RECORD Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used)	Depth
None			

TUBING RECORD Size Set At Packer At Liner Run Yes No

Date of First Production P&A	Producing Method <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift. <input type="checkbox"/> Other (Explain)
Estimated Production Per 24 Hours	Oil <u>N/A</u> Bbls. Gas <u>N/A</u> Mcf Water <u>N/A</u> Bbls. Gas-Oil Ratio Gravity

Disposition of Gas: Vented Sold Used on Lease (If vented, submit ACO-18.)

METHOD OF COMPLETION: Open Hole Perforation Dually Completed Commingled Other (Specify) _____

Production Interval _____ P&A