ORIGINAL SIDE ONE

API NO. 15- 175-20,655-00-00

STATE CORPORATION COMMISSION OF KANSAS OIL & GAS CONSERVATION DIVISION

Operator: License # 4549 Name: Anadarko Petroleum Corporation Address: P.O. Box 351 City/State/Zip: Liberal, Kansas 67905-0351 Purchaser: Not Applicable Operator Contact Person: J. L. Ashton Phone: (316) 624-6253 Designate Type of Original Completion X New Well Re-Entry Workover Date of Original Completion 1-16-84 Name of Original Completion 1-16-84 Name of Original Operator Anadarko Petroleum Corp. Original Vell Name Hitch "G" No. 12 Date of Recompletion: 11-18-90 Commenced Completed Re-entry Workover: Designate Type of Recompletion/Vorkover: Designate Type of Recompletion/Vorkover: STATEORY No. 12 Designate Type of Recompletion/Pipp Open Office (Social Completion) Light No. 12 Designate Type of Recompletion/Vorkover: STATEORY No. 12 Designate Type of Recompletion/Pipp Open Office (Social Completion) Light No. 12 Designate Type of Recompletion/Pipp Open Office (Social Completion) Light No. 12 Designate Type of Recompletion/Pipp Open Office (Social Completion) Light No. 12 Designate Type of Recompletion/Pipp Open Office (Social Completion) Light No. 12 Designate Type of Recompletion/Pipp Open Office (Social Completion) Dougle Office (Social Completion) Light No. 12 Designate Type of Recompletion/Pipp Open Office (Social Completion) Dougle Office (Social Completion) No. 12 Designate Type of Recompletion/Pipp Open Office (Social Completion) Dougle Office (Social Completion) Light No. 12 Designate Type of Recompletion/Pipp Open Office (Social Completion) Dougle Office (Social Completion) No. 20 Designate Type of Recompletion/Pipp Open Office (Social Completion) Dougle Office (Social Completion) Dougle Office (Social Completion) Dougle Office (Social Completion) No. 20 Dougle Office (Social Completion) No. 20 Dougle Office (Social Completion) Dougle Office (Social Completion) Dougle Office (Social Completion) Dougle Office (S	Name: Anadarko Petroleum Corporation Address: P.O. Box 351 City/State/Zip: Liberal, Kansas 67905-0351 Purchaser: Not Applicable Operator Contact Person: J. L. Ashton Phone: (316) 624-6253 Designate Type of Original Completion X New Well Re-Entry Workover Date of Original Completion 1-16-84 Name of Original Operator Anadarko Petroleum Corp. Original Well Name Hitch "G" No. 12 Date of Recompletion: 11-18-90 1-5-91 Commenced Completed Re-entry Workover To STATE (6-1) 20 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	(MOTE: Locate well in section plat below.) Lease Name Hitch Unit Well # 1-12 Field Name Shuck Producing Formation L. Chester Elevation: Ground 2861 KB NA 5280 4950 4620 4290 3960 3630 33300 2970 2640 2310 1980 1650 1320 990 660 330 TOMMMISSID: 28 28 28 28 28 28 28 28 28 28 28 28 28
Address: P.O. Box 351 City/State/Zip: Liberal, Kansas 67905-0351 Purchaser: Not Applicable Operator Contact Person: J. L. Ashton Phonet(316_) 624-6253 Designate Type of Original Completion Amadarko Petroleum Corp. Original Operator Anadarko Petroleum Corp. Original Operator Anad	Name: Anadarko Petroleum Corporation Address: P.O. Box 351 City/State/Zip: Liberal, Kansas 67905-0351 Purchaser: Not Applicable Operator Contact Person: J. L. Ashton Phone: (316) 624-6253 Designate Type of Original Completion X New Well Re-Entry Workover Date of Original Completion 1-16-84 Name of Original Operator Anadarko Petroleum Corp. Original Well Name Hitch "G" No. 12 Date of Recompletion: 11-18-90 Commenced Completed Re-entry Workover Completed Re-entry Original Operator SWD Temp. Abd. Gas X Inj Delayed Comp. Operator Other (Core, Water Supply, Lett.) Designate Type of Recompletion/Workover: STATE (Corp. 10-10) Desi	Ft. West from Southeast Corner of Section (NOTE: Locate well in section plat below.) Lease Name Hitch Unit Well # 1-12 Field Name Shuck Producing Formation L. Chester Elevation: Ground 2861 KB NA 5280 4950 4620 4290 33600 33300 2970 2640 2310 1980 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500 10500
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Field Name Shuck Purchaser: Not Applicable Producing formation L. Chester	City/State/Zip: Liberal, Kansas 67905-0351 Purchaser: Not Applicable Operator Contact Person: J. L. Ashton Phone:(316) 624-6253 Designate Type of Original Completion X New Well Re-Entry Workover Date of Original Completion 1-16-84 Name of Original Operator Anadarko Petroleum Corp. Original Well Name Hitch "G" No. 12 Date of Recompletion: 11-18-90 1-5-91 Commenced Completed Re-entry Workover Completed Re-entry Original Temp. Abd. Gas X Inj Delayed Comp. Dry Other (Core, Water Supply, Jetc.) Original Completed Despening Re-perforation Plug Back PBTD Operator Liberal Completed Completed Comp. Despening Re-perforation Plug Back PBTD	Field Name Shuck Producing Formation L. Chester Elevation: Ground 2861 KB NA 5280 4950 4620 4290 3960 3630 33300 2970 2640 2310 1980 1650 1320 990 660 330 FORMMISSION C. OFFICE USE ONLY Letter of Confidentiality Attached Wireline Log Received
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Designate Type of Recompletion/Workover: STATE COMPLETED Dil SMD Temp. Abd. Gas X Inj Delayed Comp. 1099 Completed Despening Re-perforation PRID Back PRID X Conversion to Injection/Disposal Is recompleted production: Commingled Docket No. Dual Completion Docket No. Dual Completion Docket No. The Completion Docket No. Distribution KCC SMD/Rep NGPA Other (Disposal or Injection?) Docket No. E-26,115 INSTRUCTIONS: This form shall be completed in triplicate and filed with the Kansas Corporation Commission, 200 Color Derby Building, Wichita, Kansas 67202, within 120 days of the recompletion of any well. Rules 82-3-107 and 82-3 apply. Information on side two of this form will be held confidential for a period of 12 months. One copy of any additive with the form. See rule 82-3-107 for confidentiality in excess of 12 months. One copy of any additive interval of the prior to or with this form for approval of commingling or dual completions. Submit CP-1 with all plugged wells. Submit CP-11 with all temporarily abandoned wells. MOTE: Conversion of wells to either disposal or injection misst	Date of Recompletion: 11-18-90 Commenced Re-entry Workover Designate Type of Recompletion/Workover: STATE Completed STATE Completed Temp. Abd. Sub Temp. Abd. Delayed Comp. Del	2970 2640 2310 1980 1650 1320 990 660 330 K.C.C. OFFICE USE ONLY Letter of Confidentiality Attached Wireline Log Received
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The completed conversion to Injection/Disposal completed production: Commingled Docket No. Commingled Docket No. Commingled Docket No. Commingled Docket No. Completed Comple	Re-entry Workover	1991 K.C.C. OFFICE USE ONLY Litter of Confidentiality Attached Wireline Log Received
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Designate Type of Recompletion/Workover: Dil	Designate Type of Recompletion/Workover: STATE Grant State Control of the point of	MMISSIDER OFFICE USE ONLY F Letter of Confidentiality Attached Wireline Log Received
apply. Information on side two of this form will be held confidential for a period of 12 months if requested in writen and submitted with the form. See rule 82-3-107 for confidentiality in excess of 12 months. One copy of any additional wireline logs and driller's time logs (not previously submitted) shall be attached with this form. Submit ACO-4 or Alprior to or with this form for approval of commingling or dual completions. Submit CP-1 with all plugged wells. Sul CP-111 with all temporarily abandoned wells. NOTE: Conversion of wells to either disposal or injection must recommendately.	Commingled Docket No. Dual Completion Docket No. X Other (Disposal or Injection?) Docket No. E-26,115 INSTRUCTIONS: This form shall be completed in triplicate and	Distribution KCC SWD/Rep NGPA KGS Plug Other (Specify) and filed with the Kansas Corporation Commission, 200 Colora
All requirements of the statutes, rules and regulations promulgated to regulate the oil and gas industry have been fully compared to the statements herein are complete and correct to the best of my knowledge. Signature Dury Date 1-7-91 Title Engineering Technician Date 1-7-91	apply. Information on side two of this form will be held con and submitted with the form. See rule 82-3-107 for confident wireline logs and driller's time logs (not previously submitt prior to or with this form for approval of commingling or dua CP-111 with all temporarily abandoned wells. NOTE: Conver approval before use; submit form U-1. All requirements of the statutes, rules and regulations promulga with and the statements herein are complete and correct to the Signature Sully Addition.	enfidential for a period of 12 months if requested in writinatiality in excess of 12 months. One copy of any additionated) shall be attached with this form. Submit ACO-4 or ACO wal completions. Submit CP-1 with all plugged wells. Submit craim of wells to either disposal or injection must received by the best of my knowledge. Engineering Technician Date 2-7-9/
Subscribed and sworp to before me this 7th day of Debruian 1991	Subscribed and sworp to before me this day of	Jebruar 1991
Notary Public Date Commission Expires Curron extension		
The CHERN STEE	Notary Public Melly Stells	Date Commission Exp Tes CHERYL STEER

SIDE TWO

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	بما ب	West	County	Seward		
		RECOMPLET	TION FORMATION DE	ESCRIPTION		
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<u>Name</u>		•		Тор	Bottom	
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	.	ADDITIONAL C	EXENTING/SQUEEZE	RECORD		
pose:	Depth Top Bottom	Type of Cement	# Sacks Used	Туре а	nd Percent Additives	
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Plug Back TD Plug Off Zone						
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