

FORM MUST BE TYPED

SIDE ONE

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 SLOW Temp. Abd.
 Gas ENHR SIGW
 Dry Other (Core, WSW, Expl., Cathodic, etc)

If Workover:

Operator: ANADARKO PETROLEUM CORPORATION

Well Name: GASKILL "A" NO. 2

Comp. Date 4/9/77 Old Total Depth 6520'

Deepening Re-perf. Conv. to Inj/SWD
 Plug Back 5235' PBTB
 Commingled Docket No. _____
 Dual Completion Docket No. _____
 Other (SWD or Inj?) Docket No. _____

6/7/96 NA 6/12/96
Date OF START Date Reached TD Completion Date OF
OF WORKOVER WORKOVER

API NO. 15- 189-20,337-0002

County STEVENS

150' - W of C - SE Sec. 10 Twp. 33S Rge. 38 E W

1320 Feet from N (circle one) Line of Section

1470 Feet from W (circle one) Line of Section

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

Lease Name GASKILL "A" Well # 2

Field Name GENTZLER

Producing Formation CHEROKEE (SHUT-IN)

Elevation: Ground 3152' KB --

Total Depth 6520' PBTB 5235'

Amount of Surface Pipe Set and Cemented at 1697 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 REWORK JFH 11-5-96
(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. _____

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 REPLENISHING TICKETS MUST BE ATTACHED. Submit CP-4 form with all plugged wells. Submit CP-111 form with all temporarily abandoned wells.**

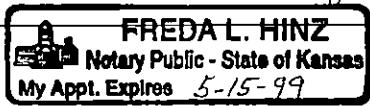
All requirements of the statutes, rules and regulations promulgated to regulate the oil and gas industry have been fully complied with and the statements herein are complete and correct to the best of my knowledge.

Signature John M. Dolan
JOHN M. DOLAN
Title SENIOR TECHNICAL ASSISTANT Date 7/15/96

Subscribed and sworn to before me this 15th day of July 19 96.

Notary Public Freda L. Hinz

Date Commission Expires _____



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)

JUL 17 1996
7-17-96

SIDE TWO

Operator Name ANADARKO PETROLEUM CORPORATION Lease Name GASKILL "A" Well # 2

Sec. 10 Twp. 33S Rge. 38
 East
 West

County STEVENS

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:

Log Formation (Top), Depth and Datums Sample
 Name Top Datum
 (TAKEN FROM ORIGINAL DRILLER'S LOG)
 SAND & REDBED 0' 1700'
 LIME & SHALE 1700' 6520'
 T.D. 6520'

** Original Completion CASING RECORD							
<input 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	1697'	POZ/Common	600/200	4%GEL, 2%CC/3%CC
** PRODUCTION	7-7/8"	4-1/2"	10.5	6216'	SS POZ	130	.5% CFR-2, 1/4# TUFF FIBER

ADDITIONAL CEMENTING/SQUEEZE RECORD

Purpose: <input type="checkbox"/> Perforate <input type="checkbox"/> Protect Casing <input checked="" type="checkbox"/> Plug Back TD <input checked="" type="checkbox"/> Plug Off Zone	Depth		Type of Cement	#Sacks Used	Type and Percent Additives
	Top	Bottom			
	4026'	6042'	CLASS "H"	150	1/4#/SK FLOCELE (L. MORROW PERFS (6001-6030) PLUGGED-OFF)

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	
		DRILL OUT CMT TO 5235' (NEW PBTD)		PRESS TEST CSG TO 570# - HELD
2	PERF 5190'-5198' (CHEROKEE)		ACIDIZED W/1000 GAL 15% FEHCL 6190'-6198'	

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. (SHUT-IN ON 6/12/96) Producing Method Flowing Pumping Gas Lift Other (Explain)

Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
	0	0	6	0	--

Disposition of Gas:

METHOD OF COMPLETION

Production Interval

Vented Sold Used on Lease
 (If vented, submit ACO-18.)

Open Hole Perf. Dually Comp. Commingled 6190'-6198' (S1)
 Other (Specify) _____



CHARGE TO:
 ADDRESS: *Halliburton Petroleum Corporation*
 CITY, STATE, ZIP CODE:

CUSTOMER COPY

TICKET

No.

920185 - 2

PAGE 1 OF 2

HAL-1906-N

SERVICE LOCATIONS <i>102-134 COGENT</i>	WELL/PROJECT NO. <i>A-2</i>	LEASE <i>Emery</i>	COUNTY/PARISH <i>St. Charles</i>	STATE <i>LA</i>	CITY/OFFSHORE LOCATION	DATE <i>6-7-76</i>	OWNER <i>Source</i>
<i>20-1013 Hopedale</i>	TICKET TYPE <input checked="" type="checkbox"/> SERVICE <input type="checkbox"/> SALES	NITROGEN JOB? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	CONTRACTOR <i>Frank Well Serv.</i>	RIG NAME/NO.	SHIPPED VIA <i>Truck</i>	DELIVERED TO <i>Emery</i>	ORDER NO.
3.	WELL TYPE <i>02</i>	WELL CATEGORY <i>02</i>	JOB PURPOSE	WELL PERMIT NO.	WELL LOCATION		
4. REFERRAL LOCATION	INVOICE INSTRUCTIONS						

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.	U/M	QTY.	U/M	UNIT PRICE	AMOUNT
		LOC	ACCT	DF							
<i>001-17</i>					MILEAGE	<i>1</i>	<i>U</i>	<i>78</i>	<i>MI</i>	<i>2.25</i>	<i>174</i>
<i>001-18</i>					ERES MATERIAL	<i>1</i>	<i>U</i>	<i>78</i>	<i>MI</i>	<i>1.50</i>	<i>117</i>
<i>101-134</i>	<i>004-017</i>				Pump Charge	<i>6</i>	<i>HR</i>	<i>53-43-55</i>			<i>3,018</i>
<i>116-202</i>					WARRANTY	<i>1</i>	<i>HR</i>	<i>1</i>	<i>HR</i>		<i>2.40</i>
<i>130-018</i>					Scientific Top Plug	<i>4</i>	<i>HR</i>	<i>1</i>	<i>HR</i>		<i>55</i>
<i>131-018</i>					1145 Filter	<i>1</i>	<i>QAL</i>	<i>370</i>	<i>HR</i>	<i>1.65</i>	<i>546</i>

RECEIVED
STATE CORPORATION
MAY 1 1976

ORIGINAL
317

LEGAL TERMS: Customer hereby acknowledges and agrees to the terms and conditions on the reverse side hereof which include, but are not limited to, PAYMENT, RELEASE, INDEMNITY, and LIMITED WARRANTY provisions.	SUB SURFACE SAFETY VALVE WAS: <input type="checkbox"/> PULLED & RETURN <input type="checkbox"/> PULLED <input type="checkbox"/> RUN			SURVEY			AGREE	UN-DECIDED	DIS-AGREE	PAGE TOTAL
	TYPE LOCK		DEPTH		OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN?					
BEAN SIZE		SPACERS		WE UNDERSTOOD AND MET YOUR NEEDS?						<i>2,000</i>
TYPE OF EQUALIZING SUB.		CASING PRESSURE		OUR SERVICE WAS PERFORMED WITHOUT DELAY?						<i>5,176</i>
TUBING SIZE		TUBING PRESSURE	WELL DEPTH	WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY?						
DATE SIGNED		TIME SIGNED	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	TREE CONNECTION			TYPE VALVE			SUB-TOTAL APPLICABLE TAXES WILL BE ADDED ON INVOICE
<input type="checkbox"/> do <input type="checkbox"/> do not require IPC (Instrument Protection). <input type="checkbox"/> Not offered				<input type="checkbox"/> CUSTOMER DID NOT WISH TO RESPOND						

CUSTOMER ACCEPTANCE OF MATERIALS AND SERVICES The customer hereby acknowledges receipt of the materials and services listed on this ticket.

CUSTOMER OR CUSTOMER'S AGENT (PLEASE PRINT)	CUSTOMER OR CUSTOMER'S AGENT (SIGNATURE)	HALLIBURTON OPERATOR/ENGINEER	EMP #	HALLIBURTON APPROVAL
	<i>X</i>	<i>Robert Edwards</i>	<i>014360</i>	



JOB LOG HAL-2013-C

CUSTOMER ANADARKO PET.	WELL NO. A-2	LEASE GASKILL	JOB TYPE	TICKET NO. 920185
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CHART NO.	TIME	RATE (GPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T.	C.	TUBING	CASING	
	08:30							CALLED OUT R.T.P. 07:30
	08:30							ON LOC ORIGINAL
	08:00							SAFETY MEETING
	08:08						2,500	PRESSURE TEST PUMPS & LINES
	08:10	3.7	52					LOAD WELL
	08:24						2,000	PRESSURE TEST CASING
	08:28							RELEASE BACK
	08:30							Rig up SCHUMBERGER TO PERF.
	09:25							Rig up HALLIBURTON
	09:28	3					400	TARGET RATE
	09:47	2.1	48.7					SHOT DOWN
	10:10							Rig up HEAD & MANIFOLD WIRELINE
	10:27	2	20				100	START MID FLUSH
	10:37	2.3	28.3				500	START CNT @ 16.4 g/gal
	10:45						0	SHOT DOWN
	10:46						0	Drop Plug / WASH TO PER
	10:49						0	START DISPLACEMENT
	11:14	2.4	60				500	CARRY PRESSURE
	11:16	2.5	65				1200	CNT LOCKED UP
	11:20							TAG Plug with WIRELINE @ 4031
	11:23							Pull WIRELINE
	11:30							Job Complete

THANK YOU FOR CALLING
HALLIBURTON
ROBERT & CREW



JOB SUMMARY

HALLIBURTON DIVISION: MED CONT
 HALLIBURTON LOCATION: LEARN K6

BILLED ON TICKET NO. 920185

WELL DATA

FIELD _____ SEC. 10 TWP. 33 S RING. 38 W COUNTY STEVENSON STATE K6

FORMATION NAME _____ TYPE _____
 FORMATION THICKNESS _____ FROM _____ TO _____
 INITIAL PROD. OIL _____ BPD. WATER _____ BPD. GAS _____ MCFD
 PRESENT PROD. OIL _____ BPD. WATER _____ BPD. GAS _____ MCFD
 COMPLETION DATE _____ MUD TYPE _____ MUD WT. _____
 PACKER TYPE _____ SET AT _____
 BOTTOM HOLE TEMP. _____ PRESSURE _____
 MISC. DATA _____ TOTAL DEPTH _____

	NEW USED	WEIGHT	SIZE	FROM	TO	MAXIMUM PSI ALLOWABLE
CASING	0	10.5	4 1/2	LB	5600	
LINER						
TUBING						
OPEN HOLE						
PERFORATIONS				5245	5246	4
PERFORATIONS						
PERFORATIONS						

JOB DATA

CALLED OUT	ON LOCATION	JOB STARTED	JOB COMPLETED
DATE <u>6-7-96</u>	DATE <u>6-7-96</u>	DATE <u>6-7-96</u>	DATE <u>6-7-96</u>
TIME <u>03:30</u>	TIME <u>06:30</u>	TIME <u>08:08</u>	TIME <u>11:30</u>

TOOLS AND ACCESSORIES

TYPE AND SIZE	QTY.	MAKE
FLOAT COLLAR		
FLOAT SHOE		
GUIDE SHOE		
CENTRALIZERS		
BOTTOM PLUG		
TOP PLUG		
HEAD		
PACKER		
OTHER		

MATERIALS

TREAT. FLUID _____ DENSITY _____ LB/GAL. API
 DISPL. FLUID _____ DENSITY _____ LB/GAL. API
 PROP. TYPE _____ SIZE _____ LB.
 PROP. TYPE _____ SIZE _____ LB.
 ACID TYPE _____ GAL. %
 ACID TYPE _____ GAL. %
 ACID TYPE _____ GAL. %
 SURFACTANT TYPE _____ GAL. IN
 NE AGENT TYPE _____ GAL. IN
 FLUID LOSS ADD. TYPE _____ GAL.-LB. IN
 GELLING AGENT TYPE _____ GAL.-LB. IN
 FRIC RED. AGENT TYPE _____ GAL.-LB. IN
 BREAKER TYPE _____ GAL.-LB. IN
 BLOCKING AGENT TYPE _____ GAL.-LB.
 PERFFAC BALLS TYPE _____ QTY.
 OTHER _____
 OTHER _____

PERSONNEL AND SERVICE UNITS

NAME	UNIT NO. & TYPE	LOCATION
<u>R. Elwood</u>	<u>420041</u>	<u>LEARN K6</u>
<u>D. Maguire</u>	<u>0 4360 P.11</u>	<u>LEARN K6</u>
<u>L. Woodward</u>	<u>52938</u>	<u>"</u>
<u>L. Grant</u>	<u>6 1499 75051 (P)</u>	<u>"</u>
<u>M. Heston</u>	<u>50404</u>	<u>"</u>
	<u>0 9157 75505 (R)</u>	<u>Hopewell K6</u>
	<u>84487</u>	<u>P.11 LEARN K6</u>
	<u>76568</u>	<u>CHA "</u>

DEPARTMENT: 5001 Cont
 DESCRIPTION OF JOB: SP
 JOB DONE THRU: TUBING CASING ANNULUS TBG./ANN.
 CUSTOMER REPRESENTATIVE: [Signature]
 HALLIBURTON OPERATOR: Robert Elwood COPIES REQUESTED _____

CEMENT DATA

STAGE	NUMBER OF SACKS	CEMENT	BRAND	BULK SACKED	ADDITIVES	YIELD CU.FT./SK.	MIXED LBS./GAL.
	<u>150</u>	<u>Premium</u>		<u>B</u>	<u>1/4 1/2 Flaccle</u>	<u>1.06</u>	<u>11.4</u>

PRESSURES IN PSI

CIRCULATING _____ DISPLACEMENT _____
 BREAKDOWN _____ MAXIMUM _____
 AVERAGE _____ FRACTURE GRADIENT _____
 SHUT-IN: INSTANT _____ 5-MIN _____ 15-MIN _____
 HYDRAULIC HORSEPOWER _____
 ORDERED _____ AVAILABLE _____ USED _____
 AVERAGE RATES IN BPM _____
 TREATING _____ DISPL. _____ OVERALL _____
 CEMENT LEFT IN PIPE _____
 FEET _____ REASON _____

SUMMARY

PRESLUSH: BBL.-GAL. _____ TYPE _____
 LOAD & BKDN: BBL.-GAL. See Job Log PAD: BBL.-GAL. _____
 TREATMENT: BBL.-GAL. _____ DISPL: BBL.-GAL. _____
 CEMENT SLURRY: BBL.-GAL. _____
 TOTAL VOLUME: BBL.-GAL. _____

REMARKS

11:11 1 7 1996
STAFF CORPORATION

CUSTOMER: LEARN K6
 LEASE: CASSELL
 WELL NO.: A-2
 JOB TYPE: _____
 DATE: 6-7-96