

ORIGINAL

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: NATIONAL COOPERATIVE REFINING ASSOCIATION

Operator Contact Person: SHAWN D. YOUNG

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: BLOOM C-1

Comp. Date 12-15-98 Old Total Depth 6900

Deepening Re-perf. Conv. to Inj/SWD

Plug Back 6620 PBSD

Commingled Docket No. _____

Dual Completion Docket No. _____

Other (SWD or Inj?) Docket No. _____

1-30-99 -- 2-22-99

Spud Date Date Reached TD Completion Date

API NO. 15- 175-21760-0001

County SEWARD

90' E OF _____ E

C - W/2-W/2 - NE Sec. 7 Twp. 35 Rge. 33 X W

660 Feet from X/N (circle one) Line of Section

900 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 BLOOM "C" Well # 1

Field Name LIBERAL SE

Producing Formation U. CHESTER "B"

Elevation: Ground 2855 KB --

Total Depth 6900 PBSD 6620

Amount of Surface Pipe Set and Cemented at 1623 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 Re-work, 3-8-99 v.c.
(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 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 Shawn D. Young
SHAWN D. YOUNG

Title DIVISION PRODUCTION ENGINEER Date 3/2/99

Subscribed and sworn to before me this 2nd day of March 19 99.

Notary Public Shirley J. Childers

Date Commission Expires _____

NOTARY PUBLIC - State of Kansas
SHIRLEY J. CHILDERS
My Appt. Exp. 11/14/02

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

1110170

Operator Name ANADARKO PETROLEUM CORPORATION Lease Name BLOOM "C" Well # 1

Sec. 7 Twp. 35 Rge. 33 East County SEWARD
 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 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

SEE ATTACHED ORIGINAL ACO-1

** 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	1623	P+ MIDCON 2/ PREM PLUS	350/ 100	3%CC, .1% FWCA, 1/4#SK FLC/ 2%CC, 1/4#SK FLC.
** PRODUCTION	7-7/8"	5-1/2"	15.5	6807	50/50 POZ	125	.75% HALAD 322, 10% SALT

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		Acid, Fracture, Shot, Cement Squeeze Record	
	Specify Footage of Each Interval Perforated		(Amount and Kind of Material Used)	Depth
	CIRP @ 6620		ACID W/ 2800 GAL 5% MCA.	6579-6593
2	6579-6593		FRAC'D W/ 22,000 GAL 20# DELTA GEL + 30,000# 20/40 SMD WEDGE.	6579-6593
TUBING RECORD	Size 2-7/8"	Set At 6535	Packer At	Liner Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date of First, Resumed Production, SWD or Inj. RESUMED: 2-18-99		Producing Method <input checked="" type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)		
Estimated Production, Per 24 Hours	Oil 37 Bbls.	Gas 128 Mcf	Water 75 Bbls.	Gas-Oil Ratio 3459.4595 Gravity

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

METHOD OF COMPLETION: Open Hole Perf. Dually Comp. Commingled 6579-6593
 Other (Specify) _____

Production Interval

FORM MUST BE TYPED

ORIGINAL

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: NATIONAL COOPERATIVE REFINING ASSOCIATION

Operator Contact Person: DAVID W. KARPIS

Phone (316) 624-6253

Contractor: Name: BIG "A" DRILLING

License: 31572

Wellsite Geologist: _____

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: _____

Well Name: _____

Comp. Date _____ Old Total Depth _____

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

10-10-98 11-5-98 12-15-98
Spud Date Date Reached TD Completion Date

API NO. 15- 175-21760

County SEWARD

90' E OF _____ E

C - W/2 - W/2 - NE Sec. 7 Twp. 35 Rge. 33 X W

660 Feet from X (circle one) Line of Section

900 Feet from X (circle one) Line of Section

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

Lease Name BLOOM "C" Well # 1

Field Name LIBERAL SE

Producing Formation CHESTER

Elevation: Ground 2855.0 KB _____

Total Depth 6900 PBTB 6759

Amount of Surface Pipe Set and Cemented at 1623 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
(Data must be collected from the Reserve Pit)

Chloride content 1300 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 Date 1-13-99

Subscribed and sworn to before me this 13th day of January 19 99.

Notary Public Freda L. Heinz

Date Commission Expires _____

FREDA L. HEINZ
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 BLOOM "C" Well # 1
 Sec. 7 Twp. 35 Rge. 33 East County SEWARD
 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 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: SBT-CCL-GR, DIL, ML, MLL, CNL-LDT, LS SONIC, DIR SURVEY.

Log Formation (Top), Depth and Datums Sample

Name	Top	Datum
CHASE	2623	
COUNCIL GROVE	3004	
HEEBNER	4343	
TORONTO	4374	
LANSING	4505	
MARMATON	5225	
CHEROKEE	5551	
MORROW	5900	
CHESTER	6224	
STE. GENEVIEVE	NOT PRESENT	
ST. LOUIS	6684	
SPERGEN	6855	

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
SURFACE	12-1/4"	8-5/8"	23.0	1623	P+ MIDCON 2/ PREM PLUS	350/100	3%CC, .1%FWCA, 1/2#SK FLC/2%CC 1/4#SK FLC
PRODUCTION	7-7/8"	5-1/2"	15.5	6807	50/50 POZ/ 50/50 POZ	25/100	.75% HALAD 322, 10% SALT, 1/4#SK FLC/SAME.

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
2	6654-6670.	ACID: 800 GAL 7 1/2% HCL.	6654-6670
2	6623-6645.	ACID: 1100 GAL 7 1/2% HCL.	6623-6645
		FRAC: 39500 GAL GEL & 112000# 20/40 SD.	6623-6645

TUBING RECORD	Size 2 7/8	Set At 6595	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. 12/29/98 Producing Method Flowing Pumping Gas Lift Other (Explain)

Estimated Production Per 24 Hours	Oil 82 Bbls.	Gas TSTM Mcf	Water 202 Bbls.	Gas-Oil Ratio TSTM	Gravity 42
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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 6623-6670 (OA)