

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 ENERGY SERVICES
Operator Contact Person: SHAWN D. YOUNG *9-22-98*
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: WATSON B-2
Comp. Date 10-13-97 Old Total Depth 3675
 Deepening Re-perf. Conv. to Inj/SWD
 Plug Back PBDT
 Commingled Docket No. _____
 Dual Completion Docket No. _____
 Other (SWD or Inj?) Docket No. _____
7-9-98 -- 7-19-98
Spud Date Date Reached TD Completion Date

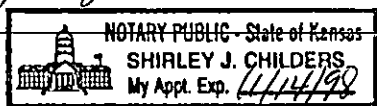
API No. 15- 129-21529-0001
County MORTON
SW - SW - NE - SE Sec. 35 Twp. 34 Rge. 42 E W
1450 Feet from X (circle one) Line of Section
1250 Feet from X (circle one) Line of Section
Footages Calculated from Nearest Outside Section Corner:
NE, SE, NW or SW (circle one)
Lease Name WATSON "B" Well # 2
Field Name GREENWOOD
Producing Formation WABAUNSEE, TOPEKA
Elevation: Ground 3511 KB _____
Total Depth 3675 PBDT 3160
Amount of Surface Pipe Set and Cemented at 328 Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set 1263 Feet
If Alternate II completion, cement circulated from _____
feet depth to _____ w/ _____ sx cmt.

Drilling Fluid Management Plan *Re-work, 9-23-98 uc.*
(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
Title DIVISION PRODUCTION ENGINEER Date 9/20/98
Subscribed and sworn to before me this 20th day of September 1998.
Notary Public Shirley J Childers
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)

ORIGINAL

SIDE TWO

Operator Name ANADARKO PETROLEUM CORPORATION Lease Name WATSON "B" Well # 2

Sec. 35 Twp. 34 Rge. 42 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 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	328	CLASS C/ CLASS C	10/ 100	16%GEL, 3%SALT, 1/4# SK F/ 2%CC, 1/4#SK F
** PRODUCTION	7-7/8"	5-1/2"	15.5	3662	35/65 POZ/ CLASS H	35/ 145	.6%GEL, 2%CC, F/10%GYP, 10%SALT, .5%FL-2, 1/4# SK F.
			F.O. TOOL @	1263	P+ MIDCON 2	120	3%CC, 1/4#SK F.

ADDITIONAL CEMENTING/SQUEEZE RECORD

Purpose:	Depth Top Bottom	Type of Cement	#Sacks Used	Type and Percent Additives
___ Perforate				
___ Protect Casing				
___ Plug Back TD				
___ 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
4	2773-2779, 2738-2766	ACID W/ 3700 GAL 15% HCL	2738-2779

TUBING RECORD	Size 2-3/8"	Set At 3095	Packer At	Liner Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date of First, Resumed Production, SWD or Inj. RESUMED: 7-16-98	Producing Method <input type="checkbox"/> Flowing <input checked="" type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)			
Estimated Production Per 24 Hours	Oil 0 Bbls.	Gas 383 Mcf	Water 4 Bbls.	Gas-Oil Ratio Gravity

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 2738-3068 OA

FORM MUST BE TYPED

ORIGINAL

SIDE ONE

COPY

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 ENERGY SERVICES

Operator Contact Person: DAVID W. KAPPL

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 PBD
 Commingled Docket No. _____
 Dual Completion Docket No. _____
 Other (SWD or Inj?) Docket No. _____

8-14-97 8-25-97 10-13-97
Spud Date Date Reached TD Completion Date

API NO. 15- 129-21529

County MORTON

SW - SW - NE - SE Sec. 35 Twp. 34 Rge. 42 X W

1450 Feet from X (circle one) Line of Section

1250 Feet from X (circle one) Line of Section

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

Lease Name WATSON "R" Well # 2

Field Name GREENWOOD

Producing Formation TOPEKA

Elevation: Ground 3510.7 KB _____

Total Depth 3675 PBD 3160

Amount of Surface Pipe Set and Cemented at 328 Feet

Multiple Stage Cementing Collar Used? Yes No

If yes, show depth set 1263 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 3500 ppm Fluid volume 400 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 11-19-97

Subscribed and sworn to before me this 19th day of November
19 97.

Notary Public Freda L. Harvey

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)

Notary Public
Freda L. Harvey
5-15-99

Operator Name ANADARKO PETROLEUM CORPORATION Lease Name WATSON "B" Well # 2

Sec. 35 Twp. 34 Rge. 41
 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 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: SBT-CCL-GR, GR-NEUTRON.	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datums <input type="checkbox"/> Sample <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;">Name</td> <td style="width:20%;">Top</td> <td style="width:20%;">Datum</td> </tr> <tr> <td>B/CIMARRON</td> <td>1460</td> <td></td> </tr> <tr> <td>WABAUNSEE</td> <td>2738</td> <td></td> </tr> <tr> <td>TOPEKA</td> <td>2941</td> <td></td> </tr> </table>	Name	Top	Datum	B/CIMARRON	1460		WABAUNSEE	2738		TOPEKA	2941	
Name	Top	Datum											
B/CIMARRON	1460												
WABAUNSEE	2738												
TOPEKA	2941												

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	328	CLASS C/ CLASS C.	10/100	16%GEL, 3%SALT, 1/4# SK F/ 2%CC 1/4#SK F.
PRODUCTION	7-7/8"	5-1/2"	15.5	3662	35/65 POZ/ CLASS H.	35/145	.6%GEL, 2%CC, F/ 10%GYP, 10% SALT, 5% EI-2, 1/4# SK F
			F.O. TOOL @	1263	P+ MIDCON 2	120	3%CC, 1/4#SK F.

ADDITIONAL CEMENTING/SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	#Sacks Used	Type and Percent Additives
<input type="checkbox"/> Perforate <input checked="" type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> Plug Off Zone	3024	PREM CLASS H	50	.6% HALAD 9.
	2900	PREM CLASS H	50	.6% HALAD 9.

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	
	Size	Set At	Packer At	Liner Run
4	3504-3516, CIBP @ 3460.			ACID: 900 GAL 15% FeHCl. 3504-3516
3	3202-3210, CIBP @ 3160.			ACID: 600 GAL 15% FeHCl. 3202-3210
4	2996-3006			ACID: 600 GAL 15% FeHCl. 2996-3006
4	3020-3028, 3054-3068.			ACID: 2400 GAL 15% FeHCl. 2996-3068 (OA) ACID FRAC: 15000 GAL FOAMED 15% FeHCl. 2996-3068 (OA)
TUBING RECORD	Size 2 3/8"	Set At 3087	Packer At	Liner Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Date of First, Resumed Production, SWD or Inj. 10-23-97	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 Bbls. Gas Mcf 121 Water Bbls. Gas-Oil Ratio Gravity

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: _____ 2996-3068 (OA)