

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

If Workover:

Operator: ANADARKO PETROLEUM CORPORATION

Well Name: MORGAN "H" NO. 1

Comp. Date 12/21/87 Old Total Depth 5810'

XX CEMENT SQUEEZE

Deepening Re-perf. Conv. to Inj/SWD
 Plug Back 2782' PBTD
 Commingled Docket No. _____
 Dual Completion Docket No. _____
 Other (SWD or Inj?) Docket No. _____

9/26/96 NA 12/8/96
~~Date~~ Date OF START Date Reached TD Completion Date OF
OF WORKOVER WORKOVER

API NO. 15- 175-20,979-0001

County SEWARD

- C - SW - SW Sec. 5 Twp. 32S Rge. 33 X E W

660 Feet from (S)N (circle one) Line of Section

4620 Feet from (E)W (circle one) Line of Section

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

Lease Name MORGAN "H" Well # 1H

Field Name HUGOTON

Producing Formation CHASE

Elevation: Ground 2800' KB --

Total Depth 5810' PBTD 2782'

Amount of Surface Pipe Set and Cemented at 1529 Feet

Multiple Stage Cementing Collar Used? Yes No

If yes, show depth set 2830' Feet

If Alternate II completion, cement circulated from _____
feet depth to _____ w/ _____ sx cmt.

Drilling Fluid Management Plan **REWORK** *JL* **3-20-97**
(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 John M. Dolan
JOHN M. DOLAN

Title SENIOR TECHNICAL ASSISTANT Date 2/20/97

Subscribed and sworn to before me this 26th day of February
19 97.

Notary Public Freda L. Hinz

Date Commission Expires _____

FREDA L. HINZ
Notary Public - State of Kansas
My Appt. Expires 5-15-99

K.C.C. OFFICE USE ONLY		
F	<input checked="" type="checkbox"/>	Letter of Confidentiality Attached
C	<input checked="" type="checkbox"/>	Wireline Log Received
C	<input type="checkbox"/>	Geologist Report Received
Distribution		
<input checked="" type="checkbox"/>	KCC	<input type="checkbox"/> SWD/Rep <input type="checkbox"/> NGPA
<input type="checkbox"/>	KGS	<input type="checkbox"/> Plug <input type="checkbox"/> Other (Specify)

JAN 10 1990

SIDE TWO

Operator Name ANADARKO PETROLEUM CORPORATION Lease Name MORGAN "H" Well # 1H
 Sec. 5 Twp. 32S 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 (Attach Additional Sheets.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No List All E.Logs Run: GR-CBL	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datums <input type="checkbox"/> Sample Name Top Datum (SEE ORIGINAL ACO-1 - ATTACHED)
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** 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	1529'	POZ/COMMON	500/200	4% GEL 2% CCL
** PRODUCTION	7-7/8"	5-1/2"	15.5	5709'	LW/POZ	50/150	FLOSEAL1/ 2% GEL 10% SALT
			**FO TOOL @	2830'			

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	2110' 2830'	MIDCON-2	280	3% CACL, 1/4#/SK FLOCELE

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
2	SET CIBP @ 5500' & DMP 1SX CMT ON TOP 5559'-5566' STING INTO FO TOOL @ 2830' & PMP 280 SXS CMT WOC. RUN CBL FROM 2830'-1000'. TOC @ 2110' SET CMT RTNR @ 2782' (NEW PBTD)		
2	PERF 2682'-90', 2668'-75'	ACIDIZE W/1300 GAL 15% FEHCL	2668'-2690'OA
2	PERF 2622'-44', 2575'-2607', 2542'-54, 2512'-24'	ACIDIZE W/5500 GAL 15% FEHCL	2512'-2644'OA
		FRAC W/8800 GAL 70 QUAL N2 FOAM 25# LIN GEL + 7600# 20/40 SND	2512'-2690'OA
TUBING RECORD	Size 2-3/8" Set At 2652' Packer At --	Liner Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

Date of First, Resumed Production, SWD or Inj. RESUMED - 11/07/96 Producing Method Flowing Pumping Gas Lift Other (Explain)

Estimated Production Per 24 Hours	Oil 0 Bbls.	Gas 90 Mcf	Water 27 Bbls.	Gas-Oil Ratio --	Gravity --
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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 2512-2690 (CHASE) Other (Specify) _____



HALLIBURTON ENERGY SERVICES
HAL-1806-P

CHARGE TO: ANADARKO
ADDRESS: _____
CITY: STATE: ZIP CODE: _____

CUSTOMER COPY

TICKET

No.

106722 - 0

PAGE 1 OF 2

SERVICE LOCATIONS 1. <u>Liberal</u>	WELL/PROJECT NO. <u>LH</u>	LEASE <u>Morgan H</u>	COUNTY/PARISH <u>Sequoy</u>	STATE <u>MS</u>	CITY/OFFSHORE LOCATION	DATE <u>9-27-96</u>	OWNER
2. <u>Houston</u>	TICKET TYPE <input type="checkbox"/> SERVICE <input type="checkbox"/> SALES	NITROGEN JOB? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	CONTRACTOR <u>Best Well Serv</u>	RIG NAME/NO.	SHIPPED VIA <u>HEC</u>	DELIVERED TO <u>LHC</u>	ORDER NO.
3.	WELL TYPE	WELL CATEGORY <u>02</u>	JOB PURPOSE <u>205</u>	WELL PERMIT NO.	WELL LOCATION		
4.	REFERRAL LOCATION	INVOICE INSTRUCTIONS					

PRICE REFERENCE	SECONDARY REFERENCE / PART NUMBER	ACCOUNTING LOC. ACCT. DF	DESCRIPTION	QTY.	U/M	QTY.	U/M	UNIT PRICE	AMOUNT
000-117			MILEAGE	42	hr			3.0	125
000-119			Comer mileage	42	hr			1.62	67.70
001-016			Run Charge	2830	ft	6	hr		1500

ORIGINAL

<p>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.</p> <p>MUST BE SIGNED BY CUSTOMER OR CUSTOMER'S AGENT PRIOR TO START OF WORK OR DELIVERY OF GOODS</p> <p><u>X B. H. H. H.</u> DATE SIGNED: <u>9-27-96</u></p> <p>TIME SIGNED: <u>5:30</u> <input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M.</p> <p><input type="checkbox"/> do <input type="checkbox"/> do not require IPC (Instrument Protection). <input type="checkbox"/> Not offered</p>	SUB SURFACE SAFETY VALVE WAS: <input type="checkbox"/> PULLED & RETURN <input type="checkbox"/> PULLED <input type="checkbox"/> RUN		<p>SURVEY</p> <p>OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN? <input checked="" type="checkbox"/></p> <p>WE UNDERSTOOD AND MET YOUR NEEDS? <input checked="" type="checkbox"/></p> <p>OUR SERVICE WAS PERFORMED WITHOUT DELAY? <input checked="" type="checkbox"/></p> <p>WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY? <input checked="" type="checkbox"/></p> <p>ARE YOU SATISFIED WITH OUR SERVICE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p> <p><input type="checkbox"/> CUSTOMER DID NOT WISH TO RESPOND</p>		<p>PAGE TOTAL: <u>1692</u></p> <p>FROM CONTINUATION PAGE(S): <u>588</u></p> <p>SUB-TOTAL APPLICABLE TAXES WILL BE ADDED ON INVOICE: <u>7574</u></p>
	TYPE LOCK	DEPTH	AGREE	UN-DECIDED	DIS-AGREE
	BEAN SIZE	SPACERS			
	TYPE OF EQUALIZING SUB.	CASING PRESSURE			
TUBING SIZE	TUBING PRESSURE	WELL DEPTH			
TREE CONNECTION	TYPE VALVE				

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) <u>15 W Glick</u>	CUSTOMER OR CUSTOMER'S AGENT (SIGNATURE) <u>X B. H. H. H.</u>	HALLIBURTON OPERATOR/ENGINEER <u>Ron Crist</u>	EMP # <u>071</u>	HALLIBURTON APPROVAL
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FORM 1811 R-10

CUSTOMER	WELL	DATE	PAGE	OF
mg Anadarko Petroleum Services	Morgan "H" 1-H	09-27-96	2	2

PRICE REFERENCE	SECONDARY REFERENCE / PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.		U/M	QTY.	U/M	UNIT PRICE	AMOUNT	
		LOC	ACCT	DF									
504-282					Midcon premium Plus Cement	280	sk				16 76	4692 80	
507-285	70.15250					526	1b						
508-227	516.00335					5	sk						
507-210	890.50071q				Flocele 1/4W/ 280	70	1b				1 65	115 50	
509-406	890.50812				Calcium Chloride 3XW/ 280	8	sk				40 75	326 00	
ORIGINAL													
500-207					SERVICE CHARGE	CUBIC FEET		317			1 35	427 95	
500-306					MILEAGE CHARGE	TOTAL WEIGHT	28083	LOADED MILES	29	TON MILES	407.2006	1 05	427 56

No. B 343800

CONTINUATION TOTAL	5845 81
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JOB SUMMARY

HALLIBURTON DIVISION *Mig - Contract Area*
 HALLIBURTON LOCATION *Liberal, KS*

BILLED ON TICKET NO. *1106722*
106566

FIELD *Hugston* SEC. *5* TWP. *32* RNG. *33* COUNTY *Seward* STATE *KS*

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 *F.O. Cement* SET AT *2830'*
 BOTTOM HOLE TEMP. _____ PRESSURE _____
 MISC. DATA _____ TOTAL DEPTH *5500 P.M.S.*

	NEW USED	WEIGHT	SIZE	FROM	TO	MAXIMUM PSI ALLOWABLE
CASING	<i>4</i>	<i>146</i>	<i>4 1/2</i>	<i>CL</i>	<i>5500'</i>	
LINER						
TUBING	<i>4</i>	<i>4.7</i>	<i>2 3/4</i>	<i>CL</i>	<i>2830'</i>	
OPEN HOLE						SHOTS/FT.
PERFORATIONS						
PERFORATIONS						
PERFORATIONS						

ORIGINAL

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. _____
 PERFPAC BALLS TYPE _____ QTY. _____
 OTHER _____
 OTHER _____

JOB DATA

CALLED OUT	ON LOCATION	JOB STARTED	JOB COMPLETED
DATE <i>9-27-96</i>	DATE <i>9-27-96</i>	DATE <i>9-27-96</i>	DATE <i>9-27-96</i>
TIME <i>05:30</i>	TIME <i>07:00</i>	TIME <i>07:30</i>	TIME <i>16:00</i>

PERSONNEL AND SERVICE UNITS

NAME	UNIT NO. & TYPE	LOCATION
<i>L.A. Grant 84487</i>	<i>41325 A.G.</i>	<i>Liberal, KS</i>
<i>R. CRIST D7653</i>	<i>420045 P.U.</i>	" "
<i>J. Nicholas G 6598</i>	<i>75476 T-64 Rem (P)</i>	" "
<i>STAN Telford H 4817</i>	<i>75817 Bulk</i>	<i>Hugston, KS</i>

DEPARTMENT *TOOL*
 DESCRIPTION OF JOB *Rw F.O. Tool Positioning tool / plug F.O. Re Cement, close hole, Re cement.*
 JOB DONE THRU: TUBING CASING ANNULUS TBG/ANN.
 CUSTOMER REPRESENTATIVE *X B. D. ...*
 HALLIBURTON OPERATOR *... A. ...* COPIES REQUESTED _____

CEMENT DATA

STAGE	NUMBER OF SACKS	CEMENT	BRAND	BULK SACKED	ADDITIVES	YIELD CU.FT./SK.	MIXED LBS./GAL.
	<i>280</i>	<i>P+M100</i>			<i>1/4" Flash, 3% ...</i>	<i>2.01</i>	<i>128</i>

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 _____

VOLUMES

PRESLUSH: BBL.-GAL. _____ TYPE _____
 LOAD & BKDN (BSL)-GAL. *224* PAD: BBL.-GAL. _____
 TREATMENT: BBL.-GAL. *25* DISPL (BSL)-GAL. *8.25*
 CEMENT SLURRY (BSL)-GAL. *93*
 TOTAL VOLUME: BBL.-GAL. _____
 REMARKS _____

CUSTOMER _____
 LEASE _____
 WELL NO. *111*
 JOB TYPE _____
 DATE *12-1-96*