

STATE CORPORATION COMMISSION OF KANSAS
OIL & GAS CONSERVATION DIVISION
WELL COMPLETION FORM
ACO-1 WELL HISTORY
DESCRIPTION OF WELL AND LEASE

API NO. 15- 15-129-10509 - 0001
County MORTON **ORIGINAL**
SE - NW Sec. 1 Twp. 34S Rge. 43 X W

Operator: License # 4549

2388 Feet from X(N) (circle one) Line of Section

Name: ANADARKO PETROLEUM CORPORATION

2300 Feet from X(N) (circle one) Line of Section

Address 701 S. TAYLOR, STE. 400

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

City/State/Zip AMARILLO, TEXAS 79101

Lease Name INTERSTATE Well # 1-1

Purchaser: ANADARKO ENERGY SERVICES

Field Name GREENWOOD

Operator Contact Person: CRAIG R. WALTERS

Producing Formation WABAUNSEE, TOPEKA, LANSING

Phone (806) 457-4600

Elevation: Ground _____ KB _____

Contractor: Name: NA

Total Depth 3165 PBDT 3142

License: NA

Amount of Surface Pipe Set and Cemented at 609 Feet

Wellsite Geologist: NA

Multiple Stage Cementing Collar Used? X Yes _____ No _____

Designate Type of Completion
_____ New Well _____ Re-Entry X Workover

If yes, show depth set _____ Feet

_____ Oil _____ SWD _____ SIOW _____ Temp. Abd.
X Gas _____ ENHR _____ SIGW
_____ Dry _____ Other (Core, WSW, Expl., Cathodic, etc)

If Alternate II completion, cement circulated from _____

feet depth to _____ w/ _____ sx cmt.

If Workover:

Drilling Fluid Management Plan REWORK J9H 6/14/01
(Data must be collected from the Reserve Ppt)
NOT APPLICABLE

Operator: ANADARKO PETROLEUM CORPORATION

Chloride content _____ ppm Fluid volume _____ bbls

Well Name: INTERSTATE 1-1

Dewatering method used _____

Comp. Date 5/6/55 Old Total Depth 3165

Location of fluid disposal if hauled offsite: _____

_____ Deepening X Re-perf. _____ Conv. to Inj/SWD
X Plug Back 3142 PBDT
_____ Commingled Docket No. _____
_____ Dual Completion Docket No. _____
_____ Other (SWD or Inj?) Docket No. _____

Operator Name _____

Lease Name _____ License No. _____

1-28-01 --- 2-19-01
~~Start~~ Date OF START Date Reached TD Completion Date OF
OF WORKOVER WORKOVER

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 Craig R. Walters
Title CRAIG R. WALTERS, P. E. Date 3/29/2001
DIVISION PRODUCTION ENGINEER

Subscribed and sworn to before me this 30 day of march
20 01

Notary Public Bonnie Sue Browning

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
_____ KGS _____ STATE CORPORATION COMMISSION
KCC (Specify)
APR - 2 2001

Operator Name ANADARKO PETROLEUM CORPORATION Lease Name INTERSTATE Well # 1-1

Sec. 1 Twp. 34 Rge. 43

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 SCOUT TICKET

** Original Completion CASING RECORD							
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"	10-3/4"		609		325	
** PRODUCTION	7-7/8"	7"		3163		300	

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
4	2674-2692, 2656-2662, 2634-2654	FRAC W/ 3510 GAL 30# LINEAR GLLE 2% KCL + 3000# 20/40 SND.	2634-2692
6	3117'-3122'+3050'-3064'+2977'-2994'	(OLD)	
6	2914'-2928'+2903'-2907'+2884'-2892'+2858'-2866'		

TUBING RECORD	Size 2 3/8"	Set At 3127	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. RESUMED: 2-15-01 Producing Method Flowing Pumping Gas Lift Other (Explain)

Estimated Production Per 24 Hours	Oil 0 Bbls.	Gas 200 Mcf	Water 38 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 2634-3122 OA

Production Interval: Other (Specify) _____