

FORM MUST BE TYPED

SIDE ONE

ORIGINAL

RECEIVED

APR 29 2002

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

API NO. 15- 067-21466-0001
County GRANT **KCC WICHITA**
5' N & 5' W OF _____ E
_____ C _____ SE _____ SE Sec. 35 Twp. 29S Rge. 35 X W

Operator: License # 4549

335 Feet from X/S (circle one) Line of Section

Name: ANADARKO PETROLEUM CORPORATION

335 Feet from E/X (circle one) Line of Section

Address P. O. BOX 351

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

City/State/Zip LIBERAL, KANSAS 67905-0351

Lease Name HJV CROCKER "A" Well # 1

Purchaser: NATIONAL COOPERATIVE REFINING ASSOCIATION

Field Name RYUS E.

Operator Contact Person: CRAIG R. WALTERS, P.E.

Producing Formation KANSAS CITY "A"

Phone (316) 624-6253

Elevation: Ground 3021.4 KB _____

Contractor: Name: _____

Total Depth 5700 PBDT 5685

License: _____

Amount of Surface Pipe Set and Cemented at 1840 Feet

Wellsite Geologist: _____

Multiple Stage Cementing Collar Used? Yes _____ No

Designate Type of Completion

If yes, show depth set 3238 Feet

New Well Re-Entry Workover

If Alternate II completion, cement circulated from _____

Oil SWD SIOW Temp. Abd.

feet depth to _____ w/ _____ sx cmt.

Gas ENHR SIGW

Drilling Fluid Management Plan See 1 EH 5.8.02
(Data must be collected from the Reserve Pit)

Dry Other (Core, WSW, Expl., Cathodic, etc)

If Workover:

Chloride content _____ ppm Fluid volume _____ bbls

Operator: ANADARKO PETROLEUM CORP

Dewatering method used _____

Well Name: HJV CROCKER A-1

Location of fluid disposal if hauled offsite: _____

Comp. Date 9-13-2000 Old Total Depth 5700

Deepening Re-perf. Conv. to Inj/SWD

Plug Back 5685 PBDT EH.

Commingled Docket No. PENDING 00040706

Dual Completion Docket No. _____

Other (SWD or Inj?) Docket No. _____

Operator Name _____

Lease Name _____ License No. _____

_____ Quarter Sec. _____ Twp. _____ S Rng. _____ E/W

1-28-2002 _____ 2-6-2002

County _____ Docket No. _____

Spud Date _____ Date Reached TD _____ Completion Date _____

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 DIVISION PRODUCTION ENGINEER

Date 4/22/2002

Subscribed and sworn to before me this 22 day of April

Notary Public Lori Pearson

Date Commission Expires 2/26/05

K.C.C. OFFICE USE ONLY		
F <u>NO</u>	Letter of Confidentiality Attached	
C _____	Wireline Log Received	
C _____	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)

LORI PEARSON
Notary Public, State of Texas
My Commission Expires
February 26, 2005

Form ACO-1 (7-91)

X

RECEIVED

ORIGINAL

SIDE TWO

Operator Name ANADARKO PETROLEUM CORPORATION Lease Name HJV CROCKER "A" Well # 1

Sec. 35 Twp. 29S Rge. 35 East County GRANT 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.)
Samples Sent to Geological Survey
Cores Taken
Electric Log Run (Submit Copy.)
List All E.Logs Run:

Log Formation (Top), Depth and Datums
Name Top Datum
CHASE 2506
COUNCIL GROVE 2834
B/HEEBNER 4000
MARMATON 4706
MORROW 5283
STE. GENEVIVE 5606

CASING RECORD
Report all strings set-conductor, surface, intermediate, production, etc.
Table with columns: 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.

ADDITIONAL CEMENTING/SQUEEZE RECORD
Table with columns: Purpose, Depth Top Bottom, Type of Cement, #Sacks Used, Type and Percent Additives.

PERFORATION RECORD - Bridge Plugs Set/Type
Acid, Fracture, Shot, Cement Squeeze Record
Table with columns: Shots Per Foot, PERFORATION RECORD, Acid, Fracture, Shot, Cement Squeeze Record, Depth.

TUBING RECORD
Date of First, Resumed Production, SWD or Inj.
Producing Method
Estimated Production Per 24 Hours
Table with columns: Tubing Record, Date of First, Resumed Production, Producing Method, Estimated Production.

Disposition of Gas:
METHOD OF COMPLETION
Production Interval
4540-5394 OA

FORM MUST BE TYPED

SIDE ONE

ORIGINAL COPY
OCT 29 2002

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

API NO. 15- 067-21466
County GRANT KCC WICHITA
5' N & 5' W OF
C - SE - SE Sec. 35 Twp. 29S. Rge. 35 E/W

Operator: License # 4549

335 Feet from X(S) (circle one) Line of Section

Name: ANADARKO PETROLEUM CORPORATION

335 Feet from (E)X (circle one) Line of Section

Address P. O. BOX 351

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

City/State/Zip LIBERAL, KANSAS 67905-0351

Lease Name HJV CROCKER "A" Well # 1

Purchaser: NATIONAL COOPERATIVE REFINING ASSOCIATION

Field Name RYUS F.

Operator Contact Person: SHAWN YOUNG

Producing Formation KANSAS CITY "A"

Phone (316) 624-6253

Elevation: Ground 3021.4 KB

Contractor: Name: NORSEMAN DRILLING

Total Depth 5700 PBTB 5350

License: 3779

Amount of Surface Pipe Set and Cemented at 1840 Feet

Wellsite Geologist:

Multiple Stage Cementing Collar Used? X Yes No

Designate Type of Completion
X New Well Re-Entry Workover

If yes, show depth set 3238 Feet

X Oil SWD SIOW Temp. Abd.
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
(Data must be collected from the Reserve Pit)

Operator:

Chloride content 2500 ppm Fluid volume 700 bbls

Well Name:

Dewatering method used DRY, BACKFILL & RESTORE LOCATION.

Comp. Date Old Total Depth

Location of fluid disposal if hauled offsite:

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

Operator Name

Lease Name License No.

8-4-2000 8-17-2000 9-13-2000
Spud Date Date Reached TD Completion Date

Quarter Sec. Twp. S Rng. E/W

County Docket No.

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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.

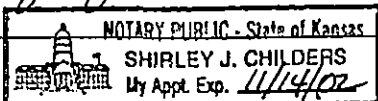
Signature L. MARC HARVEY 10-16-00

Title ENGINEERING TECHNICIAN III Date 10-16-00

Subscribed and sworn to before me this 16th day of October 20 00.

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)

Sec. 1135 Twp. 29S Rge. 35

East
 West

County GRANT

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: CBL-CCL-GR, DIL, CNL-LDT-ML, SONIC.

Name	Top	Datum
CHASE	2506	
COUNCIL GROVE	2834	
B/HEEBNER	4000	
MARMATON	4706	
MORROW	5283	
STE. GENEVIVE	5606	

CASING RECORD							
Report all strings set-conductor, <input checked="" type="checkbox"/> New <input type="checkbox"/> Used, 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	1840	CLASS C/ CLASS C.	450/100	3% D29, .2% D46, 1/4#/SK CF/2% D29, 1/4#/SK CF.
PRODUCTION	7-7/8"	5-1/2"	15.5	6365	15/85 POZ C/ CLASS H.	190/75	8% GEL, 10% SALT, 1/4#/SK CF/2% GEL, 10% SALT, 1/4#/SK CF.
			PORT COLLAR @	3238	15/85 POZ C/ 50/50 POZ C.	50/50	NONE/.75% FLAC, 10% SALT, 2% GEL, 1/4#/SK CF.

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	5380-98, RBP @ 5350.	ACID: 1800 GAL 15% HCL.	5380-98.
		FRAC: 29,000 GAL GEL & 46,000# 12/20 SD.	5380-98.
6	4540-60	ACID: 2000 GAL 15% HCL.	4540-60.

TUBING RECORD	Size	Set At	Packer At	Liner Run
	2-7/8"	4647'		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date of First, Resumed Production, SWD or Inj.		Producing Method		
10/4/2000		<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 Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio TSTM
	376	0	205	41.5

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: 4540-4560 OA.