

FORM MUST BE TYPED

SIDE ONE

ORIGINAL

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

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: OWENS A-5

Comp. Date 7-8-1996 Old Total Depth 5520

Deepening Re-perf. Conv. to Inj/SWD

Plug Back 4625 PBD

Commingled Docket No. PENDING

Dual Completion Docket No.

Other (SWD or Inj?) Docket No.

12-30-1999 -- 1-11-2000

Spud Date 12-30-1999 Date Reached TD -- Completion Date 1-11-2000

API NO. 15- 081-21019-0001

County HASKELL

180'S C NE SW Sec. 16 Twp. 29S Rge. 34 X W

1700 Feet from S/X (circle one) Line of Section

1980 Feet from X/W (circle one) Line of Section

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

Lease Name OWENS "A" Well # 5

Field Name EUBANK

Producing Formation LANSING, KANSAS CITY

Elevation: Ground 2987 KB --

Total Depth 5520 PBD 4625

Amount of Surface Pipe Set and Cemented at 1790 Feet

Multiple Stage Cementing Collar Used? Yes No

If yes, show depth set 3201 Feet

If Alternate II completion, cement circulated from

feet depth to --- w/ --- sx cmt.

Drilling Fluid Management Plan OWENS 7-20-01 SK
(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. ---

RECEIVED
STATE CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION
Wichita, Kansas
JAN 25 2000
1-25-2000

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.

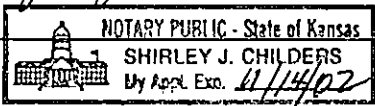
Signature Shawn D. Young
SHAWN D. YOUNG

Title DIVISION PRODUCTION ENGINEER Date 1/21/00

Subscribed and sworn to before me this 21st day of January
19 2000

Notary Public Shirley J. Childers

Date Commission Expires ---



K.C.C. OFFICE USE ONLY
F NO Letter of Confidentiality Attached
C Wireline Log Received
C Geologist Report Received
Distribution
 KCC SWD/Rep NGPA
 KGS Plug Other
(Specify)

SIDE TWO

Operator Name ANADARKO PETROLEUM CORPORATION Lease Name OWENS "A" Well # 5
 Sec. 16 Twp. 29S Rge. 34 East West
 County HASKELL

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 | | | | | | | |
|--|-------------------|---------------------------|-----------------|---------------|--------------------|--------------|--|
| 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 | 1790 | PREM PLUS | 320/ 120 | 3%CC, 1/4# SK FLC/ 2%CC, 1/4# SK FLC. |
| ** PRODUCTION | 7-7/8" | 5-1/2" | 15.5 | 4697 | 50/50 POZ/ PREM | 170/ 100 | 10%SALT, 3/4% HALLAD 322/ 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 |
|----------------|---|---|-----------|
| 4 | 4100-4120 | ACID W/2000 GAL 15% FeHCl | 4100-4120 |
| | CIBP @ 4625 | | |
| | | | |
| | | | |

| | | | | |
|---------------|-------------|-------------|-----------|---|
| TUBING RECORD | Size 2-3/8" | Set At 4578 | Packer At | Liner Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|---------------|-------------|-------------|-----------|---|

| | |
|---|--|
| Date of First, Resumed Production, SWD or Inj. RESUMED: 1-8-2000 | 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 20 Bbls. | Gas 0 Mcf | Water 165 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 4100-4560 OA
 Other (Specify) _____