

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 # 5447

Name: OXY USA Inc.

Address P. O. Box 26100

City/State/Zip Oklahoma City, Ok 73126-0100

Purchaser: N/A

Operator Contact Person: Jerry Ledlow

Phone (405) 749-2309

Contractor: Name: Abercrombie RTD Inc

License: 30864 30684

Wellsite Geologist: Harold Trapp

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 Workovers:

Operator: _____

Well Name: _____

Comp. Date _____ Old Total Depth _____

Deepening Re-perf. Conv. to Inj/SWD

Plug Back _____ PBTB

Commingled _____ Docket No. _____

Dual Completion _____ Docket No. _____

Other (SWD or Inj?) _____ Docket No. _____

5/17/94 5/23/94 5/24/94
Spud Date Date Reached TD Completion Date

API NO. 15-147-20556 **ORIGINAL**

County Phillips

- SW - NE - NW Sec. 27 Twp. 5S Rge. 20 X E

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

1350 Feet from X(N) (circle one) Line of Section

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

Lease Name Griffin A Well # 7

Field Name Ray

Producing Formation Dry

Elevation: Ground 2181 KB 2186

Total Depth 3732 PBTB _____

Amount of Surface Pipe Set and Cemented at 304 Feet

Multiple Stage Cementing Collar Used? Yes No

If yes, show depth set _____ Feet

If Alternate II completion, cement circulated from _____

feet depth to _____ w/ _____ sx cmt.

Drilling Fluid Management Plan D&A JGH 2-2-95
(Data must be collected from the Reserve Pit)

Chloride content 1000 ppm Fluid volume 500 bbls

Dewatering method used Evaporation

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, 200 Colorado Derby Building, 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 Jerry Ledlow

Title Staff Analyst Date 8/16/94

Subscribed and sworn to before me this 16th day of August, 19 94.

Notary Public Kay Ann Kilmer

Date Commission Expires 5-2-98

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 checked="" type="checkbox"/> Geologist Report Received
Distribution	
<input checked="" type="checkbox"/> KCC	<input type="checkbox"/> SWD/Rep
<input type="checkbox"/> KGS	<input type="checkbox"/> Plug
RECEIVED STATE CORPORATION COMMISSION (Specify) AUG 18 1994	

Form ACO-1 (7-91) CONSERVATION DIVISION
WICHITA, KANSAS
8-18-94
P1

SIDE TWO

Operator Name OXY USA Inc. Lease Name Griffin A Well # 7

Sec. 27 Twp. 5S Rge. 20 East West
 County Phillips

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.) See Attached

Samples Sent to Geological Survey Yes No

Cores Taken Yes No

Electric Log Run Yes No
 (Submit Copy.)

List All E.Logs Run:
 High Resolution Induction
 Special Density Dual Spaced Neutron
 Micro Log

Name	Formation (Top), Depth and Datums		Sample
	Top	Datum	
Topeka	3136	- 950	
Oread	3244	- 1058	
Heebner	3284	- 1098	
Toronto	3309	- 1123	
Lansing	3326	- 1140	
BKC	3526	- 1340	
Arbuckle	3600	- 1414	
Reagan	3654	- 1468	
Granite Wash	3696	- 1510	

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 /8"	24	304	Standard	235	3% cc, 1/4#sx Flocele

Purpose:	Depth		Type of Cement	#Sacks Used	Type and Percent Additives
	Top	Bottom			
<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		Acid, Fracture, Shot, Cement Squeeze Record	
	Specify Footage of Each Interval Perforated		(Amount and Kind of Material Used)	Depth

TUBING RECORD Size _____ Set At _____ Packer At _____ Liner Run Yes No

Date of First, Resumed Production, SWD or Inj. D&A Producing Method Flowing Pumping Gas Lift Other (Explain)

Estimated Production Per 24 Hours	Oil <u>N/A</u> Bbls.	Gas <u>N/A</u> Mcf	Water <u>N/A</u> Bbls.	Gas-Oil Ratio	Gravity
-----------------------------------	----------------------	--------------------	------------------------	---------------	---------

Disposition of Gas: **METHOD OF COMPLETION** Production Interval

Vented Sold Used on Lease (If vented, submit ACO-18.) Open Hole Perf. Dually Comp. Commingled _____

Other (Specify) Dry _____

OXY USA Inc.
Griffin A #7
990 FNL & 1350 FWL
Sec 27-58-20W
Phillips County, Kansas

ORIGINAL

Drill Stem Tests Taken

DST#1

RIH w/tools & drill pipe to 3608'
30-60-60-120

First flow 1" blow decreasing & died in 20 mins. Tried to flush tool(no surge).
SI 60 mins. Final blow flushed tool (no surge).

DST#2

RIH w/tools & pipe to 3612'. Test intervals 3608-12'
30-60-60-120

First flow 1/2" blow building to 6". Final flow weak surface blow building
to 7". POOH. Recovered 1' clean oil, 69' muddy wtr & 109' wtr.
IHP 1849#, IFP 37-52#, ISIP 804#, FFP 82-112#, FSIP 917#, FHP 1765#

DST#3

RIH w/tools & drill pipe to 3635' (Reagan Sand). Tested 3622-35'.
30-30-30-60

First blow strong blow went to the bottom of the bucket in 4 mins.
Final blow 1/2" building to the bottom in 2 mins. Pooh.
Recovered 1'-2' max ress oil, 190' oil, specked muddy wtr & 800' SW.
IHP 1872#, IFP 74-301#, FFP 438-873#, FSIP 873#, FHP 1803#.

RECEIVED
STATE CORPORATION COMMISSION

AUG 18 1994

CORPORATION DIVISION
WICHITA, KANSAS

CUSTOMER COPY



HALLIBURTON ORIGINAL

REMIT TO:
P.O. BOX 951046
DALLAS, TX 75395-1046

INVOICE

INVOICE NO.	DATE
663170	05/17/199

WELL LEASE NO./PROJECT		WELL/PROJECT LOCATION		STATE	OWNER
GRIFFIN A-7		PHILLIPS		KS	SAME
SERVICE LOCATION		CONTRACTOR	JOB PURPOSE		TICKET DATE
DORBERLIN		ABERCROMBIE #8	CEMENT SURFACE CASING		05/17/199
ACCT. NO.	CUSTOMER AGENT	VENDOR NO.	CUSTOMER P.O. NUMBER	SHIPPED VIA	FILE NO.
859167	JIM NOWELL	E-26		COMPANY TRUCK	6975

OXY USA INC.
REGIONAL OFFICE
ATT: G. I. MCFARLAND
PO BOX 26100
OKLAHOMA CITY, OK 73126-0100

DIRECT CORRESPONDENCE TO:
OKLAHOMA TOWER
210 WEST PARK AVENUE
SUITE 2000
OKLAHOMA CITY, OK 73102-5601

91573145 X 2300.1/724

REFERENCE NO.	DESCRIPTION	QUANTITY	UM	UNIT PRICE	AMOUNT
PRICING AREA - MID CONTINENT					
000-117	MILEAGE CEMENTING ROUND TRIP	130	MI	2.75	357.50
		1	UNT		
001-016	CEMENTING CASING	304	FT	630.00	630.00
		1	UNT		
030-503	CMTG PLUG LA-11,CP-1,CP-3, TOP	8	5/8 IN	95.00	95.00
		1	EA		
40	CENTRALIZER 8-5/8" X 12.25"	3	EA	72.00	216.00
807.93059					
504-308	CEMENT - STANDARD	235	SK	9.01	2,117.35
509-406	ANHYDROUS CALCIUM CHLORIDE	9	SK	36.75	330.75
507-210	FLOCELE	59	LB	1.65	97.35
500-207	BULK SERVICE CHARGE	255	CFT	1.35	344.25
500-306	MILEAGE CMTG MAT DEL OR RETURN	800.4	TMI	.95	760.38

INVOICE SUBTOTAL 4,948.58

DISCOUNT-(BID) *25%* 1,237.11-
INVOICE BID AMOUNT 3,711.47

*-KANSAS STATE SALES TAX 142.08
*-DECATUR COUNTY SALES TAX 28.99

INVOICE TOTAL - PLEASE PAY THIS AMOUNT \$3,882.54

61094
1332 *006*
Disc. [Signature]

AFFIX JOB TKT

TERMS: If Customer does not have an approved open account with Halliburton, all sums due are payable in cash at the time of performance of services or delivery of equipment, products or materials. If customer has an approved open account, invoices are payable on the twentieth day after date of invoice. Customer agrees to pay interest on any unpaid balance from the date payable until paid at the highest lawful contract rate applicable, but never to exceed 18% per annum. In the event Halliburton employs an attorney for collection of any account, Customer

CUSTOMER COPY



HALLIBURTON

REMIT TO:
P.O. BOX 451046
DALLAS, TX 75395-1046

INVOICE

ORIGINAL

INVOICE NO.	DATE
663170	05/17/199

WELL LEASE NO./PROJECT		WELL/PROJECT LOCATION		STATE	OWNER
BERLIN		PHILLIPS		KS	SAME
SERVICE LOCATION	CONTRACTOR	JOB PURPOSE		TICKET DATE	
BERLIN	ABERCROMBIE #8	CEMENT SURFACE CASING		05/17/199	
ACCT. NO.	CUSTOMER AGENT	VENDOR NO.	CUSTOMER P.O. NUMBER	SHIPPED VIA	FILE NO.
9187	JIM NOWELL	8-26		COMPANY TRUCK	6975

OXY USA INC.
REGIONAL OFFICE
ATT: G. L. MCPARLAND
PO BOX 26100
OKLAHOMA CITY, OK 73126-0100

DIRECT CORRESPONDENCE TO:
OKLAHOMA TOWER
210 WEST PARK AVENUE
SUITE 2000
OKLAHOMA CITY, OK 73102-5601

71573145 X 2360.1/724

REFERENCE NO.	DESCRIPTION	QUANTITY	UM	UNIT PRICE	AMOUNT
PRICING AREA - MID CONTINENT					
000-117	MILEAGE CEMENTING ROUND TRIP	130	MI	2.75	357.50
		1	UNT		
001-016	CEMENTING CASING	304	FT	630.00	630.00
		1	UNT		
030-503	CMTG PLUG LA-11 CP-1, CP-3, TOP	8	5/8 IN	95.00	95.00
		1	EA		
40	CENTRALIZER 8-5/8" X 12.25"	3	EA	72.00	216.00
R07.93059					
004-008	CEMENT - STANDARD	235	SK	9.01	2,117.35
500-006	ANHYDROUS CALCIUM CHLORIDE	9	SK	36.75	330.75
507-210	FLOCELE	59	LB	1.65	97.35
500-207	BULK SERVICE CHARGE	255	CFT	1.35	344.25
500-306	MILEAGE CMTG MAT DEL OR RETURN	800.4	TMI	.95	760.38

INVOICE SUBTOTAL

4,948.58

DISCOUNT - (BID) 25%
INVOICE BID AMOUNT

1,237.11-

3,711.47

*-KANSAS STATE SALES TAX

142.08

*-DECATUR COUNTY SALES TAX

28.99

INVOICE TOTAL - PLEASE PAY THIS AMOUNT *****

\$3,882.54

AFFIX JOB TRK

TERMS: If Customer does not have an approved open account with Halliburton, all sums due are payable in cash at the time of performance of services or delivery of equipment, products or materials. If customer has an approved open account, invoices are payable on the twentieth day after date of invoice. Customer agrees to pay interest on any unpaid balance from the date payable until paid at the highest lawful contract rate applicable, but never to exceed 18% per annum. In the event Halliburton employs an attorney for collection of any account, Customer agrees to pay attorney fees of 20% of the unpaid account, plus all collection and court costs.

FORM 1900-R5

PAGE:

61094
1332 006
Disc. POB



CHARGE TO: Dr USA
 ADDRESS: Regional Office, Attn: G I McFarland P.O. Box 2600
 CITY, STATE, ZIP CODE: Oklahoma City OK 73126-0100

COPY
 TICKET No. 663170 - 2
 PAGE 1 OF 2

FORM 1906 R-13

1. SERVICE LOCATIONS <u>1 Oberlin KS</u>	WELL/PROJECT NO. <u>A-7 Aft</u>	LEASE <u>Griffin</u>	COUNTY/PARISH <u>Phillips</u>	STATE <u>KS</u>	CITY/OFFSHORE LOCATION	DATE <u>5-17-94</u>	OWNER <u>Same</u>
2.	TICKET TYPE <input checked="" type="checkbox"/> SERVICE <input type="checkbox"/> SALES	NITROGEN JOB? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	CONTRACTOR <u>Abercrombie RTD</u>	RIG NAME/NO. <u>8</u>	SHIPPED VIA <u>CT</u>	DELIVERED TO <u>Well Site</u>	ORDER NO.
3.	WELL TYPE <u>01</u>	WELL CATEGORY <u>02</u>	JOB PURPOSE <u>010</u>	WELL PERMIT NO. <u>15-147-20556</u>	WELL LOCATION <u>S. Logan KS</u>		
4. REFERRAL LOCATION	INVOICE INSTRUCTIONS						

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.		U/M		UNIT PRICE	AMOUNT
		LOC	ACCT	DF							
000-117		1		25	MILEAGE 3580	130	mi	1		2.75	357.50
001-016		1		25	Pump Change	301	ft	6	hr		630.00
030-503		1		25	CP-1 Top Plug	1	EA	8 ⁵ / ₈	in		95.00
40	807.93059	1		25	S-4 Centralizers B	3	EA	8 ⁷ / ₈	in	72.00	216.00
504-308		1		25	Standard Cement	235	SKS			9.01	2117.35
509-406		1		25	Calcium Chloride	9	SKS			36.75	330.75
507-210		1		25	Floccle	59	lbs			1.65	97.35
500-207		1		25	Blend Change	255	cuft			1.35	344.25
500-306		1		25	Mileage - 70 mi	22869	lbs	800.4	Ton Miles	.25	760.38

ORIGINAL

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.				SUB SURFACE SAFETY VALVE WAS: <input type="checkbox"/> PULLED & RETURN <input type="checkbox"/> PULLED <input type="checkbox"/> RUN				SURVEY		AGREE	UN-DECIDED	DIS-AGREE	PAGE TOTAL 4948.58
CUSTOMER OR CUSTOMER'S AGENT SIGNATURE <u>[Signature]</u>				TYPE LOCK		DEPTH		OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN?				FROM CONTINUATION PAGE(S)	
DATE SIGNED <u>5-17-94</u>				BEAN SIZE		SPACERS		WE UNDERSTOOD AND MET YOUR NEEDS?					SUB-TOTAL APPLICABLE TAXES WILL BE ADDED ON INVOICE 4948.58
TIME SIGNED <u>2:00</u>				TYPE OF EQUALIZING SUB.		CASING PRESSURE		OUR SERVICE WAS PERFORMED WITHOUT DELAY?				ARE YOU SATISFIED WITH OUR SERVICE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> CUSTOMER DID NOT WISH TO RESPOND	
<input type="checkbox"/> do <input type="checkbox"/> not require IPC (Instrument Protection). <input type="checkbox"/> Not offered				TUBING SIZE		TUBING PRESSURE		WELL DEPTH					
				TREE CONNECTION		TYPE VALVE							

CUSTOMER ACCEPTANCE OF MATERIALS AND SERVICES

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>Jim Nowell</u>	CUSTOMER OR CUSTOMER'S AGENT (SIGNATURE) <u>[Signature]</u>	HALLIBURTON OPERATOR/ENGINEER <u>Jack Moore 84685</u>	EMP #	HALLIBURTON APPROVAL <u>[Signature]</u>
--	--	--	-------	--



JOB SUMMARY

HALLIBURTON DIVISION **MILWAUKEE**
HALLIBURTON LOCATION **Oberlin KS**

BILLED ON TICKET NO. **663170**

WELL DATA
FIELD **S. Logan KS** SEC **27** TWP **5s** RNG **20W** COUNTY **Phillips** 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 _____ SET AT _____
BOTTOM HOLE TEMP. _____ PRESSURE _____
MISC. DATA _____ TOTAL DEPTH **309**

	NEW USED	WEIGHT	SIZE	FROM	TO	MAXIMUM PSI ALLOWABLE
CASING	N	24	8 5/8	KB	304	
LINER						
TUBING						
OPEN HOLE			12 1/4	KB	309	SHOTS/FT.
PERFORATIONS						
PERFORATIONS						
PERFORATIONS						

JOB DATA

TOOLS AND ACCESSORIES		
TYPE AND SIZE	QTY.	MAKE
FLOAT COLLAR		
FLOAT SHOE		
GUIDE SHOE		
CENTRALIZERS S-4 8 5/8"	3EA	Howco
BOTTOM PLUG		
TOP PLUG CP-1 8 5/8"	1EA	Howco
HEAD		
PACKER		
OTHER		

CALLED OUT	ON LOCATION	JOB STARTED	JOB COMPLETED
DATE 5-17-94	DATE 5-17-94	DATE 5-17-94	DATE 5-17-94
TIME 1300	TIME 1400	TIME 2100	TIME 2325

PERSONNEL AND SERVICE UNITS

NAME	UNIT NO. & TYPE	LOCATION
J. Moore	38422	
B468S	P.U.	OberlinKS
R. Legg	3580	
73148	HT-400RCM	OberlinKS
S. Dolan	4718-8434	
83271	Bulk TK	OberlinKS

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 _____

DEPARTMENT **Cmt**
 DESCRIPTION OF JOB **Cement Surface Casing**
 w/

JOB DONE THRU: TUBING CASING ANNULUS TBG./ANN.

CUSTOMER REPRESENTATIVE **X for [Signature]**
 HALLIBURTON OPERATOR **Jack Moore** COPIES REQUESTED _____

CEMENT DATA

STAGE	NUMBER OF SACKS	CEMENT	BRAND	BULK SACKED	ADDITIVES	YIELD CU.FT./SK.	MIXED LBS./GAL.
	235	S+D			3%CC 1/4" Flocele	1.18	15.6

PRESSURES IN PSI

SUMMARY

VOLUMES

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 **15** REASON **Requested**

PRESLUSH **5** GAL. TYPE **Fresh Wtr**
 LOAD & BKDN: BBL.-GAL. _____ PAD: BBL.-GAL. _____
 TREATMENT: BBL.-GAL. _____ % DISPL. **18.4** GAL.
 CEMENT SLURRY **49.4** GAL.
 TOTAL VOLUME: BBL.-GAL. **72.8**

REMARKS

See Joblog
Thankyou

CUSTOMER **OxyUSA**
 LEASE **G. Griffin**
 WELL NO. **A-7**
 JOB TYPE **Cmt. Surf. Csg**
 DATE **5-17-94**



JOB LOG FORM 2013B-4

CUSTOMER: Oxy USA WELL NO: A-7 LEASE: Griffin JOB TYPE: Cmt. Surf. Csg TICKET NO: 663170

CHART NO	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	1400							On location - Rig drilling Rat Hole
	2015							Hole cut
	2116							Out of hole w/ Bit - Change over to run Surface Casing
	2127							Start Pipe - 7 Jts New 24#/ft 8 7/8" Casing - 1 EA Centralizer on Top of 1st 3rd & 5th Joints
								Finish Casing - Hook up Plug Container & manifold
	2220	5						Rig circulate
	2235	5						Hook up to Howco
	2237	5	5 wtr					100 Start 5 bbl Fresh water ahead
	2239	5						100 Start cement - 235 sks Std w/ 1/4" Flocc & 3% CC
	2249	5	49.4 cmt					0 Finish Cement - Shut down
	2251	5						0 Release plug & start disp
	2255	5	18.4 wtr					150 Finish Disp - Close in
	2300							Wash up truck
	2310							Rack up
	2325							Job Complete
								Circulated 4 bbl Cement



CHARGE TO: USA
 ADDRESS: Regional Office 1006 I.M. ... P.O. Box 26100
 CITY, STATE, ZIP CODE: Oklahoma City, OK 73106-0100

COPY

TICKET

No.

663170 - 2

FORM 1906 R-13

PAGE 1 OF 2

1. SERVICE LOCATIONS <u>Oberlin, KS</u>	WELL/PROJECT NO. <u>A-7 AFE</u>	LEASE <u>Goulet</u>	COUNTY/PARISH <u>Phillips</u>	STATE <u>KS</u>	CITY/OFFSHORE LOCATION	DATE <u>5-17-94</u>	OWNER <u>Same</u>
2. TICKET TYPE <input type="checkbox"/> SERVICE <input type="checkbox"/> SALES	NITROGEN JOB? <input type="checkbox"/> YES <input type="checkbox"/> NO	CONTRACTOR <u>Herscoptic RTD</u>	RIG NAME/NO. <u>8</u>	SHIPPED VIA <u>CT</u>	DELIVERED TO <u>Wells, etc</u>	ORDER NO.	
3. WELL TYPE	WELL CATEGORY <u>02</u>	JOB PURPOSE <u>010</u>	WELL PERMIT NO. <u>15-147-26556</u>	WELL LOCATION <u>S. Logan KS</u>			
4. REFERRAL LOCATION	INVOICE INSTRUCTIONS						

FINAL

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.		U/M		UNIT PRICE	AMOUNT
		LOC	ACCT	DF							
000-117	OR	1			MILEAGE 3580	130	m			2.75	357.50
001-016		1			Pump Change						630.00
030-503		1			CP-1 Top Plug	1	EA	8%	11		95.00
40		807.93059	1		S-4 Centralizers B	3	EA	8%	11	72.00	216.00
504-308		1			Standard Cement	235	lbs			9.01	2117.35
509-406		1			Calcium Chloride	9	bags			36.75	330.75
507-210		1			Floccle	59	bags			1.65	97.35
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500-306		1			Mileage - 70 mi	22869	lbs	800.4	7.00	.95	760.39

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SUB SURFACE SAFETY VALVE WAS:
 PULLED & RETURN PULLED RUN

TYPE LOCK	DEPTH	
BEAN SIZE	SPACERS	
TYPE OF EQUALIZING SUB.	CASING PRESSURE	
TUBING SIZE	TUBING PRESSURE	WELL DEPTH
TREE CONNECTION	TYPE VALVE	

SURVEY	AGREE	UN-DECIDED	DIS-AGREE
OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN?			
WE UNDERSTOOD AND MET YOUR NEEDS?			
OUR SERVICE WAS PERFORMED WITHOUT DELAY?			
WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY?			
ARE YOU SATISFIED WITH OUR SERVICE?	<input type="checkbox"/> YES <input type="checkbox"/> NO		
<input type="checkbox"/> CUSTOMER DID NOT WISH TO RESPOND			

PAGE TOTAL	4948.59
FROM CONTINUATION PAGE(S)	
SUB-TOTAL	
APPLICABLE TAXES WILL BE ADDED ON INVOICE	

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>Jim ...</u>	CUSTOMER OR CUSTOMER'S AGENT (SIGNATURE) <u>X [Signature]</u>	HALLIBURTON OPERATOR/ENGINEER <u>Jack Moore B46XS</u>	EMP #	HALLIBURTON APPROVAL
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JOB SUMMARY

HALLIBURTON DIVISION
HALLIBURTON LOCATIONMIDCON
Oberlin KS

BILLED ON TICKET NO. 663170

WELL DATA

FIELD S. Logan KS SEC. 27 TWP. 5S RNG. 20W COUNTY Phillips 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 _____ SET AT _____
 BOTTOM HOLE TEMP. _____ PRESSURE _____
 MISC. DATA _____ TOTAL DEPTH 309

	NEW USED	WEIGHT	SIZE	FROM	TO	MAXIMUM PSI ALLOWABLE
CASING	N	4	4 1/2	KS	304	
LINER						
TUBING						
OPEN HOLE			1-1/2	KB	307	SHOTS/FT.
PERFORATIONS						
PERFORATIONS						
PERFORATIONS						

ORIGINAL

JOB DATA

TOOLS AND ACCESSORIES		
TYPE AND SIZE	QTY.	MAKE
FLOAT COLLAR		
FLOAT SHOE		
GUIDE SHOE		
CENTRALIZERS <u>S-4 2 1/2</u>	<u>309</u>	<u>H 220</u>
BOTTOM PLUG		
TOP PLUG <u>CP-1 2 1/2</u>	<u>159</u>	<u>Hollow</u>
HEAD		
PACKER		
OTHER		

CALLED OUT	ON LOCATION	JOB STARTED	JOB COMPLETED
DATE <u>5-17-94</u>	DATE <u>5-17-94</u>	DATE <u>5-17-94</u>	DATE <u>5-17-94</u>
TIME <u>1:00</u>	TIME <u>1:00</u>	TIME <u>2:00</u>	TIME <u>5:30</u>

PERSONNEL AND SERVICE UNITS

NAME	UNIT NO. & TYPE	LOCATION
<u>J. Moore</u>	<u>344 22</u>	
<u>B. G. KS</u>	<u>2.4</u>	<u>Oberlin KS</u>
<u>K. L. KS</u>	<u>3000</u>	
<u>73145</u>	<u>H. H. KS</u>	<u>Oberlin KS</u>
<u>S. Dole</u>	<u>471 2224</u>	
<u>83271</u>	<u>Bull Tr</u>	<u>Oberlin KS</u>

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 _____

DEPARTMENT Cent
 DESCRIPTION OF JOB Completion of surface casing
w/

JOB DONE THRU: TUBING CASING ANNULUS TBG./ANN.

CUSTOMER REPRESENTATIVE X J. Moore

HALLIBURTON OPERATOR Jack Moore COPIES REQUESTED _____

CEMENT DATA

STAGE	NUMBER OF SACKS	CEMENT	BRAND	BULK SACKED	ADDITIVES	YIELD CU.FT./SK.	MIXED LBS./GAL.
	<u>235</u>	<u>S+H</u>			<u>3200 74* FLUOR</u>	<u>1.18</u>	<u>15.6</u>

PRESSURES IN PSI

CIRCULATING _____ DISPLACEMENT _____
 BREAKDOWN _____ MAXIMUM _____
 AVERAGE _____ FRACTURE GRADIENT _____
 SHUT-IN: INSTANT _____ 5-MIN _____ 15-MIN. _____
 HYDRAULIC HORSEPOWER _____

SUMMARY

VOLUMES

PRESLUSH: BBL.-GAL. 5 TYPE _____
 LOAD & BKDN: BBL.-GAL. _____ PAD: BBL.-GAL. _____
 TREATMENT: BBL.-GAL. _____ DISPL: BBL.-GAL. 18.4
 CEMENT SLURRY: BBL.-GAL. 49.4
 TOTAL VOLUME: BBL.-GAL. 72.8

REMARKS

see Job log
Thank you

ORDERED _____ AVAILABLE _____ USED _____
 AVERAGE RATES IN BPM _____
 TREATING _____ DISPL. _____ OVERALL _____
 CEMENT LEFT IN PIPE _____
 FEET 15 REASON Required

CUSTOMER: OXYGENA
LEASE: 2-1-11
WELL NO: 17
JOB TYPE: Completion
DATE: 5-17-94

JOB LOG FORM 2013 R-4

CUSTOMER OxyUSA	WELL NO. A-7	LEASE Griffin	JOB TYPE Cmt. Surt. Coy	TICKET NO. 663170
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CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	1400							On location - Rig drill - R 111
	2015							Hook out
	2116							Out of hole by Bit - Change
								over to producing casing
	2127							Start P a - 7 1/2 in New 4 1/2 in
								8 1/2 in casing - 15A cement
								in Top of 12 3/4 in 5 1/2 in
								From casing - Hook up P
								Control + man in K
	2220							Rig circulate
	2235							Hook up P 11 1/2 in
	2237		5 wtr				100	Start 5 1/2 in Fresh cement
	2239						100	Start cement - 235 lbs
								1/4 in Fresh - 32 CC
	2247		49.4 wtr				0	Finish cement - 200 lb
	2251						0	Finish cement - 200 lb
	2255		10.4 wtr				150	Finish Drop - Close
	2300							Wash bit track
	2310							Back up
	2325							Job Complete
								Circulated 4 bbl Cement