

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

API NO. 15-147-20555 ⁰⁰⁻⁰⁰ ORIGINAL

County Phillips
SE - NE - SE Sec. 31 Twp. 5S Rge. 20 X W

Operator: License # 5447

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

Name: OXY USA Inc.

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

Address P. O. Box 26100

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

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

Lease Name Johnson B Well # 19

Purchaser: Citgo Petroleum Co.

Field Name Ray

Operator Contact Person: Jerry Ledlow

Producing Formation Reagan

Phone (405) 749-2309

Elevation: Ground 2160 KB 2165

Contractor: Name: Abercrombie RTD Inc

Total Depth 3640 PBDT 3593

License: 30684

Amount of Surface Pipe Set and Cemented at 335 Feet

Wellsite Geologist: Steve Davis

Multiple Stage Cementing Collar Used? Yes X No

Designate Type of Completion

If yes, show depth set _____ Feet

X New Well Re-Entry Workover

If Alternate II completion, cement circulated from _____

X Oil SWD SLOW Temp. Abd. _____ feet depth to _____ w/ _____ sx cmt.
 Gas ENHR SIGW
 Dry Other (Core, WSW, Expl., Cathodic etc.)

RECEIVED
STATE CORPORATION COMMISSION
Oil Management Plan
(Data must be collected from the Reserve Pit)

If Workover:

FEB 4 1994 2-4-94

Operator: _____

Chloride content 1300 ppm Fluid volume 500 bbls

Well Name: _____

Disposal method used Evaporation

Comp. Date _____ Old Total Depth _____

Location of fluid disposal if hauled offsite: _____

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

Operator Name _____

Lease Name _____ License No. _____

10/11/93 10/17/93 1-27-94
Spud Date Date Reached TD Completion Date

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 2/2/94
Subscribed and sworn to before me this 2nd day of February
19 94.
Notary Public Sammy L. Padilla
Date Commission Expires 8-21-96

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)

SIDE TWO

Operator Name OXY USA Inc. Lease Name Johnson B Well # 19

Sec. 31 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 sheet

Samples Sent to Geological Survey Yes No

Cores Taken Yes No

Electric Log Run Yes No
 (Submit Copy.)

List All E.Logs Run:
 SBT Gamma Ray
 Dual Induction Focused
 Compensated Z-density Neutron
PROLOG

Log Sample

Name	Top	Datum
Topeka	3132	- 967
Heebner	3281	- 1116
Toronto	3306	- 1141
Lansing Kansas City	3322	- 1157
Base Kansas City	3518	- 1353
Arbuckle	Absent	
Reagan Sand	3564	- 1399
Granite Wash	3586	- 1421

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	335	Common	270	3%cc, 1/4#sx flocele
Production	7 7/8"	5 1/2"	14	3640	435sx HLC W/4% gel & 1/4#/SK flocele, 90sx ea-2 cont. 5% Halad-322, .25#/sk D-air-1 & 35sx Std cont. 10%cal-seal, 10%salt, .5%Halad-322, .25#/sk D-air-1 & 1.5cc.		

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 checked="" type="checkbox"/> Plug Off Zone				Squeezed perf 3464 - 3569 w/30sx Micro Matrix cmt w/1% Halad-322 & .25% D-air-1 displaced cmt to perf

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
4	3564 - 66		250 gal 15% MCA w/1 gpt Pen-88	3564-68
4	3564 - 67			
4	3567 - 68			

TUBING RECORD		Size	Set At	Packer At	Liner Run		
		2 7/8	3562	3555	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Date of First, Resumed Production, SWD or Inj. Pump Testing		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 1/27/94	Oil	Bbls.	Gas	Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
	1				258		

Disposition of Gas: **METHOD OF COMPLETION** Production Interval 3564- 3568

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

OXY USA Inc
Johnson B #19
Sec 31-5S-20W
Phillips County

ORIGINAL

Drill Stem Test Taken

API# 15-147-20555 - 60-60

DST #1

3559-3566 (15-30-45-90)

IF 1/4" steady

FF 1/4" steady

Recovered 90' gas in pipe 30' mud cut oil (60% oil, 40% mud)

IHP 1841 PSI, IFP 22-22 PSI, ISIP 757 PSI, FFP 33-33 PSI,

FSIP 778 PSI, FHP 1778 PSI, BHT 109 F.

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STATE CORPORATION COMMISSION

FEB - 4 1994

CONSERVATION DIVISION
Wichita, Kansas

REMIT TO:

P. O. BOX 951046
DALLAS, TX 75295-1046

CUSTOMER COPY



HALLIBURTON
ENERGY SERVICES

ORIGINAL

512345 10/16/1993

JOHNSON	DRILLER	TO	SALT
DAYS		ABERCROMBIE DRILLING CEMENT PRODUCTION CASING	
659167	JIM NOWELL	E-26	COMPANY TRUCK

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 73102-1400

000-117	MILEAGE CEMENTING ROUND TRIP	45 MI	2.75	
001-016	CEMENTING CASING	3642 FT	1,455.00	1,455.00
030-018	CEMENTING PLUG SW. PLASTIC TOP	5 1/2 IN	65.00	65.00
019-241	CASING SWIVEL W/O WALL CLEANER	1 JOB	185.00	185.00
12A	GUIDE SHOE - 5 1/2" 8RD THD.	1 EA	110.00	110.00
825.205				
24A	INSERT FLOAT VALVE - 5 1/2" 8RD	1 EA	110.00	110.00
815.19251				
27	FILL-UP UNIT 5 1/2"-6 5/8"	1 EA	55.00	55.00
815.19311				
40	CENTRALIZED 5 1/2" X 7 7/8"	10 EA	45.00	45.00
807.93022				
320	CEMENT BASKET 5 1/2"	3 EA	110.00	330.00
800.8883				
504-316	CEMENT - HALL. LIGHT STANDARD	435 SK	7.33	3190.65
507-277	HALLIBURTON GEL BENTONITE	15 SK	15.50	232.50
507-218	FLOODE	100 LB	1.15	115.00
507-277	CASING	100 LB	1.15	115.00
509-968	SALT	1100 LB	.13	143.00
507-775	HALAD-322	60 LB	6.90	414.00
507-970	D-AIR 1, POWDER	32 LB	3.25	104.00
509-406	ANHYDROUS CALCIUM CHLORIDE	1 SK	18.25	18.25
500-207	BULK SERVICE CHARGE	618 CFT	1.35	834.30
500-306	MILEAGE CRTG MAT DEL OR RETURN	1223.10 TMI	.95	1,161.95

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STATE CORPORATION COMMISSION
FEB - 4 1994
CONSERVATION DIVISION
Wichita, Kansas

INVOICE SUBTOTAL

16,307.55

***** CONTINUED ON NEXT PAGE *****

TERMS: 15 DAYS. Payment for materials and services rendered shall be made by check or money order in full at the time of delivery. Payment by other means shall be made within 15 days of invoice date. Payment by check shall be made within 15 days of invoice date. Payment by money order shall be made within 15 days of invoice date. Payment by cash shall be made within 15 days of invoice date. Payment by credit card shall be made within 15 days of invoice date. Payment by bank draft shall be made within 15 days of invoice date. Payment by other means shall be made within 15 days of invoice date. Payment by check shall be made within 15 days of invoice date. Payment by money order shall be made within 15 days of invoice date. Payment by cash shall be made within 15 days of invoice date. Payment by credit card shall be made within 15 days of invoice date. Payment by bank draft shall be made within 15 days of invoice date. Payment by other means shall be made within 15 days of invoice date.

FORM 1000-R9



CHARGE TO: Oxy USA Fac.
 ADDRESS:
 CITY, STATE, ZIP CODE:

COPY

TICKET

No. 512346 - X

FORM 1908 R-12

PAGE 1 OF 2

SERVICE LOCATIONS 1. <u>025525</u>	WELL/PROJECT NO. <u>B-17</u>	LEASE <u>Afe Johnson</u>	COUNTY/PARISH <u>Phillips</u>	STATION <u>CONSERVA TOWER DIVISION WINTER, TEXAS</u>	CITY/OFFSHORE LOCATION	DATE <u>10-16-93</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>Aperc...</u>	RIG NAME/NO.	DELIVERED TO <u>Location</u>	ORDER NO.	
3.	WELL TYPE <u>* 01</u>	WELL CATEGORY <u>01</u>	JOB PURPOSE <u>035</u>	WELL PERMIT NO.	WELL LOCATION <u>SW. Morgan ks.</u>		
4.	REFERRAL LOCATION	INVOICE INSTRUCTIONS					

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 FEB - 4 1994

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			TIME	DESCRIPTION	QTY.		U/M		UNIT PRICE	AMOUNT
		LOC	ACCT	DF								
<u>000-117</u>		<u>1</u>				<u>MILEAGE 51143</u>	<u>45</u>	<u>MI</u>	<u>2.75</u>		<u>2.75</u>	<u>123.75</u>
<u>000-016</u>		<u>1</u>				<u>Pump charge</u>	<u>3642</u>	<u>FT</u>				<u>1455.00</u>
<u>030-018</u>		<u>1</u>				<u>5w Top Plug</u>	<u>1</u>	<u>EA</u>	<u>5/2VN</u>			<u>65.00</u>
<u>019-241</u>		<u>1</u>				<u>Rotating head</u>	<u>1</u>	<u>EA</u>	<u>" "</u>			<u>185.00</u>
<u>12A</u>	<u>825.205</u>	<u>1</u>				<u>Reg Guide shoe</u>	<u>1</u>	<u>EA</u>	<u>" "</u>			<u>121.00</u>
<u>24A</u>	<u>815.19251</u>	<u>1</u>				<u>Insect float valve</u>	<u>1</u>	<u>EA</u>	<u>" "</u>			<u>110.00</u>
<u>27</u>	<u>815.19311</u>	<u>1</u>				<u>Fillup Assy.</u>	<u>1</u>	<u>EA</u>	<u>" "</u>			<u>55.00</u>
<u>40</u>	<u>807.93022</u>	<u>1</u>				<u>3-4 Centralizers</u>	<u>10</u>	<u>EA</u>	<u>" "</u>	<u>44.00</u>		<u>440.00</u>
<u>320</u>	<u>800.8823</u>	<u>1</u>				<u>Cement Basket</u>	<u>3</u>	<u>EA</u>	<u>" "</u>	<u>110.00</u>		<u>330.00</u>

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.

CUSTOMER OR CUSTOMER'S AGENT SIGNATURE: X [Signature]
 DATE SIGNED: 10-16-93 TIME SIGNED: 5:30 A.M. P.M.

SUB SURFACE SAFETY VALVE WAS: PULLED & RETURN PULLED RUN

TYPE LOCK	DEPTH	SURVEY <input type="checkbox"/> AGREE <input type="checkbox"/> UN-DECIDED <input type="checkbox"/> 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 FROM CONTINUATION PAGE(S) SUB-TOTAL APPLICABLE TAXES WILL BE ADDED ON INVOICE
BEAN SIZE	SPACERS		
TYPE OF EQUALIZING SUB.	CASING PRESSURE		
TUBING SIZE	TUBING PRESSURE		
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>Jim Jackson</u>	CUSTOMER OR CUSTOMER'S AGENT (SIGNATURE) <u>[Signature]</u>	HALLIBURTON OPERATOR/ENGINEER <u>[Signature]</u>	EMP # <u>B2150</u>	HALLIBURTON APPROVAL
---	--	---	-----------------------	----------------------



TICKET CONTINUATION

COPY

HAYS
TICKET No. 5/2346-V

HALLIBURTON ENERGY SERVICES

CUSTOMER Oxy U.S.A.	WELL Johnson B-19	DATE 10-16-93	PAGE OF
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FORM 1911 R-9

PRICE REFERENCE	SECONDARY REFERENCE/PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.		U/M		UNIT PRICE	AMOUNT	
		LOC	ACCT	DF								
504-316		1		B	Halliburton Light Cemnt	435				7.33	3,188.55	
507-277	ORIGINAL	1		B	Halliburton Gel @4%	15				15.50	232.50	
507-210		1		B	Flocele Blended	109		1b		1.40	152.60	
504-308		1		B	Standard Cement	125				8.11	1,013.75	
508-127		1		B	Cal Seal Blended	7				20.70	144.90	
509-968		1		B	Salt Blended & On side	1100		1b		13	143.00	
507-775		1		B	Halad-322 Blended	60		1b		6.90	414.00	
507-970		1		B	D-Air-1 Blended	32		1b		3.25	104.00	
509-406		1		B	Calcium Chloride Blended	1				28.25	28.25	
500-207			1		B	SERVICE CHARGE	CUBIC FEET		618		1.35	834.30
500-306			1		B	MILEAGE CHARGE	TOTAL WEIGHT	LOADED MILES	TON MILES		95	1,161.95
					54,360	45	1,223.100					

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 STATE CORPORATION COMMISSION
 FEB - 4 1994
 CONSERVATION DIVISION
 Wichita, Kansas

CONTINUATION TOTAL **7,417.80**



JOB SUMMARY

HALLIBURTON DIVISION _____
 HALLIBURTON LOCATION _____

BILLED ON TICKET NO. _____

WELL DATA

FIELD _____ SEC. _____ TWP. _____ RNG. _____ COUNTY _____ STATE _____

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 _____

	NEW USED	WEIGHT	SIZE	FROM	TO	MAXIMUM PSI ALLOWABLE
CASING					3512	
LINER						
TUBING						
OPEN HOLE						SHOTS/FT.
PERFORATIONS						
PERFORATIONS						
PERFORATIONS						

JOB DATA

TOOLS AND ACCESSORIES

TYPE AND SIZE	QTY.	MAKE
FLOAT COLLAR	1	
FLOAT SHOE	1	
GUIDE SHOE	1	
CENTRALIZERS	1	
BOTTOM PLUG		
TOP PLUG	1	
HEAD		
PACKER		
OTHER	1	

CALLED OUT	ON LOCATION	JOB STARTED	JOB COMPLETED
DATE / TIME	DATE / TIME 1600	DATE / TIME 1700	DATE / TIME 0130

PERSONNEL AND SERVICE UNITS

NAME	UNIT NO. & TYPE	LOCATION
		H
		H
		H
		H

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 _____

DESCRIPTION OF JOB _____

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

CUSTOMER REPRESENTATIVE **X**

HALLIBURTON OPERATOR _____

CEMENT DATA

STAGE	NUMBER OF SACKS	CEMENT	BRAND	BULK SACKED	ADDITIVES	YIELD CU.FT./SK.	MIXED LBS./GAL.
	1	1413		4/		1.34	15.5
						1.6	15.5

PRESSURES IN PSI

CIRCULATING _____ DISPLACEMENT _____

BREAKDOWN _____ MAXIMUM _____

AVERAGE _____ FRACTURE GRADIENT _____

SHUT-IN: INSTANT _____ 5-MIN _____ 15-MIN _____

SUMMARY

PRELUSH: BBL.-GAL. _____ TYPE _____

LOAD & BKDN: BBL.-GAL. _____ PAD: BBL.-GAL. _____

TREATMENT: BBL.-GAL. _____ DISPL: BBL.-GAL. 38

CEMENT SLURRY: BBL.-GAL. 115

TOTAL VOLUME: BBL.-GAL. _____

VOLUMES

ORDERED _____ AVAILABLE _____ USED _____

AVERAGE RATES IN BPM _____

TREATING _____ DISPL. _____ OVERALL _____

CEMENT LEFT IN PIPE _____

FEET 42 REASON _____

REMARKS

CUSTOMER _____
 LEASE _____
 WELL NO. _____
 JOB TYPE _____
 DATE _____

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CONSERVATION DIVISION
Wichita, Kansas

JOB LOG FORM 2013 R-3

CUSTOMER	WELL NO. 171	LEASE	JOB TYPE Long
			TICKET NO. 1234

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	10							RIG
	12:00							1, 2, 5, 7, 9, 11, 13, 16, 40, 43
	20:00							4, 13, 45
	20:45							ST CIR + Rotated CSG
	22:45							Final ... T-CMT
	23:00							T & ... w/ LESCO
								FILL by 435 SKS HLC w/ 4% add, get
								1/4" # FL, 90 SKS EA2 / 5% cal seal, 10% ...
								5 Halad 322, 25% DA, 35 SKS EA2 w/
								1 / CI, 1 / IT, 1 / Halad-322, 25% D.
								17 % CC
								Plug ... before JOB
								plug landing ... washout pump + wire
								pl
								Cement DID NOT CURE.
								T + c# ... thick
								KNOW ... JOB complete

ORIGINAL

Cement DID NOT CURE.

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FEB - 4 1994
 CONSERVATION DIVISION
 Wichita, Kansas

CUSTOMER COPY

REMIT TO:
P.O. BOX 951045

INVOICE

506122 10/11/99

JOHNSON

ACCT NO.	CUSTOMER AGENCY	VENDOR NO.	CUSTOMER PROJECT	DATE
559167	STEVE MCDANIEL	E-25	COMPANY TRUCK	5795

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

ORIGINAL

DIRECT CORRESPONDENCE
OKLAHOMA TOWER
210 WEST PARK AVENUE
SUITE 2000
OKLAHOMA CITY, OK 73102-5501

9-1572974

PRICING AREA	DESCRIPTION	QUANTITY	UNIT PRICE	TOTAL
000-112	MILEAGE CEMENTING ROUND TRIP	65 FT	2.75	178.75
001-016	CEMENTING CASING	1 UNT		
030-503	WOODEN PLUG	335 FT	620.00	620.00
40	CENTRALIZER 8-5/8" X 12.25"	1 UNT		
807.93059		8 5/8 IN	95.00	95.00
504-308	CEMENT - STANDARD	1 EA		
509-406	ANHYDROUS CALCIUM CHLORIDE	3 EA	72.00	216.00
507-210	FLOCELE	280 SK	8.11	2288.60
500-207	BULK SERVICE CHARGE	8 SK	28.25	226.00
500-306	MILEAGE CMTG MAT DEL OR RETURN	65 LB	1.40	91.00
		280 CPT	1.35	378.00
		817.21 TMI	.95	776.35

INVOICE SUBTOTAL

4,689.70

DISCOUNT (BID)
INVOICE BID AMOUNT

RECEIVED

FEB

STATE COMPTROLLER
Wichita, Kansas

1332

006

[Handwritten Signature]

INVOICE TOTAL - PLEASE PAY THIS AMOUNT

93,605.25

APPLY 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 agrees to pay all costs of such attorney.

FORM 1911 R-8

CUSTOMER OXY USA	WELL Johnson B 19	DATE 10-11-93	PAGE 2	OF 2
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PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			TIME	DESCRIPTION	QTY.		UNIT PRICE		AMOUNT
		LOC	ACCT	DF			U/M	U/M			
504-308						Std Cement	210	SK	8	11	2108 60
509-406						Calcium Chloride	8	SK	28	25	226 00
507-210						Floccle	65	SK	1	40	91 00
ORIGINAL											
500-207						SERVICE CHARGE	CUBIC FEET		280	1 35	378 00
500-306						MILEAGE CHARGE	TOTAL WEIGHT	LOADED MILES	TON MILES	85	926 35
							25,145	65	812.21		

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 CONSERVATION DIVISION
 Wichita, Kansas

CONTINUATION TOTAL	2425.60
	3,579.95



JOB SUMMARY

HALLIBURTON DIVISION
HALLIBURTON LOCATION

BILLED ON TICKET NO. 205449

WELL DATA

FIELD _____ SEC. _____ TWP. _____ RNG. _____ COUNTY _____ STATE _____

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 _____

	NEW USED	WEIGHT	SIZE	FROM	TO	MAXIMUM PSI ALLOWABLE
CASING						
LINER						
TUBING						
OPEN HOLE						SHOTS/FT.
PERFORATIONS						
PERFORATIONS						
PERFORATIONS						

JOB DATA

TOOLS AND ACCESSORIES

TYPE AND SIZE	QTY.	MAKE
FLOAT COLLAR		
FLOAT SHOE		
GUIDE SHOE		
CENTRALIZERS		
BOTTOM PLUG		
TOP PLUG		
HEAD		
PACKER		
OTHER		

CALLED OUT	ON LOCATION	JOB STARTED	JOB COMPLETED
DATE: _____ TIME: _____	DATE: _____ TIME: _____	DATE: _____ TIME: _____	DATE: 10-12-93 TIME: 0135

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 _____

PERSONNEL AND SERVICE UNITS

NAME	UNIT NO. & TYPE	LOCATION

DEPARTMENT _____
DESCRIPTION OF JOB _____
JOB DONE THRU: TUBING CASING ANNULUS TBG./ANN.
CUSTOMER REPRESENTATIVE **X** _____
HALLIBURTON OPERATOR _____

CEMENT DATA

STAGE	NUMBER OF SACKS	CEMENT	BRAND	BULK SACKED	ADDITIVES	YIELD CU.FT./SK.	MIXED LBS./GAL.
	260	STANDARD			4115 510	118	156

RECEIVED
STATE CORPORATION COMMISSION
FEB - 4 1994
Wichita, Kansas

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 _____

SUMMARY

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

RAMARKS

CUSTOMER LEASE WELL NO. JOB TYPE DATE

CUSTOMER COPY

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



HALLIBURTON
ENERGY SERVICES

INVOICE

INVOICE NO.

512346 10/16/1993

JOHNSON "B" 19

PHILIPS

ES SAME

HAYS

ABERCROMBIE DRILLING CEMENT PRODUCTION CASING

10/16/1993

ACCT NO.	CUSTOMER	VENDOR NO.	CUSTOMER PO NUMBER	SHIPPED BY	PLENO.
559167	JIM NOWELL	<u>B-26</u>		COMPANY TRUCK	56000

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

ORIGINAL

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

9-1572974 x 2360 1/704

DISCOUNT - (BID)
INVOICE BID AMOUNT

- *-KANSAS STATE SALES TAX
- *-HAYS CITY SALES TAX

10/25 Jim

308.55
62.97

RECEIVED
STATE CORPORATION COMMISSION

FEB - 4 1994

CONSERVATION DIVISION
Wichita, Kansas

OCT 25

1332
SA

A

INVOICE TOTAL - PLEASE PAY THIS AMOUNT

56,098.48

APPLY JOB TRF

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

HALLIBURTON SUMMARY

HALLIBURTON LOCATION

OKALAW, KS

BILLED ON TICKET NO.

501286

FIELD Ray Pool SEC 31 TWP. 52 RING. 20 W COUNTY Phillips STATE Ks.

FORMATION NAME Reagan TYPE SAND

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 RTS SET AT 3525

BOTTOM HOLE TEMP. _____ PRESSURE _____

MISC. DATA _____ TOTAL DEPTH _____

	NEW USED	WEIGHT	SIZE	FROM	TO	MAXIMUM PSI ALLOWABLE
CASING	4		5 1/2	KB		
LINER						
TUBING	4		2 3/8	KB	3573	
OPEN HOLE						SHOTS/FT.
PERFORATIONS				3564	3538	
PERFORATIONS						
PERFORATIONS						

JOB DATA

CALLED OUT	ON LOCATION	JOB STARTED	JOB COMPLETED
DATE <u>1-13-94</u>	DATE <u>1-13-94</u>	DATE <u>1-13-94</u>	DATE <u>1-14-94</u>
TIME <u>0930</u>	TIME <u>1045</u>	TIME <u>1115</u>	TIME

PERSONNEL AND SERVICE UNITS

NAME	UNIT NO. & TYPE	LOCATION
<u>J. Keenan 63503</u>	<u>40070</u>	<u>OKALAW</u>
	<u>F 750</u>	<u>KS</u>
<u>J. Abston 66382</u>	<u>3579</u>	<u>OKALAW</u>
	<u>R.C.M.</u>	<u>KS</u>
<u>S. Nolan 83271</u>	<u>40085</u>	<u>OKALAW</u>
	<u>P.V.</u>	<u>KS</u>

TOOLS AND ACCESSORIES

TYPE AND SIZE	QTY.	MAKE
FLOAT COLLAR		
FLOAT SHOE		
GUIDE SHOE		
CENTRALIZERS		
BOTTOM PLUG		
TOP PLUG		
HEAD STRIPPER <u>5 1/2</u>	<u>1 EA</u>	<u>MURPHY</u>
PACKER <u>RTS 5 1/2</u>	<u>1 EA</u>	<u>HOWCO</u>
OTHER		

MATERIALS

TREAT. FLUID _____ DENSITY _____ LB/GAL. °API

DISPL. FLUID _____ DENSITY _____ LB/GAL. °API

PROP. TYPE _____ SIZE _____ LB.

PROP. TYPE _____ SIZE _____ LB.

ACID TYPE MCA GAL. 250 % 15

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

EMULSIFIER TYPE _____ GAL.-LB. _____ IN

BLOCKING AGENT TYPE _____ GAL.-LB. _____ IN

PERFPAC BALLS TYPE _____ QTY. _____

OTHER _____

OTHER _____

DEPARTMENT Toolroom

DESCRIPTION OF JOB RTS Installation

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

CUSTOMER REPRESENTATIVE X. J. [Signature]

HALLIBURTON OPERATOR J. Keenan COPIES REQUESTED _____

CEMENT DATA

STAGE	NUMBER OF SACKS	CEMENT	BRAND	BULK SACKED	ADDITIVES	YIELD CU.FT./SK.	MIXED LBS./GAL.
	<u>30</u>	<u>Micaco-Max</u>		<u>5</u>	<u>1 1/2 322, 25-90 D-AIR</u>	<u>1.41</u>	<u>11.5</u>

PRESSURES IN PSI

SUMMARY

VOLUMES

CIRCULATING _____ DISPLACEMENT _____ PRESLUSH: SBL-GAL. 3 TYPE FRESH H²O

BREAKDOWN _____ MAXIMUM _____ LOAD & BKDY SBL-GAL. _____ PAD: SBL-GAL. _____

AVERAGE _____ FRACTURE GRADIENT _____ TREATMENT SBL-GAL. 6 DISPL. SBL-GAL. 1134

SHUT-IN: INSTANT _____ 5-MIN _____ 15-MIN _____ CEMENT SLURRY SBL-GAL. 2.5

HYDRAULIC HORSEPOWER _____ TOTAL VOLUME SBL-GAL. _____

ORDERED _____ AVAILABLE _____ USED _____ REMARKS

AVERAGE RATES IN BPM _____

TREATING _____ DISPL. _____ OVERALL _____

CEMENT LEFT IN PIPE _____

FEET 44 REASON SQUEEZE

SEE Job Log for chart

Thank you

CUSTOMER OXY USA INC LEASE Johnson 'B' WELL NO 19 JOB TYPE SOLVER DATE 11-13-94



DATE 1-13-94 PAGE NO. 1

JOB LOG FORM 2013 R-4

CUSTOMER OXY USA, INC WELL NO. 19 LEASE Johnson B JOB TYPE Squeeze TICKET NO. 508286

TIME	WELL NO.	LEASE	JOB TYPE	TICKET NO.	DESCRIPTION OF OPERATION AND COMMENTS
0930					INDEX CALLED OUT
1045					ONLOC
1115					START 5 1/2 RTTS
1500					SHUT DOWN FOR Pkg RTTS swing @ 3525
					1-14-94
0730					ONLOC w/PT. HUNT
					SETUP TRUCK
					RUN 1 JT @ 1450 SUBSTO 3573
0834			50		START 6000, hold
0844	48	1	100		FIN loading hold
0856		1	0		START 230 GAL 15% OMEA ACID
0859	6	1	0		FIN ACID
0904		1	0		START Disp
0910	15	1	300		FIN SPOTTING ACID
					PULL SUBS - SET PACKER 3555
0917		1	0		START Disp
0919	2	4	1	300	PSI RATE
0924	2	12	1	250	FIN Disp - 1510 ON LOC
					PULL 1 JT TO 3525 TO 3110
0940	8	1	500		LOW ANNULARS - HOLD
0945	3	1	50		RUN 3 BBL FRESH H2O SPACER
0950					START MIX 30 ST. MILLS - MATRIX CUT w/ 1 1/2 GAL 1372 @ 25% O.A. 1
1013		1	100		START Pumping out
1015	2.5	1	100		FIN out
					WASH UP PUMP & LINES
1017	1.5	1	0		START Disp
1027	.5	14	1	0	SLOW RATE - SET AT PERMS
1031	16 3/4	1	1000		STOP Disp - MAX PSI - FALL TO 100 PERMS
1034		1	750		PSI UP ON SQUEEZE - FALL TO 300 PERMS
1038		1	1000		PSI UP ON SQUEEZE - FALL TO 150
					CLOSE IN
					WASH UP PUMP TRUCK
1053		1	1000		TEST SQUEEZE
1124		1	800		HOLDING 800 PSI
1124					RETURN - Pkg

ORIGINAL

JOB LOG

WELL NO. LEASE

TICKET NO.

P.10

CUSTOMER

PAGE NO.

JOB TYPE

DATE

FORM 2013 R-2

CHURN NO.	TIME	RATE (BPM)	PUMPS (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	125				1		300	Start Rev out
	1036				1		200	Fin Rev out
								Call JTC to ...
	1148			1		750		Test sequence
	1219			1		700		Holding
	1219							Release - Dry
	1225							Release - Hold Pull TEG
	1430				1			
	1435				1			

ORIGINAL



CHARGE TO: OKY USA, Inc.
 ADDRESS: ATTN: G.I. McFarland
P.O. Box 26100, Regional Office
 CITY, STATE, ZIP CODE: OKLAHOMA CITY, OK

COPY

TICKET

No. 508286 **9**

PAGE 1 OF 2

FORM 1906 R-12

1. SERVICE LOCATIONS <u>1 Oberlin, Ks.</u>	WELL/PROJECT NO. <u>19</u>	LEASE <u>Johnson 'B'</u>	COUNTY/PARISH <u>Phillips</u>	STATE <u>Ks</u>	CITY/OFFSHORE LOCATION	DATE <u>11-13-94</u>	OWNER <u>Same</u>
2.	TICKET TYPE <input checked="" type="checkbox"/> SERVICE <input type="checkbox"/> SALES	NITROGEN JOB? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	CONTRACTOR <u>MURFIN DRUG CO.</u>	FIR3 NAME/NO.	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>075-195</u>	WELL PERMIT NO. <u>15-147,20555</u>	WELL LOCATION <u>9w/Logan, Ks</u>		
4. REFERRAL LOCATION	INVOICE INSTRUCTIONS						

PRICE REFERENCE	SECONDARY REFERENCE/PART NUMBER	ACCOUNTING			TIME	DESCRIPTION	QTY.		UNIT PRICE		AMOUNT
		LOC	ADGT	DF			QTY.	UM	QTY.	UM	
100-115		1				MILEAGE 40070	130	miles	1.45		186.50
109-017		1				RTTs	8	hrs			1225.00
110-000		1				Tubing sub	1	day			26.00
120-546		1				Souring					165.00
117-001		1				Tubing sub - Adv Day	1	day			9.00
116-816		1				operators charge 1-14-94	8	hrs			355.00
000-117		1				Mileage 3579	130	miles	2.75		357.50
009-014	009-014	1				Pump change	3573	FT	6	hrs	1525.00
208-009		1				MCA	250	gal	1.56		390.00
210-013		1				NAL-85M	1/4	gal	47.75		11.94
218-505		1				Pen-88	1/4	gal	44.00		11.00

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.

CUSTOMER OR CUSTOMER'S AGENT SIGNATURE: X [Signature]

DATE SIGNED: 1-13-94 TIME SIGNED: 1100 A.M. P.M.

do do not require IPC (Instrument Protection). Not offered.

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

OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN? AGREE UN-DECIDED DIS-AGREE

WE UNDERSTOOD AND MET YOUR NEEDS? AGREE UN-DECIDED DIS-AGREE

OUR SERVICE WAS PERFORMED WITHOUT DELAY? AGREE UN-DECIDED DIS-AGREE

WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY? AGREE UN-DECIDED DIS-AGREE

ARE YOU SATISFIED WITH OUR SERVICE? YES NO

CUSTOMER DID NOT WISH TO RESPOND

PAGE TOTAL: 4263.94

FROM CONTINUATION PAGE(S): 1291.50

SUB-TOTAL APPLICABLE TAXES WILL BE ADDED ON INVOICE: 5555.44

CUSTOMER ACCEPTANCE OF MATERIALS AND SERVICES

CUSTOMER OR CUSTOMER'S AGENT (PLEASE PRINT): Jim Powell

CUSTOMER OR CUSTOMER'S AGENT (SIGNATURE): [Signature]

HALLIBURTON OPERATOR/ENGINEER: [Signature] EMP # 63503

HALLIBURTON APPROVAL: _____

JUN 30 1995 09:58 OKY USA