

Plugged 5-3-95

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

API NO. 15- 065-22,755-00-00
County Graham
NW - NW - SW - Sec. 31 Twp. 7 Rge. 24 X E

ORIGINAL

Operator: License #. 31668

Name: H & H Investments

Address P.O. Box 1433

City/State/Zip Hays, KS 67601

Purchaser: n/a

Operator Contact Person: Bert W. Hays

Phone (913) 625-6636

Contractor: Name: Discovery Drilling

License: 31548

Wellsite Geologist: Randall Killian

Designate Type of Completion

New Well Re-Entry Workover

Oil SWD SIDW Temp. Abd.

Gas ENHR SIGW

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

If Workover/Re-Entry: old well info as follows:

Operator: _____

Well Name: _____

Comp. Date _____ Old Total Depth _____

Deepening Re-perf. Conv. to Inj/SWD

Plug Back PBD

Commingled Docket No. _____

Dual Completion Docket No. _____

Other (SWD or Inj?) Docket No. _____

4-27-95 5-3-95
Spud Date Date Reached TD Completion Date

2310 Feet from S (circle one) Line of Section

4950 Feet from E (circle one) Line of Section

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

Lease Name Cummings Well # 1

Field Name Dripping Springs Ext.

Producing Formation none

Elevation: Ground 2480 KB 2499

Total Depth 3995 PBD _____

Amount of Surface Pipe Set and Cemented at 200 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 874 10-17-96
(Data must be collected from the Reserve Pit)

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. _____

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.

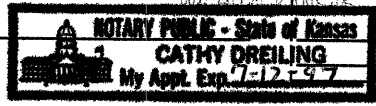
Signature Bert W. Hays
Title operator Date 5-8-95

Subscribed and sworn to before me this 8th day of June 1995

Notary Public Cathy Dreiling

Date Commission Expires 7-12-97

K.C.C. OFFICE USE ONLY		
F	Letter of Confidentiality Attached	
C	Wireline Log Received	
C	Geologist Report Received	
Distribution		
_____	SWD/Rep	NGPA
_____	Plug	Other
(Specify)		



Operator Name H& Investments Lease Name Cummings Well # 1
 Sec. 31 Twp. 7 Rge. 24 East County Graham
 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 Yes No (Attach Additional Sheets.) Log Formation (Top), Depth and Datums Sample
 Samples Sent to Geological Survey Yes No Name Top Datum
 Cores Taken Yes No
 Electric Log Run Yes No (Submit Copy.)
 List All E.Logs Run: None

CASING RECORD <input type="checkbox"/> New <input checked="" 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"		213'	60/40 Poz	140	2% gel 3% CaCl ₂

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		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 N/A Bbls. Gas N/A Mcf Water N/A Bbls. Gas-Oil Ratio Gravity

Disposition of Gas: Vented Sold Used on Lease (If vented, submit ACO-18.)

METHOD OF COMPLETION Other (specify) Dually Comp. Commingled

Production Interval _____



Discovery Drilling

P.O. Box 763 • Hays, KS 67601 • OFFICE (913) 623-2920 • CELLULAR (913) 635-1511

ORIGINAL

DRILLERS LOG

15-065-22755-00-00

Operator: H & H Investments
P.O. Box 1433
Hays, KS 67601

Contractor: Discovery Drilling, Inc.
P.O. Box 763
Hays, KS 67601

LEASE: Cummings WELL: #1

LOCATION: NW/NW/SW
Sec 31/7S/24W
Graham Co., KS

LOGGERS TOTAL DEPTH: No Log

ROTARY TOTAL DEPTH: 3995'

ELEVATION: 2499 KB

COMMENCED: 4/27/95

COMPLETED: 5/3/95

CASING: 8 5/8" @ 213' W/140sks

STATUS: D & A

DEPTHS & FORMATIONS

(All measurements from K.B.)

Shales	97'	Anhydrite	2200'
Sand & Shales	740'	Shales	2233'
Dakota Sand	1180'	Shales & Lime	2770'
Shales	1540'	Lime & Shales	3481'
Cedar Hill Sand	1739'	RTD	3995'
Shales	1941'		

STATE OF KANSAS)
) ss
COUNTY OF ELLIS)

Thomas H. Alm, of Discovery Drilling, Inc. states that the above and foregoing is a true and correct log of the above captioned well.

Thomas H. Alm

Thomas H. Alm

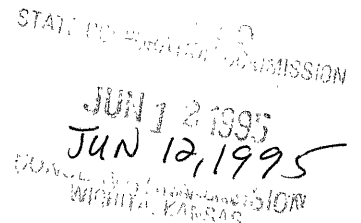
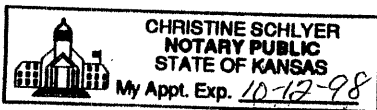
Subscribed and sworn to before me on May 4, 1995.

My Commissions expires: 10-12-98.

Christine Schlyer

Notary Public

(Place stamp or seal above)



TRILOBITE TESTING L.L.C.

P.O. Box 362 • Hays, Kansas 67601

ORIGINAL

Test Ticket

15-065-22755-N2 8053 -06-00

Well Name & No. Cummings #1 Test No. 2 Date 5-2-95
 Company H & A Investments Zone Tested KC. "J" & "K" (K)
 Address P.O. Box 1433 Hays, KS. 67601 Elevation 2499 (KB)
 Co. Rep./Geo. Randy Kilian Cont. Discovery #1 Est. Ft. of Pay _____
 Location: Sec. 31 Twp. 7S Rge. 34W Co. Graham State KS.
 No. of Copies _____ Distribution Sheet _____ Yes X No Turnkey _____ Yes X No _____ Evaluation _____

Interval Tested 3934 - 3995 Drill Pipe Size 4 1/2" XH
 Anchor Length 61' Top Choke — 1" Bottom Choke — 3/4"
 Top Packer Depth 3929 Hole Size — 7 7/8" Rubber Size — 6 5/4"
 Bottom Packer Depth 3934 Wt. Pipe I.D. — 2.7 Ft. Run _____
 Total Depth 3995 Drill Collar — 2.25 Ft. Run _____
 Mud Wt. 9.1 lb/gal. Viscosity 46 Filtrate 8.4
 Tool Open @ 8:00 pm Initial Blow Very weak blow died in 1 min.
 Final Blow No Flow period - Pulled tool @ Co Orders.

Recovery — Total Feet	5'	Feet of Gas in Pipe	—	Flush Tool?	
Rec. _____	Feet Of _____	%gas _____	%oil _____	%water _____	%mud _____
Rec. _____	Feet Of _____	%gas _____	%oil _____	%water _____	%mud _____
Rec. <u>5'</u>	Feet Of <u>DCM</u>	%gas <u>3</u>	%oil <u>—</u>	%water <u>97</u>	%mud _____
Rec. _____	Feet Of _____	%gas _____	%oil _____	%water _____	%mud _____
Rec. _____	Feet Of _____	%gas _____	%oil _____	%water _____	%mud _____

BHT 120° °F Gravity _____ °API @ _____ °F Corrected Gravity _____ °API

RW _____ @ _____ °F Chlorides _____ ppm Recovery Chlorides 100 ppm System

- (A) Initial Hydrostatic Mud 1822 PSI AK1 Recorder No. 13309 Range 4700
- (B) First Initial Flow Pressure 31 PSI @ (depth) 3955 w/Clock No. 23832
- (C) First Final Flow Pressure 31 PSI AK1 Recorder No. 13339 Range 4025
- (D) Initial Shut-In Pressure 52 PSI @ (depth) 3990 w/Clock No. 17640
- (E) Second Initial Flow Pressure — PSI AK1 Recorder No. — Range —
- (F) Second Final Flow Pressure — PSI @ (depth) — w/Clock No. —
- (G) Final Shut-In Pressure — PSI Initial Opening 15 Test _____
- (H) Final Hydrostatic Mud 1812 PSI Initial Shut-In 15 Jars _____

TRILOBITE TESTING L.L.C. SHALL NOT BE LIABLE FOR DAMAGE OF ANY KIND OF THE PROPERTY OR PERSONNEL OF THE ONE FOR WHOM A TEST IS MADE, OR FOR ANY LOSS SUFFERED OR SUSTAINED, DIRECTLY OR INDIRECTLY, THROUGH THE USE OF ITS EQUIPMENT, OR ITS STATEMENTS OR OPINION CONCERNING THE RESULTS OF ANY TEST. TOOLS LOST OR DAMAGED IN THE HOLE SHALL BE PAID FOR AT COST BY THE PARTY FOR WHOM THE TEST IS MADE.

Final Flow _____ Safety Joint _____
 Final Shut-In _____ Straddle _____
 Circ. Sub X NIC
 Sampler _____
 Extra Packer _____
 Other _____

Approved By _____
 Our Representative Rod Steinbrink

STATE CORPORATION COMMISSION
 JUN 12 1995
 JUN 1 8 1995
 CONSERVATION DIVISION
 WICHITA, KANSAS

TRILOBITE TESTING L.L.C.

P.O. Box 362 • Hays, Kansas 67601

ORIGINAL

Test Ticket

15-065-22755-8052
060800

Well Name & No. <u>Cummings #1</u>	Test No. <u>1</u>	Date <u>5-4-95</u>
Company <u>H i H Investments</u>	Zone Tested <u>K.C. "H" & "I"</u>	
Address <u>P.O. Box 1433 Hays, KS. 67601</u>	Elevation <u>2499 (KB)</u>	
Co. Rep./Geo. <u>Randy Kilian</u>	cont. <u>Discovery #0</u>	Est. Ft. of Pay _____
Location: Sec. <u>31</u> Twp. <u>7</u> Rge. <u>24</u> Co. <u>Graham</u> State <u>KS.</u>		
No. of Copies _____	Distribution Sheet _____	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Turnkey _____
		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Evaluation _____

Interval Tested <u>3902 - 3946</u>	Drill Pipe Size <u>4 1/2" XH</u>
Anchor Length <u>44'</u>	Top Choke — 1" Bottom Choke — 3/4"
Top Packer Depth <u>3897</u>	Hole Size — 7 7/8" Rubber Size — 6 3/4"
Bottom Packer Depth <u>3902</u>	Wt. Pipe I.D. — 2.7 Ft. Run _____
Total Depth <u>3946</u>	Drill Collar — 2.25 Ft. Run _____
Mud Wt. <u>8.8</u> lb/gal.	Viscosity <u>42</u> Filtrate _____
Tool Open @ <u>11:15 pm</u>	Initial Blow <u>Very wk. surface blow died in 3 mins.</u>

Final Blow No return - flushed tool / good surge - no help.

Recovery — Total Feet	Feet of Gas in Pipe	Flush Tool?
<u>5'</u>	<u>5'</u>	<u>Yes</u>
Rec. _____ Feet Of _____	%gas _____ %oil _____ %water _____ %mud _____	
Rec. <u>5'</u> Feet Of <u>Drlg. Mud</u>	%gas _____ %oil _____ %water _____ %mud _____	
Rec. _____ Feet Of _____	%gas _____ %oil _____ %water _____ %mud _____	
Rec. _____ Feet Of _____	%gas _____ %oil _____ %water _____ %mud _____	
Rec. _____ Feet Of _____	%gas _____ %oil _____ %water _____ %mud _____	

BHT 115° °F Gravity _____ °API @ _____ °F Corrected Gravity _____ °API

RW _____ @ _____ °F Chlorides _____ ppm Recovery Chlorides 100 ppm System

(A) Initial Hydrostatic Mud <u>1902</u>	PSI	AK1 Recorder No. <u>13309</u>	Range <u>4700</u>
(B) First Initial Flow Pressure <u>20</u>	PSI	@ (depth) <u>3936</u>	w/Clock No. <u>23832</u>
(C) First Final Flow Pressure <u>20</u>	PSI	AK1 Recorder No. <u>13339</u>	Range <u>4025</u>
(D) Initial Shut-In Pressure <u>20</u>	PSI	@ (depth) <u>3941</u>	w/Clock No. <u>17640</u>
(E) Second Initial Flow Pressure <u>20</u>	PSI	AK1 Recorder No. _____	Range _____
(F) Second Final Flow Pressure <u>20</u>	PSI	@ (depth) _____	w/Clock No. _____
(G) Final Shut-In Pressure <u>20</u>	PSI	Initial Opening <u>15</u>	Test _____
(H) Final Hydrostatic Mud <u>1892</u>	PSI	Initial Shut-In <u>15</u>	Jars _____

TRILOBITE TESTING L.L.C. SHALL NOT BE LIABLE FOR DAMAGE OF ANY KIND OF THE PROPERTY OR PERSONNEL OF THE ONE FOR WHOM A TEST IS MADE, OR FOR ANY LOSS SUFFERED OR SUSTAINED, DIRECTLY OR INDIRECTLY, THROUGH THE USE OF ITS EQUIPMENT, OR ITS STATEMENTS OR OPINION CONCERNING THE RESULTS OF ANY TEST. TOOLS LOST OR DAMAGED IN THE HOLE SHALL BE PAID FOR AT COST BY THE PARTY FOR WHOM THE TEST IS MADE.

Final Flow <u>15</u>	Safety Joint _____
Final Shut-In <u>15</u>	Straddle _____
	Circ. Sub <input checked="" type="checkbox"/> <u>N/C</u>
	Sampler _____
	Extra Packer _____
	Other _____

Received
JUN 12, 1995

Approved By Thomas Ah

Our Representative Rod Steinbrink

HAL-1906-N

ADDRESS *1211 Country Hilling Trac*

P. Box 763

CITY STATE ZIP CODE *Ways, KS 67601*

No. *15-065-22755-00-00* 806769 - 7

SERVICE LOCATIONS 1. <i>Way, KS 67601</i>	WELL/PROJECT NO	LEASE	COUNTY/PARISH <i>Graham</i>	STATE <i>K.</i>	CITY/OFFSHORE LOCATION	DATE <i>4-27-95</i>	OWNER <i>Same</i>
2.	TICKET TYPE <input checked="" type="checkbox"/> SERVICE <input type="checkbox"/> SALES	NITROGEN JOB? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	CONTRACTOR	RIG NAME/NO <i>Discovery Drilling Rig #1</i>	SHIPPED VIA	DELIVERED TO <i>Location</i>	ORDER NO
3.	WELL TYPE	WELL CATEGORY <i>01</i>	JOB PURPOSE <i>010</i>	WELL PERMIT NO	WELL LOCATION <i>Sec 31-75-24"</i>		
4. REFERRAL LOCATION	INVOICE INSTRUCTIONS						

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.		U/M		UNIT PRICE	AMOUNT
		LOC	ACCT	DF							
<i>000-117</i>					<i>MILEAGE TAX # 51907</i>	<i>276</i>		<i>mi</i>	<i>1</i>	<i>75</i>	<i>211 75</i>
<i>001-016</i>					<i>Pump Seals</i>	<i>212</i>		<i>Fl</i>	<i>1</i>	<i>585 00</i>	<i>585 00</i>
<i>030-503</i>					<i>LA-11 Top Plug</i>	<i>1</i>		<i>leg</i>	<i>95 100</i>	<i>95 00</i>	

ORIGINAL

RECEIVED
 MANSAS CORP CONTY
 1698
 APR 11 P 1:32
 1995

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.

MUST BE SIGNED BY CUSTOMER OR CUSTOMER'S AGENT PRIOR TO START OF WORK OR DELIVERY OF GOODS

Theresa Ah

DATE SIGNED _____ TIME SIGNED _____

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?
 YES NO

CUSTOMER DID NOT WISH TO RESPOND

PAGE TOTAL *132*

FROM CONTINUATION PAGE(S) *1698*

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)	CUSTOMER OR CUSTOMER'S AGENT (SIGNATURE) <i>Theresa Ah</i>	HALLIBURTON OPERATOR/ENGINEER <i>Ray B. Taylor</i>	EMP # <i>20119</i>	HALLIBURTON APPROVAL
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JOB SUMMARY

HALLIBURTON
HALLIBURTON LOCATION

15-065-22755-00-00
Hoy R.
BILLED ON TICKET NO 806189

WELL DATA

FIELD _____ SEC. 31 TWP. 17^S RNG. 24^W COUNTY Clinton STATE Pa.

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 212

	NEW USED	WEIGHT	SIZE	FROM	TO	MAXIMUM PSI ALLOWABLE
CASING			8 7/8	RB	212	
LINER						
TUBING						
OPEN HOLE						SHOTS/FT.
PERFORATIONS						
PERFORATIONS						
PERFORATIONS						

ORIGINAL

JOB DATA

TOOLS AND ACCESSORIES

TYPE AND SIZE	QTY	MAKE
FLOAT COLLAR		
FLOAT SHOE		
GUIDE SHOE		
CENTRALIZERS		
BOTTOM PLUG		
TOP PLUG <u>L111</u>	<u>898"</u>	<u>1</u>
HEAD		
PACKER		
OTHER		

CALLLED OUT	ON LOCATION	JOB STARTED	JOB COMPLETED
DATE	DATE	DATE	DATE
TIME	TIME	TIME	TIME

PERSONNEL AND SERVICE UNITS

NAME	UNIT NO & TYPE	LOCATION
<u>R. Hylton</u>	<u>Boring</u>	<u>34422</u>
	<u>P. King</u>	<u>Hoy R.</u>
<u>T. Hony</u>	<u>11010</u>	<u>51751</u>
	<u>Com</u>	<u>"</u>
<u>A. H. H.</u>	<u>011</u>	<u>"</u>
	<u>12.12</u>	<u>"</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 _____

PERFFAC BALLS TYPE _____ QTY. _____

OTHER _____

OTHER _____

DEPARTMENT (C)

DESCRIPTION OF JOB C-1 8 7/8 Surface

JOB DONE THRU. TUBING CASING ANNULUS TBG/ANN

CUSTOMER REPRESENTATIVE X Wanda H.

HALLIBURTON OPERATOR Ray B. Lybiter

COPIES REQUESTED _____

CEMENT DATA

STAGE	NUMBER OF SACKS	CEMENT	BRAND	BULK SACKED	ADDITIVES	YIELD CU FT /SK	MIXED LBS /GAL.
	<u>140</u>	<u>40/100 R2</u>	<u>R2</u>	<u>R</u>	<u>2% C.F., 3% C.C.</u>	<u>1.3</u>	<u>12.6</u>

PRESSURES IN PSI

SUMMARY

VOLUMES

CIRCULATING _____ DISPLACEMENT _____ PRESLUSH: BBL.-GAL. _____ TYPE _____

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

AVERAGE _____ FRACTURE GRADIENT _____ TREATMENT: BBL.-GAL. _____ DISPL. (BBL) GAL. 125

SHUT-IN: INSTANT _____ 5-MIN _____ 15-MIN _____ CEMENT SLURRY (BBL) GAL. 321

HYDRAULIC HORSEPOWER _____ TOTAL VOLUME: BBL.-GAL. _____

ORDERED _____ AVAILABLE _____ USED _____ REMARKS

TREATING _____ DISPL. _____ OVERALL _____

CEMENT LEFT IN PIPE _____

FEET 15' REASON Required

See (C) + Job Log

Thank You

Ray B.

Received APR 11, 1996
CUSTOMER

CUSTOMER
LEASE
WELL NO
JOB TYPE
DATE

HALLIBURTON ENERGY SERVICES

CUSTOMER
Discovery Drlg

WELL
Cummings #1

DATE
5-27-95

PAGE OF
2 2

FORM 1911 R-10

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.		U/M		UNIT PRICE	AMOUNT
		LOC	ACCT	DF							
504-136		1		B	40/60 Pozmix Standard	140				6 57	919 80
506-121		1		B	2sk Hallibureton Gel@2%						m/c
509-406		1		B	Calcium chloride	4				36 75	147 00
ORIGINAL											
207 500- 300		1		B	SERVICE CHARGE					1 35	199 80
500-306		1		B	MILEAGE CHARGE	TOTAL WEIGHT 11,618	LOADED MILES 77			95	432 24
											8

CONTINUATION TOTAL 1,698.84

No. B 285263

Received 4-11-1996

ALLIED CEMENTING CO., INC.

0243

REMIT TO P.O. BOX 31
RUSSELL, KANSAS 67665

ORIGINAL

15-065-22755-00-00

SERVICE POINT:

Oakley

DATE <u>5-3-95</u>	SEC. <u>31</u>	TWP. <u>7</u>	RANGE <u>24</u>	CALLED OUT	ON LOCATION <u>1:30 PM</u>	JOB START	JOB FINISH <u>8:00 AM</u>
LEASE <u>Cummings</u>	WELL # <u>1</u>	LOCATION <u>Morland 2E, 2N-3/4U</u>			COUNTY <u>Graham</u>	STATE <u>Kan</u>	

OLD OR NEW (Circle one)

CONTRACTOR Discovery Drlg #1

TYPE OF JOB PTA

HOLE SIZE 7 7/8 T.D. 3995'

CASING SIZE DEPTH

TUBING SIZE DEPTH

DRILL PIPE DEPTH

TOOL DEPTH

PRES. MAX MINIMUM

MEAS. LINE SHOE JOINT

CEMENT LEFT IN CSG.

PERFS.

OWNER Same

CEMENT

AMOUNT ORDERED 200 SKs 69/40 per, 6% Gel
1/4" Flo-Soc

COMMON @

POZMIX @

GEL @

CHLORIDE @

HANDLING 200 SKs @ 1.25

MILEAGE 4 q per SK/mile

TOTAL

EQUIPMENT

PUMP TRUCK CEMENTER Walt

191 HELPER Wayne

BULK TRUCK DRIVER Dean

218

BULK TRUCK DRIVER

#

REMARKS:

25 SKs @ 2220'

100 SKs @ 1350'

40 SKs @ 260'

10 SKs @ 40'

15 SKs in R.H.

10 SKs in M.H.

Shel 4

SERVICE

DEPTH OF JOB 2220'

PUMP TRUCK CHARGE 550.00

EXTRA FOOTAGE @

MILEAGE miles @ 2.35

PLUG 8 5/8 D.H. Plug @

TOTAL

CHARGE TO: H+H Investments

STREET P.O. Box 1433

CITY Hays STATE Kan

FLOAT EQUIPMENT

@

@

@

@

TOTAL

To Allied Cementing Co., Inc.
You are hereby requested to rent cementing equipment and furnish cementer and helper to assist owner or contractor to do work as is listed. The above work was done to satisfaction and supervision of owner agent or contractor. I have read & understand the "TERMS AND CONDITIONS" listed on the reverse side.

SIGNATURE Thomas Ah

TAX

TOTAL CHARGE

DISCOUNT IF PAID IN 30 DAYS

RECEIVED
APR 11 1996