

ORIGINAL

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

API NO. 15- 163-23194 400-00

County Rooks

C - SW - SE - Sec. 9 Twp. 7 S Rge. 20 X W

Operator: License # 5352

660' Feet from (S) N (circle one) Line of Section

Name: Baird Oil Co., Inc.

1980' Feet from (E) W (circle one) Line of Section

Address Box 428

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

City/State/Zip Logan, KS., 67646

Lease Name Sammons Well # #1

Purchaser: N/A

Field Name LeSage North

Operator Contact Person: Jim R. Baird

Producing Formation None

Phone (913) 689-7456

Elevation: Ground 2088 KB 2093

Contractor: Name: Abercrombie Drilling, Inc.

Total Depth 3588 PBTD 1664

License: 5422

Amount of Surface Pipe Set and Cemented at 204 Feet

Wellsite Geologist: Jim R. Baird

Multiple Stage Cementing Collar Used? Yes X No

Designate Type of Completion  
X New Well      Re-Entry      Workover

If yes, show depth set      Feet

     Oil   X   SWD      S10W      Temp. Abd.

If Alternate II completion, cement circulated from 1676

     Gas      ENHR      SIGW

feet depth to surface w/ 365 sx cmt.

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

Drilling Fluid Management Plan 3-16-92  
(Data must be collected from the Reserve Pit)

If Workover/Re-Entry: old well info as follows: 10 1992

Operator:     

Chloride content 2000 ppm Fluid volume 2600 bbls

Well Name:     

Dewatering method used Evaporation

Comp. Date      Old Total Depth     

Location of fluid disposal if hauled offsite:     

     Deepening      Re-perf.      Conv. to Inj/SWD

Operator Name     

     Plug Back      PBTD

Lease Name      License No.     

     Commingled      Docket No.     

     Quarter      Sec.      Twp.      S Rng.      E/W

     Dual Completion      Docket No.     

County      Docket No.     

     Other (SWD or Inj?)      Docket No.     

2-11-92 2-24-92  
Spud Date Date Reached TD Completion Date

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 Jim R. Baird

K.C.C. OFFICE USE ONLY

F      Letter of Confidentiality Attached

C   X   Wireline Log Received

C      Geologist Report Received

Distribution

  X   KCC      SWD/Rep      NGPA

     KGS      Plug      Other (Specify)

Title Executive Vice-President Date 3-9-92

Subscribed and sworn to before me this 9<sup>th</sup> day of MARCH 19 92.

Notary Public Robert B. Hartman

ROBERT B. HARTMAN  
NOTARY PUBLIC  
STATE OF KANSAS  
MY APPT. EXPIRES 3/29/95

Date Commission Expires 3/29/95

Operator Name Baird Oil Co., Inc. Lease Name Sammons Well # #1  
 Sec. 9 Twp. 7S Rge. 20  East County Rooks  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.)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Name	Top	Datum
Cores Taken	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Cedar Hills	1160	+933
Electric Log Run (Submit Copy.)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	B/Cedar Hills	1374	+719
List All E.Logs Run:		Topeka	3070	-977
Gamm Ray, Neutron, Guard, Caliliper		Heebner	3276	-1183
		Toronto	3300	-1207
		Lansing	3314	-1221
		BKC	3514	-1421
		TD	3588	-1495

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 1/2"	8-5/8"	20#	204'	60-40Poz	165	3%cc. 2%gel.
Disposal String	7-7/8"	8.5"	14#	1976'	Hal. lite	190	1/2# Flocel
					60-40 Poz	175	2%gel 2%cc

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	1830 to	HLC w/1/2#	20	1/2# Flocel
<input type="checkbox"/> Plug Back TD				
<input checked="" type="checkbox"/> Plug Off Zone	1950	Flocel		

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
1	Cedar Hills from 1310 to 1360	None	

TUBING RECORD	Size	Set At	Packer At	Liner Run	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	2-3/8"	1280	1280		
Date of First, Resumed Production, <input checked="" type="checkbox"/> SVD or Inj. <input type="checkbox"/> Waiting on MIT	Producing Method <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)				
Estimated Production Per 24 Hours	Oil Bbls.	Gas Hcf	Water Bbls.	Gas-Oil Ratio	Gravity

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

METHOD OF COMPLETION:  Open Hole  Stimulation  Dually Comp.  Commingled

Production Interval \_\_\_\_\_

ORIGINAL

SAMMONS #1 (Sec.9-7S-20W, Rooks Co., Ks.)

DRILL STEM TESTS

DST #1 (3286-3308) 30-30 IFP: 67 FFP: 67 ISIP: 67

FSIP: - Weak blow. Rec. 1 foot of mud.

DST #2 (3308-3340) 30-30 IFP: 48 FFP: 48 ISIP: 48 FSIP:-

Weak Blow . Rec. 1 foot of mud with oil spots.

DST #3 (3472-3588) 45-30-45-30 IFP: 105 FFP: 105 ISIP: 173

FSIP: 163 1st open: weak blow 3" 2nd open: no  
blow.

15-163-23194-00-00

STATE OF KANSAS  
DEPARTMENT OF GEOLOGY  
GEOLOGICAL SURVEY  
RESERVATION  
Wichita, Kansas

**JOB LOG**

15-163-23194-0000

**ORIGINAL**

CUSTOMER *Barron Co. Inc*

PAGE NO. *1*

FORM 2013 R-2

JOB TYPE *Cont 5 1/2" Csg*

DATE *2-25-92*

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	21:00	<i>2.31</i>						Called Out
	01:00							On Loc
	04:16						100	Spot + Set up Equip - Plug Job Start to Mix Cmt w/ 3 BBL Water Above 205K HLC w/ 1/4" Fluoride @ 1950'
	04:21						125	Finished Mix Cmt w/ 1 BBL Water Below Top of Plug @ 1830 (Approx)
	06:30							Start 5 1/2" x 11 1/4" Csg in Hole w/ Loc Cont Guide Shoe Loc Insert Float w/ Fill-up Loc Cont Bucket Loc Control Line
	07:15							Csg in Hole - Set @ 1677'
	07:20							Hook up PC w/ Manifold Broke Circ w/ Rig Pump Hook up to PT Plug Ret Hole w/ 150K HLC w/ 1/4" Fluoride
	07:48						100	Start Pump Cont 190 sk HLC w/ 1/4" Fluoride 175 sk 10% Poz w/ 2" C, 2" C, 1/4" Fluoride
	08:16						75	Finish Mix Cont Release Plug Wash out Pump Line
	08:17						75	Start Displ
	08:25						150	Finish Displ
	08:25						1300	Plug landed - Cmt. Did Circ (350K)
							0	Release Pres - Float Held Job Complete Thank you Johnny Allen, Rich

RECEIVED  
OPERATION CONT  
MAR 10 1992  
Wichita, Kansas

FORM 1906 R-11

WELL NO. -- FARM OR LEASE NAME #1 Sammons		COUNTY Rooks	STATE KS	CITY / OFFSHORE LOCATION	DATE 2-25-77
CHARGE TO Bard Oil Co Inc		OWNER Same	TICKET TYPE (CHECK ONE) SERVICE <input checked="" type="checkbox"/> SALES <input type="checkbox"/>		NITROGEN JOB YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
ADDRESS		CONTRACTOR Abbeville RTD #4	1 LOCATION Hays KS		CODE 25525
CITY, STATE, ZIP		SHIPPED VIA Howco	2 LOCATION		CODE
WELL TYPE 11		WELL CATEGORY 01	3 LOCATION		CODE
WELL PERMIT NO. 675 B-942183		DELIVERED TO	ORDER NO. N-W Stockton KS		REFERRAL LOCATION

As consideration, the above-named Customer agrees to pay Halliburton in accord with the rates and terms stated in Halliburton's current price lists. Invoices payable NET by the 20th of the following month after date of invoice. Upon Customer's default in payment of Customer's account by the last day of the month following the month in which the invoice is dated, Customer agrees to pay interest thereon after default at the highest lawful contract rate applicable, but never to exceed 18% per annum. In the event it becomes necessary to employ an attorney to enforce collection of said account, Customer agrees to pay all collection costs and attorney fees in the amount of 20% of the amount of the unpaid account. These terms and conditions shall be governed by the law of the state where services are performed or equipment or materials are furnished.

Halliburton warrants only title to the products, supplies and materials and that the same are free from defects in workmanship and materials. THERE ARE NO WARRANTIES, EXPRESS OR IMPLIED, OF MERCHANTABILITY, FITNESS FOR A PARTICULAR PURPOSE OR OTHERWISE WHICH EXTEND BEYOND THOSE STATED IN THE IMMEDIATELY PRECEDING SENTENCE. Halliburton's liability and customer's exclusive remedy in any cause of action (whether in contract, tort, product liability, breach of warranty or otherwise) arising out of the sale or use of any products, supplies or materials is expressly limited to the replacement of such products, supplies or materials on their return to Halliburton or, at Halliburton's option, to the allowance to the customer of credit for the cost of such items. In no event shall Halliburton be liable for special, incidental, indirect, punitive or consequential damages.

PRICE REFERENCE	SECONDARY REF OR PART NO.	L O C	ACCOUNT	DESCRIPTION	UNITS 1		UNITS 2		UNIT PRICE	AMOUNT
					QTY	MEAS	QTY	MEAS		
000-117		1		MILEAGE on PT	33	mi			2.60	85.80
001-016		1		Pump Chg	1677	sq			1020.00	1020.00
009-303		1		Pump Chg	8	hr			840.00	840.00
030-018		1		5W Top Plug	1	ea	5 1/2	in	60.00	60.00
				MAR 10 1977						
12A	825.205	1		Reg. Cms Guide	1	ea	5 1/2	in	105.00	105.00
24A	815.19251	1		Insert Floot Valve	1	ea	5 1/2	in	83.00	83.00
27	515.19311	1		Fill-up Unit	1	ea	1	in	30.00	30.00
46	507.90322	1		S-4 C	1	ea	5 1/2	in	44.00	44.00
320	500.5883	1		Basket	1	ea	5 1/2	in	90.00	90.00

THIS IS NOT AN INVOICE

AS PER ATTACHED BULK MATERIAL DELIVERY TICKET NO.

B-942183

3,155.74

WAS JOB SATISFACTORILY COMPLETED? \_\_\_\_\_

WAS OPERATION OF EQUIPMENT SATISFACTORY? \_\_\_\_\_

WAS PERFORMANCE OF PERSONNEL SATISFACTORY? \_\_\_\_\_

X \_\_\_\_\_  
CUSTOMER OR HIS AGENT (PLEASE PRINT)

X \_\_\_\_\_  
CUSTOMER OR HIS AGENT (SIGNATURE)

WE CERTIFY THAT THE FAIR LABOR STANDARDS ACT OF 1938, AS AMENDED HAS BEEN COMPLIED WITH IN THE PRODUCTION OF GOODS AND OR WITH RESPECT TO SERVICES FURNISHED UNDER THIS CONTRACT.

*John E. Becker*  
HALLIBURTON OPERATOR

HALLIBURTON APPROVAL

CUSTOMER

SUB TOTAL

APPLICABLE TAXES WILL BE ADDED ON INVOICE.





WELL DATA

FIELD \_\_\_\_\_ SEC 9 TWP. 7 RNG. 20 COUNTY Rook 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 3560  
PBTD 1830

	NEW USED	WEIGHT	SIZE	FROM	TO	MAXIMUM PSI ALLOWABLE
CASING		<u>14</u>	<u>11</u>	<u>5'</u>	<u>0</u>	<u>1677</u>
LINER						
TUBING						
OPEN HOLE			<u>7 1/2"</u>	<u>1677</u>		SHOTS/FT.
PERFORATIONS						
PERFORATIONS						
PERFORATIONS						

JOB DATA

CALLED OUT	ON LOCATION	JOB STARTED	JOB COMPLETED
DATE <u>2-25-93</u>	DATE <u>2-25-93</u>	DATE <u>2-25-93</u>	DATE _____
TIME <u>01:00</u>	TIME <u>01:00</u>	TIME <u>03:30</u>	TIME _____

TOOLS AND ACCESSORIES

TYPE AND SIZE	QTY.	MAKE
FLOAT COLLAR		
FLOAT SHOE <u>Eng 7/8" H. 11.40</u>	<u>1</u>	<u>Hoyer</u>
GUIDE SHOE		"
CENTRALIZERS	<u>1</u>	"
BOTTOM PLUG		"
TOP PLUG	<u>1</u>	"
HEAD		
PACKER		
OTHER <u>Cent 5 1/2" Packer</u>	<u>1</u>	"

PERSONNEL AND SERVICE UNITS

NAME	UNIT NO. & TYPE	LOCATION
<u>J. Beckler</u>	<u>0000</u>	<u>Hays Ks.</u>
<u>A. Wozniak</u>	<u>3477</u>	"
<u>R. Kuch</u>	<u>BT</u>	"
	<u>3700</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 \_\_\_\_\_ IN \_\_\_\_\_

PERFPAC BALLS TYPE \_\_\_\_\_ QTY. \_\_\_\_\_

OTHER \_\_\_\_\_

OTHER \_\_\_\_\_

DEPARTMENT Cement

DESCRIPTION OF JOB Cent 5 1/2" Packer

JOB DONE THRU: TUBING  CASING  ANNULUS  TBG/ANN.

CUSTOMER REPRESENTATIVE [Signature]

HALLIBURTON OPERATOR [Signature]

COPIES REQUESTED \_\_\_\_\_

CEMENT DATA

STAGE	NUMBER OF SACKS	CEMENT	BRAND	BULK SACKED	ADDITIVES	YIELD CU.FT./SK.	MIXED LBS./GAL.
	<u>20</u>	<u>HIC</u>		<u>5</u>	<u>1/2" Fluoride</u>	<u>1.34</u>	<u>12.1</u>
	<u>205</u>	<u>HIC</u>		<u>8</u>	<u>1/2" Fluoride</u>	<u>1.97</u>	<u>12.4</u>
	<u>115</u>	<u>16 1/2" HIC</u>		<u>10</u>	<u>2" 1/2" 20% HIC, 1/2" Fluoride</u>	<u>1.25</u>	<u>11.8</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 \_\_\_\_\_

SHUT-IN: INSTANT \_\_\_\_\_ 5-MIN \_\_\_\_\_ 15-MIN \_\_\_\_\_ CEMENT SLURRY: BBL-GAL (6.2) [(91.9 + 39) 110.7] 40'

ORDERED \_\_\_\_\_ AVAILABLE \_\_\_\_\_ USED \_\_\_\_\_ TOTAL VOLUME: BBL-GAL \_\_\_\_\_

TREATING \_\_\_\_\_ DISPL \_\_\_\_\_ OVERALL \_\_\_\_\_ REMARKS See Job Log

FEET 10 REASON Shoe Joint

CEMENT LEFT IN PIPE \_\_\_\_\_

CUSTOMER: BART...  
LEASE: S...  
WELL NO.: 1...  
JOB TYPE: C...  
DATE: 2-25-93



15-163-23194-00-00

P.O. BOX 751046  
DALLAS, TX 75395-1046

ORIGINAL

INVOICE

HALLIBURTON SERVICES

A Halliburton Company

INVOICE NO.	DATE
208705	02/25/1999

WELL LEASE NO./PLANT NAME		WELL/PLANT LOCATION		STATE	WELL/PLANT OWNER
SAMMONS 1		ROOKS		KS	SAME
SERVICE LOCATION	CONTRACTOR		JOB PURPOSE		TICKET DATE
HAYS	ADDACROMBIE		COMBINATION PLUG BACK & CASING		02/25/1999
ACCT. NO.	CUSTOMER AGENT	VENDOR NO.	CUSTOMER P.O. NUMBER	SHIPPED VIA	FILE NO.
044605	JIM BAIRD			COMPANY TRUCK	3046

BAIRD OIL CO., INC.  
BOX 7  
LOCAN, KS 67646

DIRECT CORRESPONDENCE TO:  
FIRST OKLAHOMA TOWER  
210 WEST PARK AVENUE  
SUITE 2050  
OKLAHOMA CITY, OR 73102-5601

PRICE REF. NO.	DESCRIPTION	QUANTITY	U/M	UNIT PRICE	AMOUNT
000-117	MILEAGE	33	MI	2.60	85.80
001-016	CEMENTING CASING	1677	FT	1,020.00	1,020.00
009-306	PLUG-BACK & CASING JOB COMBO	8	HR	840.00	840.00
030-018	CEMENTING PLUG SW, PLASTIC TOP	5.5	IN	60.00	60.00
12A	GUIDE SHOE - 5 1/2" 8RD THD.	1	EA	105.00	105.00
825.205					
24A	INSERT FLOAT VALVE - 5 1/2" 8RD	1	EA	83.00	83.00
815.1925					
27	FILL-UP UNIT 5 1/2" - 6 5/8"	1	EA	30.00	30.00
815.1931					
40	CENTRALIZER 5-1/2" X 7 7/8"	1	EA	44.00	44.00
807.9302					
320	CEMENT BASKET 5 1/2"	1	EA	90.00	90.00
800.8883					
504-316	HALLIBURTON LIGHT W/STANDARD	225	SK	5.25	1,181.25
504-308	STANDARD CEMENT	105	SK	5.45	572.25
506-105	POZMIX/A	70	SK	3.40	238.00
506-121	HALLIBURTON GEL 2%	3	SK	.00	N/C
509-406	ANHYDROUS CALCIUM CHLORIDE	3	SK	26.50	79.50
507-210	FLOCELE	100	LB	1.30	130.00
500-207	BUER SERVICE CHARGE	412	CPT	1.15	473.00
500-308	MILEAGE CMTG MAT DEL OR RETURN	601.178	TMI	.80	480.94
INVOICE SUBTOTAL					5,513.54
DISCOUNT - (BID)					1,102.70
INVOICE BID AMOUNT					4,410.84

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

TERMS INVOICES PAYABLE NET BY THE 20TH OF THE FOLLOWING MONTH AFTER DATE OF INVOICE UPON CUSTOMER'S DEFAULT IN PAYMENT OF CUSTOMER'S ACCOUNT BY THE LAST DAY OF THE MONTH FOLLOWING THE MONTH IN WHICH THE INVOICE IS DATED. CUSTOMER AGREES TO PAY INTEREST THEREON AFTER DEFAULT AT THE HIGHEST LAWFUL CONTRACT RATE APPLICABLE BUT NEVER TO EXCEED 15% PER ANNUM. IN THE EVENT IT BECOMES NECESSARY TO EMPLOY AN ATTORNEY TO ENFORCE COLLECTION OF SAID ACCOUNT, CUSTOMER AGREES TO PAY ALL COLLECTION COSTS AND

CUSTOMER COPY



ORIGINAL

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

15163-23194-0080

INVOICE

HALLIBURTON SERVICES

A Halliburton Company

INVOICE NO.	DATE
208705	02/25/1992

WELL LEASE NO./PLANT NAME		WELL/PLANT LOCATION		STATE	WELL/PLANT OWNER	
SAMHONS		ROOKS		KS	SAME	
SERVICE LOCATION		CONTRACTOR		JOB PURPOSE		TICKET DATE
HAYS		ADDERCROMBIE		COMBINATION PLUG BACK & CASING		02/25/1992
ACCT. NO.	CUSTOMER AGENT	VENDOR NO.	CUSTOMER P.O. NUMBER	SHIPPED VIA	FILE NO.	
044605	JIM BAIRD			COMPANY TRUCK	3046	

BAIRD OIL CO., INC.  
BOX 7  
LOGAN, KS 67646

DIRECT CORRESPONDENCE TO:  
FIRST OKLAHOMA TOWER  
210 WEST PARK AVENUE  
SUITE 2050  
OKLAHOMA CITY, OK 73102-5601

PRICE REF. NO.	DESCRIPTION	QUANTITY	U/M	UNIT PRICE	AMOUNT
	*-KANSAS STATE SALES TAX				121.30
	*-HAYS CITY SALES TAX				14.28
INVOICE TOTAL - PLEASE PAY THIS AMOUNT *****					\$4,546.42

MAR 10 1992  
RECEIVED  
CORPORATE  
SERV. DIV.  
Wichita, Kansas

3/2/92  
P 2/25/92

01134281247  
2/25/92

190402  
4.54642  
H. Spawcous Sweet - 200 ft 2 1/2" ID Per Disposal Well

TERMS INVOICES PAYABLE NET BY THE 20TH OF THE FOLLOWING MONTH AFTER DATE OF INVOICE. UPON CUSTOMER'S DEFAULT IN PAYMENT OF CUSTOMER'S ACCOUNT BY THE LAST DAY OF THE MONTH FOLLOWING THE MONTH IN WHICH THE INVOICE IS DATED, CUSTOMER AGREES TO PAY INTEREST THEREON AFTER DEFAULT AT THE HIGHEST LAWFUL CONTRACT RATE APPLICABLE BUT NEVER TO EXCEED 18% PER ANNUM. IN THE EVENT IT BECOMES NECESSARY TO EMPLOY AN ATTORNEY TO