

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

Operator: License # 5184
Name: Shields Oil Producers, Inc.
Address Shields Bldg.
city/State/Zip Russell, KS 67665
Purchaser: Farmland
Operator Contact Person: Burton Beery
Phone (913) 481-3141
Contractor: Name: Company Tools
License: 5184
Wellsite Geologist: Francis Whisler

Designate Type of Completion
 New Well Re-Entry Workover
 Oil SWD S10W 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 PSTD
 Commingled Docket No. _____
 Dual Completion Docket No. _____
 Other (SWD or Inj?) Docket No. _____
8-8-96 8-14-96 8-23-96
Spud Date Date Reached TD Completion Date

API NO. 15- 141-20,323 - ~~0~~ **ORIGINAL**
County Osborne
C-W/2-NW-NE Sec. 3 Twp. 10 Rge. 12 **X W**
660 Feet from (N) (circle one) Line of Section
2310 Feet from (E/W) (circle one) Line of Section
Footages Calculated from Nearest Outside Section Corner:
(NE) SE, NW or SW (circle one)
Lease Name Bowman Trust "A" Well # 3
Field Name Sigle North
Producing Formation Kansas City
Elevation: Ground 1830 KB 1835
Total Depth 3240 PSTD 3204
Amount of Surface Pipe Set and Cemented at 206 Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set 902 Feet
If Alternate II completion, cement circulated from 902
feet depth to Surface w/ 175 ex cnt.
Drilling Fluid Management Plan AH. 2, 2-12-98 UC.
(Data must be collected from the Reserve Pit)
Chloride content 74,000ppm Fluid volume 380 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 Burton Beery
Title Superintendent Date 12-5-96
Subscribed and sworn to before me this 5th day of December, 1996.
Notary Public Ruth Phillips
Date Commission Expires _____



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)

Operator Name Shields Oil Producers, Inc. Lease Name Bowman Trust "A" Well # 3

East
 West

County Osborne

Sec. 3 Twp. 10 Rge. 12

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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Name	Top	Datum
Cores Taken	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Anhydrite	896	+ 939
Electric Log Run (Submit Copy.)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Topeka Lm	2764	- 929
List All E.Logs Run:		Heebner Sh	3000	-1165
Radiation - Guard - Caliper		Toronto Lm	3022	-1187
		Lansing - KC	3058	-1223

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	20	206	60-40 Pozmix	150	2% Gel 3% C.C.
Production	7 7/8	4 1/2	9 1/2	3232	EA-2	100	5% Cal Seal 18% Salt

ADDITIONAL CEMENTING/SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	#Sacks Used	Type and Percent Additives
<input type="checkbox"/> Perforate				
<input checked="" type="checkbox"/> Protect Casing	Surface			
<input type="checkbox"/> Plug Back TD				
<input type="checkbox"/> Plug Off Zone	902	60-40 Pozmix	175	8% Gel

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated		Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used)		Depth
4	3109-3112		500 gal. - 15% 2000 gal. - 28%		3112
4	3062-3066		500 gal. - 15%		3066
4	3109-3111	Packer at 3096	Squeeze perf. 3062-3066, with 150 sks common w/5% 500 gal. 15%		3109-3112 3111
4	3062-3066		500 gal. 15% - 2000 gal		3066

TUBING RECORD		Size	Set At	Packer At	Liner Run		
		2			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Date of First, Resumed Production, SWD or Inj.				Producing Method			
11-18-96				<input type="checkbox"/> Flowing <input checked="" type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)			
Estimated Production Per 24 Hours	Oil Dbls.	Gas Mcf	Water Ebls.	Gas-Oil Ratio	Gravity		
	10	None	30		37		

Disposition of Gas:	<input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> U. n Lease (If vented, submit A	METHOD OF COMPLETION	<input type="checkbox"/> Open Hole <input checked="" type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled	Production Interval
		<input type="checkbox"/> Other (Specify)		3109-3111
				3062-3066

Shields

ORIGINAL

OIL PRODUCERS, INC.

R. L. SHIELDS, President



Russell, Kansas

15-141-20323-00-00

FORM ACO-1 DRILL STEM TESTS

SHIELDS OIL PRODUCERS, INC. LEASE Bowman Trust A #3

D.S.T. #1 3034-3068 Times: 15-60-45-60

I.H.P. 1432 **I.F.P.** 133-150 **I.S.I.P.** 983

F.F.P. 192-217 **F.S.I.P.** 726 **F.H.P.** 1407

Recovery: 180' gas - 120; very slight oil & gas cut mud-
180' slight oil & gas cut mud

D.S.T. #2 3079-3096 Times: 15-60-45-60

I.H.P. 1440 **I.F.P.** None **I.S.I.P.** None

F.F.P. None **F.S.I.P.** None **F.H.P.** 1423

Recovery: 225' of heavy, jellied mud with salty taste

D.S.T. #3 3096-3113 Times: 5-60-30-60

I.H.P. 1485 **I.F.P.** 97-104 **I.S.I.P.** 1318

F.F.P. 164-194 **F.S.I.P.** 1220 **F.H.P.** 1454

Recovery: 240' of heavy mud - 120' of very slight oil & water
cut mud

D.S.T. #4 _____ Times: _____

I.H.P. _____ **I.F.P.** _____ **I.S.I.P.** _____

F.F.P. _____ **F.S.I.P.** _____ **F.H.P.** _____

Recovery:

D.S.T. #5 _____ Times: _____

I.H.P. _____ **I.F.P.** _____ **I.S.I.P.** _____

F.F.P. _____ **F.S.I.P.** _____ **F.H.P.** _____

Recovery:

D.S.T. #6 _____ Times: _____

I.H.P. _____ **I.F.P.** _____ **I.S.I.P.** _____

F.F.P. _____ **F.S.I.P.** _____ **F.H.P.** _____

Recovery:



TRK 52418

TICKET CONTINUATION

CUSTOMER COPY

TICKET No. 103868

HALLIBURTON ENERGY SERVICES

CUSTOMER Shields Oil q	WELL Bowman A-#3	DATE 8-14-96	PAGE 2	OF 2
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FORM 1911 R-10

15-141-20323-00-00

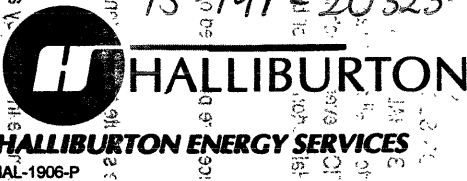
PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.		U/M		UNIT PRICE	AMOUNT
		LOC	ACCT	DF							
504-308		1			Standard Cement	100				9 57	957 00
504-13-0		1			50/50 Pozmix Standard	50				7 45	372 50
509- 100 ⁹⁶⁸		1			Salt	1250	lb			15	187 50
506-121		1			1sk Halliburton Gel@2%						
507-210		1			Flocele	38	lb			1 65	62 70 62 70
508--127		1			Cal Seal	5				25 90	129 50
500-207		1			SERVICE CHARGE						
500-306		1			MILEAGE CHARGE						
					TOTAL WEIGHT	15,158					
					LOADED MILES	62					
					CUBIC FEET	179				1 35	241 65
					TON MILES	469.898				1 05	493 39

ORIGINAL

No. B 339949

Dis 6,902.02
1,925.67
4,976.35 + Tax

CONTINUATION TOTAL 2,444.24



15-141 # 20323-0000

CHARGE TO
 ADDRESS Shields Drilling Producers
 CITY, STATE, ZIP CODE Shields Drilling
 Russell, Ks 67065

CUSTOMER COPY

TICKET No. 103868 - 6

PAGE 1 OF 2

SERVICE LOCATIONS	WELL/PROJECT NO.	LEASE	COUNTY/PARISH	STATE	CITY/OFFSHORE LOCATION	DATE	OWNER
1. Hays, Ks 25525	A-3	Bowman Trust	Oshannon	Ks		8-15-96	Same
TICKET TYPE	NITROGEN JOB?	CONTRACTOR	RIG NAME/NO.	SHIPPED VIA	DELIVERED TO	ORDER NO.	
<input type="checkbox"/> SERVICE <input type="checkbox"/> SALES	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	Shields Drilling	#1	CT	LOC NE Luray, Ks		
WELL TYPE	WELL CATEGORY	JOB PURPOSE	WELL PERMIT NO.	WELL LOCATION			
01	01	035		DDI 15-141-203230000			
REFERRAL LOCATION	INVOICE INSTRUCTIONS						

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.		UNIT PRICE		AMOUNT
		LOC	ACCT	DF		QTY.	U/M	QTY.	U/M	
000-117		1			MILEAGE #53292	120	mi	2.99		364.78
001-016		1			Pump chg	3233	ft	1545.00		5045.00
019-241		1			Rotating head	1	ea	185.00		185.00
12A	825.201	1			Guide Shoe	1	ea	95.00		95.00
24A	815.19101	1			Insert float	1	ea	98.00		98.00
27	815.19111	1			Fillup tube	1	ea	47.00		47.00
40	806.60004	1			Centralizers 5-4	4	ea	50.00		200.00
320	806.71415	1			cmr. Basket	1	ea	97.00		97.00
73	813.0141	1			Port collar	1	ea	1400.00		1400.00
018-315		1			mud flush	500	gal	65		325.00
314-163		1			clo fix II	2	ea	28.00		56.00
030-016		1			5w plug	1	ea	45.00		45.00

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.

SUB SURFACE SAFETY VALVE WAS:
 PULLED & RETURN PULLED RUN

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

x **Burton Beery**
 DATE SIGNED 8-14-96 TIME SIGNED 2322
 A.M. P.M.

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		

PAGE TOTAL 4457.78
 FROM CONTINUATION PAGE(S) 2444.24
 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) HALLIBURTON OPERATOR/ENGINEER EMP # HALLIBURTON APPROVAL

x **Burton Beery** **Ken Richman** 59734



HALLIBURTON

157111-170328

JOB LOG HAL-2013-C

DATE 8-15-96 PAGE NO. 1

CUSTOMER Shields Oil Co WELL NO. A-3 LEASE Bowman Trust JOB TYPE Long string TICKET NO. 103868

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
B-14	1900							Called out to cm of 4 1/2" Long string w/ 25 SKS 50/50 P02 27 gal 18% salt + 1/2" sweat + 100 SKS 510 5% colsoal - 18% salt 4" flo coal/sk, 1/2" Guide shoe Insert float w/ fill up 4 cent. 1-Basket 1 Port collar 500 gal mud flush 20 bbl Kcl water.
	2230							on/oc, Logging down DP. safety meeting discuss job, set up equipment
	2310							DP. Logged down. Rig up to run 4 1/2" casing
8-15	0050							ST. casing. Guide shoe Insert float valve 4 cent on 1 1/2" J+ cent on 3-6-9 63-65 72+79th collars port collar on top of 64th J+ @ 900'
	0205							Drop ball to knock out Auto fill tube casing to 3233' to 3240'
	0225					350		Hook up 3 1/2" and rotate pipe knockout fill tube
	0245							Hook up to pump truck pump 500 gal mud flush 4 20 bbl 2% Kcl water
	0256		5.75					Shut down 4 plug rat + mouse hole w/ 25 SKS 50/50 P02
	0305	6	5.75			100		Hook up to casing & SY 25 SKS 50/50 P02 -> Scavenger cm + of 100 SKS EA-2 cm T
	0312	5.5	24.22			100		cm + mixed shut down knock loose wash pump & line out
	0318	6				100		Rel plug & SY displ.
	0330		5.13			1550		ldg plug @ 3201' (KB) Holding pressure
	0332					0		Rel back to work float held
	0340							Knock loose, wash track up + vk
	0345							finish paper work
	0415							Job complete Dark gas Ken & crew

ORIGINAL

CUSTOMER



JOB SUMMARY

HALLIBURTON DIVISION
HALLIBURTON LOCATION

20323-00-00
103262
BILL ON TICKET NO.

WELL DATA

FIELD _____ SEC _____ TWP _____ RNG _____ COUNTY Osborne 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 _____

	NEW USED	WEIGHT	SIZE	FROM	TO	MAXIMUM PSI ALLOWABLE
CASING	U	135	U	78		
LINER						
TUBING						
OPEN HOLE						SHOTS/FT
PERFORATIONS						
PERFORATIONS						
PERFORATIONS						

ORIGINAL

JOB DATA

CALLER OUT	ON LOCATION	JOB STARTED	JOB COMPLETED
DATE <u>8-14-76</u>	DATE <u>8-14</u>	DATE <u>8-15</u>	DATE <u>8-15</u>
TIME <u>1900</u>	TIME <u>2030</u>	TIME <u>0050</u>	TIME <u>0415</u>

PERSONNEL AND SERVICE UNITS

NAME	UNIT NO. & TYPE	LOCATION
<u>K. Richmond</u>		
<u>T. Richmond</u>		
<u>C. Dalton</u>		

DEPARTMENT cmf
 DESCRIPTION OF JOB cmf 4 1/2" long string

JOB DONE THRU: TUBING CASING ANNULUS TBG./ANN

CUSTOMER REPRESENTATIVE X Burton Beery

HALLIBURTON OPERATOR Ker Lohm COPIES REQUESTED _____

CEMENT DATA

STAGE	NUMBER OF SACKS	CEMENT	BRAND	BULK SACKED	ADDITIVES	YIELD CU.FT./SK.	MIXED LBS./GAL.
						130	39
						136	15.45

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. 58 24.77
 HYDRAULIC HORSEPOWER _____ TOTAL VOLUME: BBL.-GAL. _____

ORDERED _____ AVAILABLE _____ USED _____
 AVERAGE RATES IN BPM _____
 TREATING _____ DISPL. _____ OVERALL _____
 CEMENT LEFT IN PIPE _____
 FEET 29' REASON Shoe Jr.

REMARKS

Thank you
Ker

CUSTOMER
LEASE
WELL NO. A-3
JOB TYPE Long string
DATE 8-15-76

ALLIED CEMENTING CO., INC. 5671

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

ORIGINAL

SERVICE POINT: K

DATE <u>12-4-96</u>	SEC <u>3</u>	TWP. <u>10^s</u>	RANGE <u>12w</u>	CALLED OUT	ON LOCATION	JOB START	JOB FINISH <u>11:00 AM</u>
LEASE <u>Boymann</u>	WELL # <u>A-3</u>		LOCATION <u>SN 2 1/2 E 13 N E 1</u>	COUNTY <u>Dalman</u>		STATE <u>Ks</u>	

OLD OR NEW (Circle one)

CONTRACTOR C. J. J. J.
 TYPE OF JOB Put all
 HOLE SIZE _____ T.D. _____
 CASING SIZE 5 1/2 DEPTH _____
 TUBING SIZE 2" DEPTH 900
 DRILL PIPE _____ DEPTH _____
 TOOL _____ DEPTH 900
 PRES. MAX _____ MINIMUM _____
 MEAS. LINE _____ SHOE JOINT _____
 CEMENT LEFT IN CSG. _____
 PERFS. _____

OWNER _____ CEMENT _____
 AMOUNT ORDERED 175 6 1/2 in 8 1/2 gal 1/16 in
used 120
 COMMON _____ @ _____
 POZMIX _____ @ _____
 GEL _____ @ _____
 CHLORIDE _____ @ _____
 _____ @ _____
 _____ @ _____
 _____ @ _____
 HANDLING _____ @ _____
 MILEAGE _____ @ _____

EQUIPMENT
 PUMP TRUCK CEMENTER Mike
 # 153 HELPER _____
 BULK TRUCK _____
 # 287 DRIVER R. C. J.
 BULK TRUCK _____
 # _____ DRIVER _____

TOTAL _____

REMARKS:
Cement circulated ✓

SERVICE
 DEPTH OF JOB _____
 PUMP TRUCK CHARGE _____
 EXTRA FOOTAGE _____ @ _____
 MILEAGE _____ @ _____
 PLUG _____ @ _____
 _____ @ _____
 _____ @ _____
 TOTAL _____

CHARGE TO: Shields Oil Prod
 STREET _____
 CITY _____ STATE _____ ZIP _____

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 Mike McGlocklin

TAX _____
 TOTAL CHARGE _____
 DISCOUNT _____ IF PAID IN 30 DAYS

SEAL 12-9-96
 11:00 AM
 12/4/96

ALLIED CEMENTING CO., INC. 7393

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

ORIGINAL

SERVICE POINT: Russell

DATE <u>8-8-96</u>	SEC. <u>3</u>	TWP. <u>10 S</u>	RANGE <u>12 W</u>	CALLED OUT <u>7:00PM</u>	ON LOCATION <u>7:50PM</u>	JOB START <u>8:45PM</u>	JOB FINISH <u>9:15PM</u>
LEASE <u>BOWMAN TRUST</u>	WELL# <u>A-3</u>	LOCATION <u>LURAY 5N 3E 1N 1/2W</u>		COUNTY <u>OSBORNE</u>	STATE <u>KANSAS</u>		

OLD OR NEW (Circle one) 1/2 N 1/4 E

CONTRACTOR SHIELDS DRAG RIG #2 OWNER _____

TYPE OF JOB SURFACE CEMENT _____

HOLE SIZE 12 1/4 T.D. 209

CASING SIZE 8 5/8 USED DEPTH 206

TUBING SIZE 20 # DEPTH _____

DRILL PIPE DEPTH _____

TOOL DEPTH _____

PRES. MAX MINIMUM _____

MEAS. LINE SHOE JOINT _____

CEMENT LEFT IN CSG. 15'

PERFS. 12 1/2 SSB

AMOUNT ORDERED 150 SK 60/40 226 GEL
320 CC

COMMON	<u>90</u>	@	<u>6.10</u>	<u>549.00</u>
POZMIX	<u>60</u>	@	<u>3.15</u>	<u>189.00</u>
GEL	<u>3</u>	@	<u>9.50</u>	<u>28.50</u>
CHLORIDE	<u>5</u>	@	<u>28.00</u>	<u>140.00</u>

EQUIPMENT

PUMP TRUCK CEMENTER Ellen

177 HELPER Will

BULK TRUCK DRIVER Bert

160 DRIVER _____

BULK TRUCK DRIVER _____

HANDLING @ 1.05 157.50

MILEAGE 42/50 / mile 192.00

TOTAL 1256.00

REMARKS:

Cement Circulated
Frank

SERVICE

DEPTH OF JOB	_____			
PUMP TRUCK CHARGE	_____			<u>445.00</u>
EXTRA FOOTAGE	_____	@		
MILEAGE	<u>32</u>	@	<u>2.85</u>	<u>91.20</u>
PLUG <u>1-8 5/8</u>	_____	@		<u>45.00</u>

TOTAL 581.20

CHARGE TO: SHIELD OIL PRODUCERS Inc

STREET Shields Bldg

CITY Russell STATE Kansas ZIP 67665

FLOAT EQUIPMENT

_____	@	_____	_____
_____	@	_____	_____
_____	@	_____	_____
_____	@	_____	_____

TOTAL _____

TAX _____

TOTAL CHARGE _____

DISCOUNT _____ IF PAID IN 30 DAYS

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 Berton Beery

3500 W. 10th St
Lawrence, KS 66044
785-843-1111

ALLIED CEMENTING CO., INC.

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

ORIGINAL

SERVICE POINT: Russell

DATE <u>10-22-66</u>	SEC. <u>3</u>	TWP. <u>10</u>	RANGE <u>12</u>	CALLED OUT	ON LOCATION <u>9:30 AM</u>	JOB START <u>10:00 AM</u>	JOB FINISH <u>11:45 AM</u>
LEASE <u>Trust Bowman</u>	WELL # <u>A-3</u>	LOCATION <u>Rurray 5N 2E 2N</u>		COUNTY <u>Osborne</u>	STATE <u>Kansas</u>		

OLD OR NEW (Circle one) NEW

CONTRACTOR Braden & Dean OWNER Same

TYPE OF JOB Squeeze CEMENT

HOLE SIZE _____ T.D. _____

CASING SIZE _____ DEPTH _____

TUBING SIZE 2" DEPTH 3000

DRILL PIPE _____ DEPTH _____

TOOL Reinhardt DEPTH 3000

PRES. MAX 1500 MINIMUM _____

MEAS. LINE _____ SHOE JOINT _____

CEMENT LEFT IN CSG. _____

PERFS. 3062-66 3109-3112

AMOUNT ORDERED	<u>140 Common</u>		
	<u>5% bitumite</u>		
COMMON	<u>140 @</u>	<u>6.10</u>	<u>854.00</u>
POZMIX	@		
GEL	@		
CHLORIDE	@		
<u>Gil</u>	<u>6.58 @</u>	<u>.41</u>	<u>269.78</u>
	@		
	@		
	@		
	@		
HANDLING	@	<u>1.05</u>	<u>147.00</u>
MILEAGE <u>33</u>		<u>04</u>	<u>184.80</u>
TOTAL			<u>1455.58</u>

EQUIPMENT

PUMP TRUCK CEMENTER R. Davis

221 HELPER _____

BULK TRUCK DRIVER Bill M.

213 DRIVER _____

BULK TRUCK DRIVER _____

REMARKS:

SERVICE

DEPTH OF JOB _____

PUMP TRUCK CHARGE _____

EXTRA FOOTAGE @ _____

MILEAGE 33 @ 2.85 94.05

PLUG @ _____

TOTAL	<u>1124.05</u>
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CHARGE TO: Shields Oil Prod

STREET Shields Bldg.

CITY Russell STATE Kansas ZIP 67665

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 M. Kett

TAX _____

TOTAL CHARGE _____

DISCOUNT _____ IF PAID IN 30 DAYS