

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

API NO. 15- 141-20283 ⁰⁰⁻⁰⁰
Osborne County
SE SE NE 17 10S 15W E
- - - - - Sec. Twp. Rge. W

ORIGINAL

Operator: License # 30129

Name: EAGLE CREEK CORPORATION

Address 107 N. Market Suite 509

City/State/Zip Wichita, Kansas 67202

Purchaser: N/A

Operator Contact Person: William D. Harrison

Phone (316) 264-8044

Contractor: Name: Abercrombie RTD

License: 30684

Wellsite Geologist: Dave L. Callewaert

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 PBTB
 Commingled Docket No. _____
 Dual Completion Docket No. _____
 Other (SWD or Inj?) Docket No. _____

5/9/94 5/15/94 5/18/94

Spud Date 5/9/94 Date Reached TD 5/15/94 Completion Date 5/18/94

2970 Feet from S/N (circle one) Line of Section

330 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 Well # 1

Field Name Wildcat

Producing Formation D & A

Elevation: Ground 1819 KB 1824

Total Depth 3470 RTD PBTB DSA

Amount of Surface Pipe Set and Cemented at 254 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 JH 6-14-95
(Data must be collected from the Reserve Pit)

Chloride content 35,000 ppm Fluid volume 650 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. _____

RECEIVED
STATE CORPORATION COMMISSION
10-3-94
OCT 03 1994
CONSERVATION DIVISION
WICHITA, KANSAS

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.

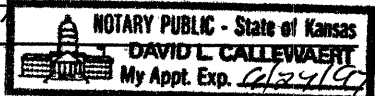
All requirements of the statutes, rules and regulations promulgated to regulate the oil and gas industry have been fully complied with and the statements herein are complete and correct to the best of my knowledge.

Signature William D. Harrison
Title President Date 5/23/94

Subscribed and sworn to before me this 23 day of May, 1994.

Notary Public Jan C. Kelly

Date Commission Expires 6/27/97



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 Eagle Creek Corporation Lease Name Bowman Well # _____
 Sec. 17 Twp. 10S Rge. 15W East County Osborne
 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 Datums	<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	Anhydrite	1026	+ 798
Electric Log Run (Submit Copy.)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Heebner	2999	-1175
		Iansing	3050	-1226
		BKC	3310	-1486
		Conglomerate Sd.	3424	-3423

List All E.Logs Run:
 Compensated Sonic Log
 Dual Induction
 Compensated Density Neutron

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#	262'	60/40 pozmix	150	2% gel 3% ee

no

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 Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used)	Depth
none			

TUBING RECORD	Size	Set At	Packer At	Liner Run	<input type="checkbox"/> Yes <input type="checkbox"/> No
	DSA				
Date of First, Resumed Production, SWD or Inj.	DSA	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 Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
	DSA				

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

METHOD OF COMPLETION DSA Production Interval _____
 Open Hole Perf. Dually Comp. Commingled
 Other (Specify) DSA

EAGLE CREEK CORPORATION

ORIGINAL

BOWMAN #1-17

API # 15-141-20,283

SE SE NE SECTION 17-T10S-R15W
OSBONRE COUNTY, KANSAS

OPERATOR: Eagle Creek Corporation
CONTRACTOR: ABERCROMBIE DRILLING, INC. RIG #5

DST #1, 3023-3088, 30-60 75-90, STRONG BLOW THROUGH BOTH FLOW PERIODS, RECOVERED 570' MUD, 240 WATERY MUD, 540' SALTWATER, SIP 1102-987, IFP 233-466, FFP 560-726, TEMP 100°

DST #2, 3383'-3426', 30-45 60-60, WEAK 1" BLOW THROUGH OUT BOTH FLOW PERIODS, RECOVERED 2' CLEAN OIL, 60' HEAVY OIL CUT MUD (45% OIL, 55% MUD), 60' HEAVY OIL CUT MUD (38% OIL 2% GAS 60%) MUD, 60' OIL CUT MUD (16% OIL 84% MUD), SIP 520-479, IFP 52-62, FFP 72-93, TEMP 106°

DST #3, 3426'-3431', 30-60 75-90, WEAK BLOW BUILT TO 2" ON BOTH FLOW PERIODS RECOVERED 15' CLEAN OIL (280 GRAVITY) 60' SLIGHTLY OIL CUT MUDDY WATER, 180' SLIGHTLY OIL CUT SALTWATER, SIP 447-447, IFP 20-31, FFP 52-114, TEMP. 107°.

CUSTOMER COPY



REMIT TO:

P.O. BOX 93106
DALLAS, TX 75293-1066

INVOICE NO.	DATE
821591	05/15/1994

WELL LEASE NO./PROJECT	WELL/PROJECT LOCATION	STATE	OWNER
	OSBORNE	KS	SAND
SERVICE LOCATION	CONTRACTOR	JOB PURPOSE	TICKET DATE
	APPROPRIATE DRILLER	PLUS TO ABANDON	05/15/1994
ACCT. NO.	CUSTOMER AGENT	VENDOR NO.	CUSTOMER P.O. NUMBER
44034	ANTHONY HALTEN		
			SHIPPED VIA
			COMPANY TRUCK
			FILE NO.
			69353

ORIGINAL

DIRECT CORRESPONDENCE TO:

PAUL CZEK CORPORATION
107 N. MARKET, SUITE 309
MICHIGAN, KS 67202

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

REFERENCE NO.	DESCRIPTION	QUANTITY	UM	UNIT PRICE	AMOUNT
500-117	MISCELLANEOUS PUMPING JOB	70	BT	2.75	192.50
500-118	WELLS	1	UNT		
500-119	WELLS	1	TRK	395.00	395.00
500-120	WELLS	2	5/8 IN	47.50	95.00
500-121	WELLS	1	EA		
500-122	WELLS	100	5/8 IN	16.08	1,608.00
500-123	WELLS	300	LB	.00	0.00
500-124	WELLS	7	SK	18.90	132.30
500-125	WELLS	48	LB	1.55	74.40
500-126	WELLS	207	CFE	1.35	279.45
500-127	WELLS	297.640	TRK	.95	282.76
TAXES SUBTOTAL					2,609.51
DISCOUNT (NET)					782.78
INVOICE NET AMOUNT					1,826.73
* KANSAS STATE SALES TAX					66.25
* DALLAS CITY SALES TAX					17.61
INVOICE TOTAL - PLEASE PAY THIS AMOUNT					\$1,930.39

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



CHARGE TO: Eagle Creek Corp
 ADDRESS: 107 N Market Ste 508
 CITY, STATE, ZIP CODE: Wichita, Ks 67202

COPY
 TICKET No. 621591 - 3
 PAGE 1 OF 2

FORM 1906 R-13

SERVICE LOCATIONS 1. Hays, Ks 67545	WELL/PROJECT NO. 1-17	LEASE Bowman	COUNTY/PARISH Osborne	STATE Ks	CITY/OFFSHORE LOCATION	DATE 5-15-94	OWNER Same
2.	TICKET TYPE <input checked="" type="checkbox"/> SERVICE <input type="checkbox"/> SALES	NITROGEN JOB? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	CONTRACTOR Abercrombie, D.L.	RIG NAME/NO. 8	SHIPPED VIA CT	DELIVERED TO Wall Lita	ORDER NO.
3.	WELL TYPE	WELL CATEGORY	JOB PURPOSE	WELL PERMIT NO. 141-20283	WELL LOCATION 17-10 ³ .15 ^W		
4.	REFERRAL LOCATION	INVOICE INSTRUCTIONS 01 06 115					

PRICE REFERENCE	SECONDARY REFERENCE/PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.		U/M		UNIT PRICE	AMOUNT
		LOC	ACCT	DF							
000-117		1			MILEAGE (RT)	90				2.45	492.50
090-910		1			Pump Chg 5-15-94	2				395.00	395.00
030-603		1			CP-1 Top Plug	1				95.00	95.00
ORIGINAL											

LEGAL TERMS: Customer hereby acknowledges and agrees to the terms and conditions on the reverse side hereof which include, but are not limited to, **PAYMENT, RELEASE, INDEMNITY, and LIMITED WARRANTY** provisions.

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

DATE SIGNED: 5-15-94 TIME SIGNED: 14:30

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

SUB SURFACE SAFETY VALVE WAS: <input type="checkbox"/> PULLED & RETURN <input type="checkbox"/> PULLED <input type="checkbox"/> RUN		SURVEY		AGREE	UN-DECIDED	DIS-AGREE	PAGE TOTAL 683.50
TYPE LOCK	DEPTH	OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN?	<input checked="" type="checkbox"/>			FROM CONTINUATION PAGE(S) 1926.31	
BEAN SIZE	SPACERS	WE UNDERSTOOD AND MET YOUR NEEDS?	<input checked="" type="checkbox"/>				SUB-TOTAL APPLICABLE TAXES WILL BE ADDED ON INVOICE 2609.31
TYPE OF EQUALIZING SUB.	CASING PRESSURE	OUR SERVICE WAS PERFORMED WITHOUT DELAY?	<input checked="" type="checkbox"/>				
TUBING SIZE	TUBING PRESSURE	WELL DEPTH	WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY?	<input checked="" type="checkbox"/>			
TREE CONNECTION	TYPE VALVE	ARE YOU SATISFIED WITH OUR SERVICE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO					
<input checked="" type="checkbox"/> CUSTOMER DID NOT WISH TO RESPOND							

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): Anthony Martin

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

HALLIBURTON OPERATOR/ENGINEER: *[Signature]* EMP #: 400

HALLIBURTON APPROVAL: *[Signature]* 30750 2/9/94



TICKET No. 621591

HALLIBURTON ENERGY SERVICES

CUSTOMER **Eagle Creek** WELL 1-17 Bourne DATE **5-15-98** PAGE **2** OF **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	190				6 98	1,155 20
506-121		1		B	3sk Halliburton Gel@2%						n/c
507-277		1		B	Halliburton Gel@4%	7				18 60	130 20
507-210		1		B	Flocele Blended	48	lb			1 65	79 20
ORIGINAL											
500-207		1		B	SERVICE CHARGE	CUBIC FEET		207		1 35	279 45
500-306		1		B	MILEAGE CHARGE	TOTAL WEIGHT	LOADED MILES	TON MILES		95	282 76
						17,008	358	297.640			

No. B 232834

CONTINUATION TOTAL **1,926.81**



HALLIBURTON

JOB SUMMA

HALLIBURTON DIVISION

HALLIBURTON LOCATION

11.0

May 8

BILLED ON TICKET NO.

621591

WELL DATA

FIELD _____ SEC 12 TWP 10^s RNG 15th COUNTY Osborne STATE K

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 3470'

Table with columns: NEW USED, WEIGHT, SIZE, FROM, TO, MAXIMUM PSI ALLOWABLE. Rows include CASING, LINER, TUBING DP, OPEN HOLE, PERFORATIONS.

JOB DATA

TOOLS AND ACCESSORIES table with columns: TYPE AND SIZE, QTY, MAKE. Rows include FLOAT COLLAR, GUIDE SHOE, CENTRALIZERS, etc.

Table with columns: CALLED OUT, ON LOCATION, JOB STARTED, JOB COMPLETED. Includes DATE and TIME for each.

PERSONNEL AND SERVICE UNITS

Table with columns: NAME, UNIT NO. & TYPE, LOCATION. Includes names like J Beck, C. Bl... and unit numbers.

MATERIALS
TREAT. FLUID _____ DENSITY _____ LB/GAL. API
DISPL. FLUID _____ DENSITY _____ LB/GAL. API
PROP. TYPE _____ SIZE _____ LB.
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 _____

ORIGINAL

DEPARTMENT _____
DESCRIPTION OF JOB Plug re Abandon

JOB DONE THRU: TUBING [X] CASING [] ANNULUS [] TBG./ANN. []

CUSTOMER REPRESENTATIVE [Signature]

HALLIBURTON OPERATOR [Signature] COPIES REQUESTED _____

CEMENT DATA

Table with columns: STAGE, NUMBER OF SACKS, CEMENT, BRAND, BULK SACKED, ADDITIVES, YIELD CU.FT./SK., MIXED LBS./GAL. Row 1: 190, 110/10 P02, B, L^o G.1 + 1/2" Floc 12, 1.27, 13.25

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. 43
TOTAL VOLUME: BBL.-GAL. _____

REMARKS

See Job Log
[Signature]

CUSTOMER: Eagle Creek Corp
LEASE: Beaman
WELL NO.: 1-17
JOB TYPE: 6272
DATE: 5-15-94

JOB LOG FORM 2013 R-4

 CUSTOMER **Eagle Creek Corp** WELL NO. **1-17** LEASE **Bowman** JOB TYPE **PTA** TICKET NO. **621591**

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	12:30							Colled Out
	14:06							On Loc - Rig Key Down DP Spot & Set up Equip - Discuss Job
	15:44					0		Start Pump 25sk 40/60 Poi 7/8" 6.1.8" Fluo
	15:47					250		Finish Pump Cont @ 1025 Rig D. ol
	16:11					0		Start Pump 100sk 40/60 Poi 7/8" 6.1.8" Fluo
	16:15					200		Finish Pump Cont @ 570'
	16:16					175		D. up! 3 BBL FLU
	16:24					0		Start Pump 40sk 40/60 Poi 7/8" 6.1.8" Fluo
	16:27					175		Finish Pump Cont @ 300'
	16:28					175		D. up! 2 BBL FLU
	19:32					0		Pump 15sk Cont Down Rat Hole - @ 100'
	17:25					0		Pump 10sk Cont Down 8 1/2" @ 40'
								Wash up & Rack up
								Job Complete
								Thank you John G. [unclear]

ORIGINAL

CUSTOMER COPY



REMIT TO:
P.O. BOX 981046
DALLAS, TX 75395-1046

INVOICE NO.	DATE
663869	05/09/1994

WELL LEASE NO./PROJECT	WELL/PROJECT LOCATION	STATE	OWNER
OSWALD 1-37	OSBORNE	KS	SAMEZ

SERVICE LOCATION	CONTRACTOR	JOB PURPOSE	TICKET DATE
NATL	ABERCHLMDIR	CEMENT SURFACE CASING	05/09/1994

ACCT NO.	CUSTOMER AGENT	VENDOR NO.	CUSTOMER P.O. NUMBER	SHIPPED VIA	FILE NO.
10000	ANTHONY MARTIN			COMPANY TRUCK	69186

ORIGINAL

DIRECT CORRESPONDENCE TO:

EAGLE URANIUM CORPORATION
200 N. MARKET, SUITE 509
WICHITA, KS 67202

OKLAHOMA TOWER
210 WEST PARK AVENUE
SUITE 2000
OKLAHOMA CITY, OK 73102-6601

REFERENCE NO.	DESCRIPTION	QUANTITY	UM	UNIT PRICE	AMOUNT
000-117	PRICING AREA - STD CONTINENT				
000-117	MILEAGE CEMENTING ROUND TRIP	70 MI		2.75	192.50
		1 UNT			
000-126	CEMENTING CASING	262 FT		585.00	585.00
		1 UNT			
000-598	CWCS FLUID (A-21,CP-1,CP-3, TOP)	8 5/8 IN		95.00	95.00
		1 EA.			
000-138	CEMENT - 40/60 POZNIX STANDARD	150 BK		6.08	912.00
000-151	HALLIBURTON-CAL 2%	3 LB		.00	N/A
000-206	ANHYDROUS CALCIUM CHLORIDE	4 BK		26.75	107.00
000-207	WELL SERVICE CHARGE	158 CFT		1.35	213.30
000-208	MILEAGE ONTC NAT DEL OR RETURN	210.000 TMI		.95	218.79

INVOICE SUBTOTAL

2,368.59

DISCOUNT (15%)

355.29

INVOICE BID AMOUNT

1,400.28

* KANSAS STATE SALES TAX

43.10

* KANSAS CITY SALES TAX

8.79

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

\$1,452.17

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*** DUPLICATE ***
*** INVOICE ***
PAGE: 1

CUSTOMER COPY



REMIT TO:

P.O. BOX 951046
DALLAS, TX 75245-1046

INVOICE NO.	DATE
663869	05/09/1994

WELL LEASE NO./PROJECT	WELL/PROJECT LOCATION	STATE	OWNER		
HUNTER 1-17	OSBORNE	KS	SAAB		
SERVICE LOCATION	CONTRACTOR	JOB PURPOSE	TICKET DATE		
DAYS	ABERCROMBIE	CEMENT SURFACE CASING	05/09/1994		
ACCT. NO.	CUSTOMER AGENT	VENDOR NO.	CUSTOMER P.O. NUMBER	SHIPPED VIA	FILE NO.
200934	ANTHONY MARTIN			COMPANY TRUCK	69106

ORIGINAL

DIRECT CORRESPONDENCE TO:

PACIFIC SURETY CORPORATION
107 N. MARKET, SUITE 509
STOULDER, MO 64202

OKLAHOMA TOWER
710 WEST PARK AVENUE
SUITE 2000
OKLAHOMA CITY, OK 73102-5601

ORIGINAL

REFERENCE NO.	DESCRIPTION	QUANTITY	UM	UNIT PRICE	AMOUNT
	DRILLING AREA MID CONTINENT				
000 112	MILWAUKEE GRINDING ROUND TRIP	70	MI	2.75	192.50
		1	UNT		
000 011	SHARPSHOOT CASING	262	FT	585.00	585.00
		1	UNT		
000 509	200# FLOW LB-11, CP-1 SP-3, TOP	0	5/8 IN.	95.00	95.00
		1	RB		
000 124	CEMENT - 40/60 POZMIX STANDARD	150	SB	6.08	912.00
000 121	HALLIBURTON-CEL. 12	3	LB	.00	N/C
000 404	AMBIKRONE CALCIUM CHLORIDE	4	SB	36.75	147.00
000 207	SALE SERVICE CHARGE	158	CFE	1.35	213.30
000 306	STORAGE INTO NAT DEL OR RETURN	210.300	TBT	.95	210.29
	INVOICE SUBTOTAL				2,363.29
	DISCOUNT (0.1%)				965.31
	INVOICE BID AMOUNT				1,400.28
	2-KANSAS STATE SALES TAX				43.10
	3-HAYS CITY SALES TAX				8.79
	INVOICE TOTAL - PLEASE PAY THIS AMOUNT				\$1,457.17

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HALLIBURTON ENERGY SERVICES

FORM 1906 R-13

CHARGE TO: Eagle Creek Corporation
ADDRESS: 107 N. Market Suite 509
CITY, STATE, ZIP CODE: Wichita, KS 67202

TICKET No. 663499 - 1
PAGE 1 OF 2

Service locations table with columns: SERVICE LOCATIONS, WELL/PROJECT NO., LEASE, COUNTY/PARISH, STATE, CITY/OFFSHORE LOCATION, DATE, OWNER, TICKET TYPE, NITROGEN JOB?, CONTRACTOR, RIG NAME/NO., SHIPPED VIA, DELIVERED TO, ORDER NO., WELL TYPE, WELL CATEGORY, JOB PURPOSE, WELL PERMIT NO., WELL LOCATION.

Table with columns: PRICE REFERENCE, SECONDARY REFERENCE/PART NUMBER, ACCOUNTING (LOC, ACCT, DF), DESCRIPTION, QTY., U/M, UNIT PRICE, AMOUNT. Includes entries for Mileage, Pump chg, and LA-11 wooden Plug.

ORIGINAL

LEGAL TERMS and SURVEY section. Includes text: 'Customer hereby acknowledges and agrees to the terms and conditions...' and 'OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN?'

CUSTOMER ACCEPTANCE OF MATERIALS AND SERVICES section. Includes text: 'The customer hereby acknowledges receipt of the materials and services listed on this ticket.'

40.3% to Cont'd 3M



HALLIBURTON

TRX 3860

TICKET CONTINUATION

CUSTOMER COPY

TICKET No. 663867

HALLIBURTON ENERGY SERVICES

CUSTOMER Eagle Creek	WELL Bowman #1-17	DATE 5-9-94	PAGE 2	OF 2
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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	150				6 08	912	00
506-121		1		B	3sk Halliburton Gel 02%							n/c
509-406		1		B	Calcium Chloride Blended	4				36 75	147	00
ORIGINAL												
500-307		1		B	SERVICE CHARGE					1 35	213	00
500-306		1		B	MILEAGE CHARGE	TOTAL WEIGHT 13,160	LOADED MILES 35	TON MILES 230.300		95	218	79

No. B 232830

CONTINUATION TOTAL

1,490.79



JOB SUMMA

HALLIBURTON DIVISION Oklahoma City, OK
 HALLIBURTON LOCATION _____

BILLED ON TICKET NO. 603-809

WELL DATA

FIELD _____ SEC 17 TWP. 10S RNG. 15W 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>U</u>		<u>8 1/2</u>	<u>KB</u>		
LINER						
TUBING						
OPEN HOLE						SHOTS/ET.
PERFORATIONS						
PERFORATIONS						
PERFORATIONS						

JOB DATA

CALLED OUT	ON LOCATION	JOB STARTED	JOB COMPLETED
DATE <u>5-9-94</u>	DATE <u>5-9-94</u>	DATE <u>5-10-94</u>	DATE <u>5-10-94</u>
TIME _____	TIME <u>2150</u>	TIME <u>0130</u>	TIME <u>0210</u>

PERSONNEL AND SERVICE UNITS

NAME	UNIT NO. & TYPE	LOCATION
<u>K. Richardson #57220</u>	<u>#40091 Pick up</u>	<u>Hays, KS</u>
<u>R. Berens #57220</u>	<u>51374 cm pump</u>	<u>"</u>
<u>M. Karlin #G-1511</u>	<u>#3860 cm TBulk</u>	<u>"</u>

ORIGINAL

DEPARTMENT cmx
 DESCRIPTION OF JOB cmx 8 1/2" surface APB

JOB DONE THRU: TUBING CASING ANNULUS TBG/ANN.

CUSTOMER REPRESENTATIVE X Anthony, Mark
 HALLIBURTON OPERATOR Ken Richman COPIES REQUESTED _____

CEMENT DATA

STAGE	NUMBER OF SACKS	CEMENT	BRAND	BULK SACKED	ADDITIVES	YIELD CU.FT./SK.	MIXED LBS./GAL.
	<u>150</u>	<u>40/60</u>	<u>potz</u>	<u>B</u>	<u>280901 3%ec</u>	<u>130</u>	<u>14</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. 34.72
 HYDRAULIC HORSEPOWER _____ TOTAL VOLUME: BBL-GAL. _____
 ORDERED _____ AVAILABLE _____ USED _____ AVERAGE RATES IN BPM _____
 TREATING _____ DISPL. _____ OVERALL _____ REMARKS Shark you Ken
 FEET 10 REASON customer request CEMENT LEFT IN PIPE _____

FIELD OFFICE

CUSTOMER Fair Creek
 LEASE Bowman
 WELL NO. 1-17
 JOB TYPE Surface
 DATE 5-9-94



JOB LOG FORM 2013 R-4

DATE 5-9-11 PAGE NO. 1

CUSTOMER Eagle Creek WELL NO. 1-17 LEASE Bowman JOB TYPE Surface TICKET NO. 663869

Table with columns: CHART NO., TIME, RATE (BPM), VOLUME (BBL) (GAL), PUMPS (T, C), PRESSURE (PSI) (TUBING, CASING), DESCRIPTION OF OPERATION AND MATERIALS. Contains handwritten entries for two jobs (5-9-11 and 5-10-11) detailing drilling operations, pump rates, and volumes.

ORIGINAL