

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

CONFIDENTIAL

API No. 15- 069-20281-0000

County Gray

SW - NW - NE Sec. 30 Twp. 27 Rge. 30 X E

Operator: License # 32786

Name: ~~KEO~~ GUARDIAN ENERGY CONSULTANTS INC

Address 403 S Cheyenne, Suite 403

City/State/Zip Tulsa, OK 74103

Purchaser: Oneok

Operator Contact Person: David Kvach

Phone (918) 599-9327

Contractor: Name: Cheyenne Drilling

License: 5382

Wellsite Geologist: Ron Osterbuhr

Designate Type of Completion

New Well Re-Entry Workover

Oil SWD SLOW Temp. Abd.
 Gas ENHR SIGW
 Dry Other (Core, WSW, Expl., Cathodic, etc)

If Workover:

Operator: _____

Well Name: _____

Comp. Date _____ Old Total Depth _____

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

12/9/04 12/12/04 12/27/04
Spud Date Date Reached TD Completion Date

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

Lease Name Schmidt Well # 1-30

Field Name Wildcat

Producing Formation St Louis

Elevation: Ground 2815 KB 2821

Total Depth 2748 PBSD _____

Amount of Surface Pipe Set and Cemented at 670 Feet

Multiple Stage Cementing Collar Used? Yes No

If yes, show depth set _____ Feet

If Alternate II completion, cement circulated from 2748

feet depth to surface w/ 680 sx cmt.

Drilling Fluid Management Plan ALTI WITHM 10-12-06
(Data must be collected from the Reserve Pit)

Chloride content 11,000 ppm Fluid volume 15,000 bbls

Dewatering method used Evaporation

Location of fluid disposal if hauled offsite: _____

Operator Name _____

Lease Name _____ License No. _____

Quarter RELEAS Sec. RELEAS Twp. RELEAS Rng. RELEAS E/W

County _____ Docket No. _____

CONFIDENTIAL

INSTRUCTIONS: An original and two copies of this form shall be filed with the Kansas Corporation Commission, 130 S. Market - Room 2078, 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 David Kvach

Title President Date 1/21/05

Subscribed and sworn to before me this 31 day of JANUARY, 2005.

Notary Public [Signature]

Date Commission Expires February 8, 2007

K.C.C. OFFICE USE ONLY		
F	<input type="checkbox"/>	Letter of Confidentiality Attached
C	<input type="checkbox"/>	Wireline Log Received
C	<input type="checkbox"/>	Geologist Report Received
Distribution		
<input type="checkbox"/>	KCC	<input type="checkbox"/> SMD/Rep <input type="checkbox"/> NGPA
<input type="checkbox"/>	KGS	<input type="checkbox"/> Plug <input type="checkbox"/> Other
(Specify)		

Operator Name KLO Lease Name Schmidt Well # 1-30
Sec. 30 Twp. 27S Rge. 30 East West
County Gray

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.)
Samples Sent to Geological Survey Yes No
Cores Taken Yes No
Electric Log Run Yes No
(Submit Copy.)
List All E.Logs Run:
Compensated neutron/SSD
Dual induction log

Log Formation (Top), Depth and Datum Sample

Name	Top	Datum
Hollenburg	2624	197
Herrington	2656	165
Krider	2678	143

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CASING RECORD New 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	23#	620	P & HLC	285	3% cc
Production	7 7/8	4 1/2	10.5	2748	MidCon & Prem	475 205	2#/sx Flocele 5% halad 322

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				

PERFORATION RECORD - Bridge Plugs Set/Type
Specify Footage of Each Interval Perforated

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	2659 - 65 & 2684 - 2690	Acid-1500 gal 15% HCL	2659-90

TUBING RECORD

Size 2 3/8	Set At 2635	Packer At 2635	Liner Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Date of First, Resumed Production, SMD or Inj.	Producing Method <input checked="" type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)				
Estimated Production Per 24 Hours	Oil Bbls. 0	Gas Mcf 160	Water Bbls. 0	Gas-Oil Ratio	Gravity

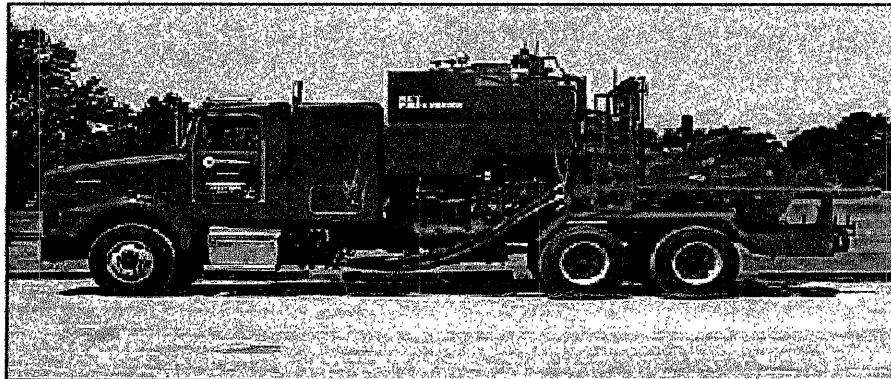
Disposition of Gas: Vented Sold Used on Lease (If vented, submit ACO-18.)
METHOD OF COMPLETION: Open Hole Perf. Dually Comp. Commingled
Production Interval: Other (Specify) _____

ARENA RESOURCES

SCHMIDT

1-30
API Well No.:

State
MC/Ks
County
GRAY



Cement Production Casing

4 1/2

Customer Representative:
RAMONE
Halliburton Operator:
Danny McLane
Ticket No.:
3441189

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HALLIBURTON

Work Order Contract

Order Number

3441189

Halliburton Energy Services, Inc.
Houston, Texas 77056

70012 SAP

TO: HALLIBURTON ENERGY SERVICES, INC. - YOU ARE HEREBY REQUESTED TO FURNISH EQUIPMENT AND SERVICE PERSONNEL TO DELIVER AND OPERATE THE SAME AS AN INDEPENDENT CONTRACTOR TO CUSTOMER LISTED BEEOW AND DELIVER AND SELL PRODUCTS, SUPPLIES AND MATERIALS FOR THE PURPOSE OF SERVICING:

Well No. 1-30	Farm or Lease SCHMIDT	County GRAY	State Ks	Well Permit Number
Customer ARENA RESOURCES		Well Owner ARENA RESOURCES		Job Purpose Cement Production Casing

THIS WORK ORDER MUST BE SIGNED BEFORE WORK IS COMMENCED

A. CUSTOMER REPRESENTATION - Customer warrants that the well is in proper condition to receive the services, equipment, products, and materials to be supplied by Halliburton Energy Services, Inc. (hereinafter "Halliburton").

B. PRICE AND PAYMENT - The services, equipment, products, and/or materials to be supplied hereunder are priced in accordance with Halliburton's current price list. All prices are exclusive of taxes. 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 the 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, or Halliburton's actual attorneys fees, whichever is greater, plus all collection and court costs. Customer agrees that the amount of attorney fees set out herein are reasonable and necessary.

C. RELEASE AND INDEMNITY - Customer agrees to RELEASE Halliburton Group from any and all liability for any and all damages whatsoever to property of any kind owned by, in the possession of, or leased by Customer and those persons and entities Customer has the ability to bind by contract or which are co-interest owners or joint ventures with Customer. Customer also agrees to DEFEND, INDEMNIFY, AND HOLD Halliburton Group HARMLESS from and against any and all liability, claims, costs, expenses, attorney fees and damages whatsoever for personal injury, illness, death, property damage and loss resulting from:

loss of well control; services to control a wild well whether underground or above the surface; reservoir or underground damage, including loss of oil, gas, other mineral substances or water; surface damage arising from underground damage; damage to or loss of the well bore; subsurface trespass or any action in the nature thereof; fire; explosion; subsurface pressure; radioactivity, and pollution and contamination and its cleanup and control.

CUSTOMER'S RELEASE, DEFENSE, INDEMNITY AND HOLD HARMLESS obligations will apply even if the liability and claims are caused by the sole, concurrent, active or passive negligence, fault, or strict liability of one or more members of the Halliburton Group, the unseaworthiness of any vessel or any defect in the data, products, supplies, materials or equipment furnished by any member or members of the Halliburton Group whether in the design, manufacture, maintenance or marketing thereof or from a failure to warn of such defect. "Halliburton Group" is defined as Halliburton Energy Services, Inc., its parent, subsidiary, and affiliated companies, insurers and subcontractors and all their officers, directors, employees, consultants and agents. Customer's RELEASE, DEFENSE, INDEMNITY AND HOLD HARMLESS obligations apply whether the personal injury, illness, death, property damage or loss is suffered by one or more members of the Halliburton Group, Customer, or any other person or entity. Customer agrees to support such obligations assumed herein with liability insurance with limits of not less than \$500,000. Customer agrees to name Halliburton Group as named additional insureds on all of its general liability policies. Customer agrees that its liability under this Contract is not limited by the amounts of its insurance coverage, except where and as may be required by applicable local law for the provisions of this Contract to be enforceable.

D. EQUIPMENT LIABILITY - Customer shall at its risk and expense attempt to recover any Halliburton Group equipment lost or lodged in the well. If the equipment is recovered and repairable, Customer shall pay the repair costs, unless caused by Halliburton's sole negligence. If the equipment is not recovered or is irreparable, Customer shall pay the replacement cost, unless caused by Halliburton's sole negligence. If a radioactive source becomes lost or lodged in the well, Customer shall meet all requirements of Section 39.15(a) of the Nuclear Regulatory Commission regulations and any other applicable laws or regulations concerning retrieval or abandonment and shall permit Halliburton to monitor the recovery or abandonment efforts at all at no risk or liability to Halliburton Group. Customer shall be responsible for damage to or loss of Halliburton group equipment, products, and materials while in transit aboard Customer-supplied transportation, even if such is arranged by Halliburton at Customer's request, and during loading and unloading from such transport. Customer will also pay for the repair or replacement of Halliburton group equipment damaged by corrosion or abrasion due to well effluents.

E. LIMITED WARRANTY - Halliburton warrants only title to the equipment, products, and materials supplied under this Contract and that same are free from defects in workmanship and materials for thirty (30) days from the date of delivery. **THERE ARE NO WARRANTIES, EXPRESS OR IMPLIED, OF MERCHANTABILITY, FITNESS OR OTHERWISE BEYOND THOSE STATED IN THE IMMEDIATELY PRECEDING SENTENCE.** Halliburton's sole liability and Customer's exclusive remedy in any cause of action (whether in contract, tort, breach of warranty or otherwise) arising out of the sale, lease or use of any equipment, products, or materials is expressly limited to the replacement of such on their return to Halliburton or, at Halliburton's option, to the allowance to Customer of credit for the cost of such items. In no event shall Halliburton be liable for special, incidental, indirect, consequential, or punitive damages. Because of the uncertainty of variable well conditions and the necessity of relying on facts and supporting services furnished by others, **HALLIBURTON IS UNABLE TO GUARANTEE THE EFFECTIVENESS OF THE EQUIPMENT, MATERIALS, OR SERVICE, NOR THE ACCURACY OF ANY CHART INTERPRETATION, RESEARCH ANALYSIS, JOB RECOMMENDATION OR OTHER DATA FURNISHED BY HALLIBURTON GROUP.** Halliburton personnel will use their best efforts in gathering such information and their best judgment in interpreting it, but Customer agrees that Halliburton Group shall not be liable for and **CUSTOMER SHALL INDEMNIFY HALLIBURTON GROUP AGAINST ANY DAMAGES ARISING FROM THE USE OF SUCH INFORMATION.** even if such is contributed to or caused by the active or passive negligence, fault or strict liability of any member or members of Halliburton Group. Halliburton also does not warrant the accuracy of data transmitted by electronic process, and Halliburton will not be responsible for accidental or intentional interception of such data by third parties.

F. GOVERNING LAW - The validity, interpretation and construction of this Contract shall be determined by the laws of the jurisdiction where the services are performed or the equipment or materials are delivered.

G. DISPUTE RESOLUTION Customer and Halliburton agree that any dispute that may arise out of the performance of this Contract shall be resolved by binding arbitration by a panel of three arbitrators under the rules of the American Arbitration Association. The arbitration will take place in Houston, TX.

H. SEVERABILITY - If any provision or part thereof of this Contract shall be held to be invalid, void, or of no effect for any reason, such holding shall not be deemed to affect the validity of the remaining provisions of this Contract which can be given effect, without the invalid provision or part thereof, and to this end, the provisions of this Contract are declared to be severable. Customer and Halliburton agree that any provision of this Contract that is unenforceable or void under applicable law will be modified to achieve the intent of the parties hereunder to the greatest extent allowed by applicable law.

I. MODIFICATIONS - Customer agrees that Halliburton shall not be bound by any modifications to this Contract, except where such modification is made in writing by a duly authorized executive officer of Halliburton. Requests for modifications should be directed to the Vice President - Legal, 4100 Clinton Drive, Houston, TX. 77020.

I HAVE READ AND UNDERSTAND THIS WORK ORDER CONTRACT WHICH CONTAINS RELEASE AND INDEMNITY LANGUAGE WHICH CUSTOMER ACKNOWLEDGES IS CONSPICUOUS AND AFFORDS FAIR AND ADEQUATE NOTICE AND I REPRESENT THAT I AM AUTHORIZED TO SIGN THE SAME AS CUSTOMER'S AGENT.

SIGNED: _____ DATE: _____ TIME: _____
CUSTOMER Authorized Signatory

Customer Acceptance of Materials and Services

THE CUSTOMER HEREBY ACKNOWLEDGES RECEIPT OF THE MATERIALS AND SERVICES DESCRIBED ON THE ATTACHED ORDER NUMBER 3441189

CUSTOMER Authorized Signatory

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HALLIBURTON JOB SUMMARY

SALES ORDER NUMBER 3441189	DATE 12/11/04
BDA / STATE MC/Ks	COUNTY GRAY
PSL DEPARTMENT Cement	
CUSTOMER REP / PHONE RAMONE	620-272-1501
API/UMI #	
SAP BOMB NUMBER 7523	Cement Production Casing
HES FACILITY (CLOSEST TO WELL SITE) Liberal Ks	

REGION Central Operations	NWA / COUNTRY Mid Continent/USA
MBU ID / EMPL # MCL10101 106322	H.E.S. EMPLOYEE NAME Danny McLane
LOCATION LIBERAL	COMPANY ARENA RESOURCES
TICKET AMOUNT \$20,163.39	WELL TYPE 01 Oil
WELL LOCATION Copeland,Ks	DEPARTMENT Cement
LEASE NAME SCHMIDT	Well No. SEC / TWP / RNG 1-30 30 - 27S - 30W

HES EMP NAME / EMP # / (EXPOSURE HOURS)	HR	HR	HR	HR
McLane, D 106322	7.0			
Smith, B 106036	7.0			
Martin, J 317927	3.5			
Tatro, S 318951	3.5			

H.E.S. UNIT #S / (R / T MILES)	R / T MILES	R / T MILES	R / T MILES	R / T MILES
10547695	80			
10251401	80			
10243558 10011277	40			
10010748 10011591	40			

Form. Name _____ Type: _____
 Form. Thickness _____ From _____ To _____
 Packer Type _____ Set At _____
 Bottom Hole Temp. _____ Pressure _____
 Retainer Depth _____ Total Depth _____

Date	Called Out	On Location	Job Started	Job Completed
	12/11/2004	12/11/2004	12/11/2004	12/11/2004
Time	0300	0500	1030	1130

Type and Size	Qty	Make
Baffle 4 1/2"	1	Howco
Float Shoe		
Centralizers 4 1/2"	10	Howco
LD Plug 4 1/2"	1	Howco
HEAD 4 1/2"	1	Howco
Limit clamp 4 1/2"	1	Howco
Weld-A	1	Howco
Guide Shoe 4 1/2"	1	Howco
BTM PLUG		

Well Data		Weight	Size	Grade	From	To	Max. Allow
Casing	New/Used	10.5#	4 1/2		0	2,748	
Liner							
Liner							
Tubing							
Drill Pipe							
Open Hole			7 7/8				Shots/Ft
Perforations							
Perforations							
Perforations							

Materials		
Mud Type _____	Density _____	Lb/Gal _____
Disp. Fluid _____	Density _____	Lb/Gal _____
Prop. Type _____	Size _____	Lb _____
Prop. Type _____	Size _____	Lb _____
Acid Type _____	Gal. _____	% _____
Acid Type _____	Gal. _____	% _____
Surfactant _____	Gal. _____	In _____
NE Agent _____	Gal. _____	In _____
Fluid Loss _____	Gal/Lb _____	In _____
Gelling Agent _____	Gal/Lb _____	In _____
Fric. Red. _____	Gal/Lb _____	In _____
Breaker _____	Gal/Lb _____	In _____
Blocking Agent _____	Gal/Lb _____	
Perfpac Balls _____	Qty. _____	
Other _____		
Other _____		
Other _____		
Other _____		

Hours On Location		Operating Hours		Description of Job
Date	Hours	Date	Hours	Cement Production Casing
12/11	7.0	12/11		
Total	7.0	Total		

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Ordered	Hydraulic Horsepower Avail.	Used
Treating	Average Rates in BPM	Overall
Feet .5	Cement Left in Pipe	SHOE JOINT

Cement Data							
Stage	Sacks	Cement	Bulk/Sks	Additives	W/Rq.	Yield	Lbs/Gal
1	475	MIDCON PP		1/2# FLOCELE	17.70	2.88	11.40
2	205	PREM PLUS		.5% HALAD-322 - 1/4# FLOCELE	6.30	1.32	14.80
3							
4							

Summary			
Circulating _____	Displacement _____	Preflush: BBI _____	10.00 Type: Fresh Water
Breakdown _____	MAXIMUM _____	Load & Bkdn: Gal - BBI _____	Pad: Bbl - Gal _____
Lost Returns- _____	Lost Returns- ↑ _____	Excess /Return BBI _____	Calc. Disp Bbl _____
Cmt Rtrn#Bbl _____	Actual TOC _____	Calc. TOC: _____	Actual Disp. _____
Average _____	Frac. Gradient _____	Treatment: Gal - BBI _____	Disp: Bbl _____
Shut in: Instant _____	5 Min. _____	Cement Slurr BBI _____	243.6 LC 48 TC
	15 Min. _____	Total Volume BBI _____	#VALUE!

Frac Ring #1 _____	Frac Ring #2 _____	Frac Ring #3 _____	Frac Ring #4 _____
--------------------	--------------------	--------------------	--------------------

THE INFORMATION STATED HEREIN IS CORRECT
 CUSTOMER REPRESENTATIVE _____

SIGNATURE _____

JOB SITE HSE MEETING REPORT & EMERGENCY RESPONSE PLAN 39198 (rev 4-98)

HALLIBURTON

1. Location Information: Which PSL? (Cem, Stim, WL, L&P) **Cementing Services**

DATE	TICKET NUMBER 3441189	CUSTOMER ARENA RESOURCES	LEASE AND WELL NO. SCHMIDT	1-30
------	---------------------------------	------------------------------------	--------------------------------------	-------------

List of Employees on site (In case of evacuation, check boxes as employees are accounted for - use additional paper if needed)

McLane, D 106322				
Smith, B 106036				
Martin, J 317927				
Tatro, S 318951				

- | | |
|--|---|
| <input checked="" type="checkbox"/> Electrical Discuss location of electrical lines and power sources in relation to equipment and lines. | <input checked="" type="checkbox"/> Confined Spaces Discuss any required entry into confined spaces (e.g. cellars, tanks, pits.). |
| <input checked="" type="checkbox"/> Chemicals Discuss possible exposures to substances such as dusts, Chemicals, vapors, radioactive materials, explosives, and Fla./combustible materials. Provide MSDS sheets, H2S, Gas Flammable gasses. | <input checked="" type="checkbox"/> Noise Discuss areas with high noise levels and avoid these areas or provide hearing protection. |
| <input checked="" type="checkbox"/> Overhead Discuss overhead hazards (e.g. guy wires, DME, chains, pulleys hazards while on the rig floor or under the rig floor). | <input checked="" type="checkbox"/> Walking / working surfaces Discuss the terrain where the rig up and job will occur (e.g. boards, limestone, mud, stairways, walkways, the derrick, and the rig floor). |
| <input checked="" type="checkbox"/> Cranes, Masts, Booms Discuss hazards associated with overhead lifting devices. | <input checked="" type="checkbox"/> Lifting Discuss proper lifting techniques and ways to eliminate or reduce heavy lifting such as forklifts, cranes, and sharing the load. |
| <input checked="" type="checkbox"/> Weather Discuss weather conditions (e.g. heat, cold, ice, snow, rain, wind, dust, visibility, etc.) | <input checked="" type="checkbox"/> Falling Discuss job procedures requiring work at heights greater than 10 ft. (3.3 m). |
| <input checked="" type="checkbox"/> Chemical spills & releases Tote tanks, frac tanks, drums, hose connections and pumps. | <input checked="" type="checkbox"/> Pressure Discuss pressure hazards such as DME and bulk tanks. |
| <input checked="" type="checkbox"/> Ignition Sources Discuss possible ignition sources (e.g. engines, electrical equipment, open flames, smoking, etc.) | <input type="checkbox"/> LO / TO Discuss equipment that has been locked or tagged out. |
| <input checked="" type="checkbox"/> Well bore fluids or gasses Discuss shale shaker, frac tanks, return lines and vent lines. | <input type="checkbox"/> RA Handling Discuss hazards working around different types of radiation. Restrict the work area to those with the proper training. Follow approved procedures |
| <input type="checkbox"/> Explosives Handling Discuss hazards of working with and around explosive materials. Restrict the work area to those that have proper training. Follow approved procedures. | |

3. Hazard Controls

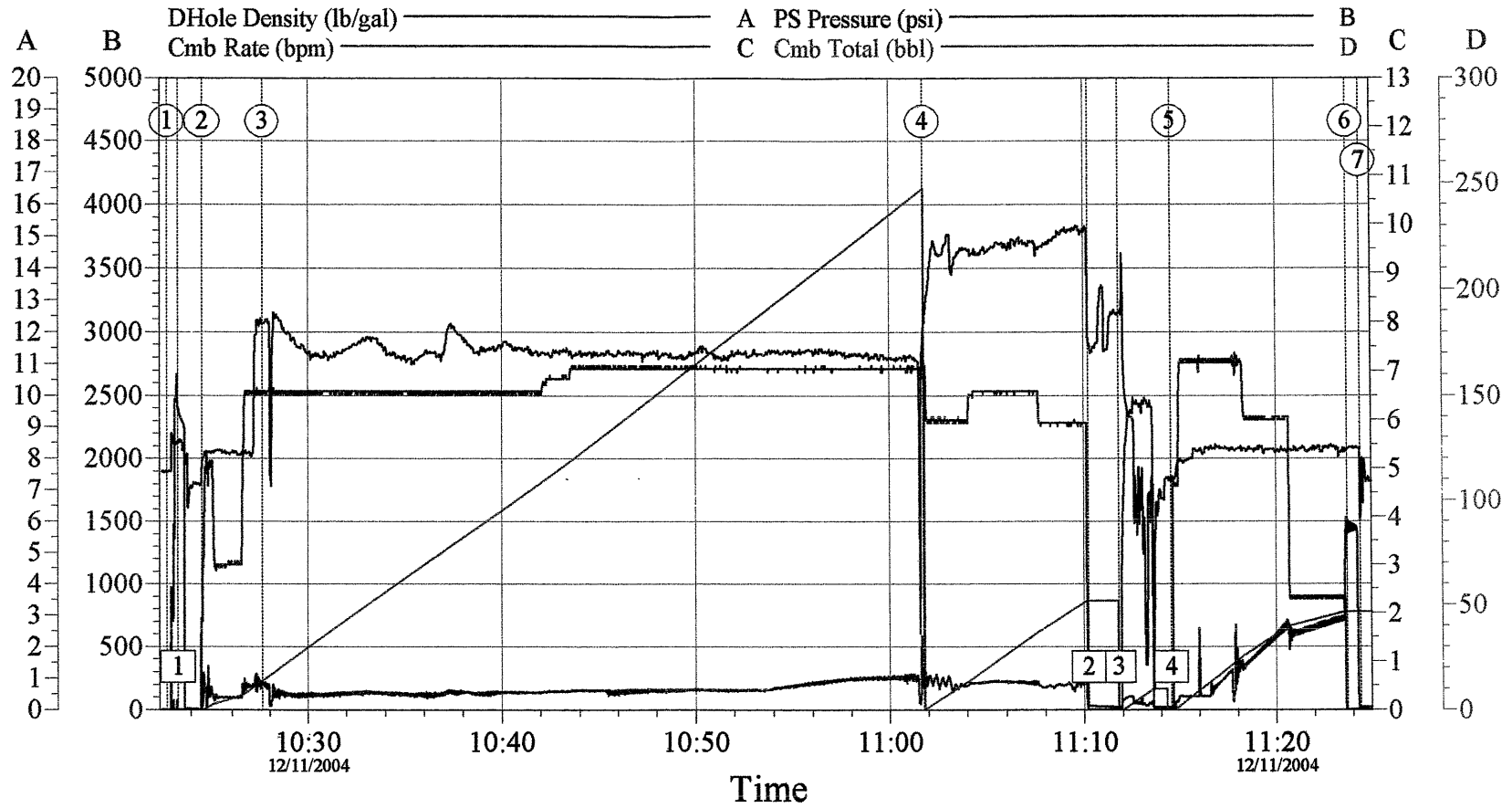
- | | |
|---|--|
| <input checked="" type="checkbox"/> Personal protective equipment Discuss required PPE such as respirators, head protection, hearing protection, protective footwear, hand and skin protection, and fall protection. | <input checked="" type="checkbox"/> Vents Discuss vent lines for frac tanks and bulk tanks. |
| <input checked="" type="checkbox"/> Physical barriers Discuss items such as hose covers, line tiedowns, guards, railings, and inert gas blankets. | <input checked="" type="checkbox"/> Equipment monitored for leaks during job and contained |
| <input checked="" type="checkbox"/> Weather Discuss control measures for weather factors such as temperature, wind, ice, rain, snow, etc. | <input checked="" type="checkbox"/> Equipment wash-up per customers instructions. |
| <input checked="" type="checkbox"/> Ignition source controls Discuss control measures for ignition sources such as the use of spark arrestors, emergency shutdown procedures, and NO SMOKING rules. | <input checked="" type="checkbox"/> Equipment drain pans drained in approved containers prior to leaving location. |
| <input checked="" type="checkbox"/> Crane, Masts, Booms Safe working capacities have been calculated per charts on equipment and will not be overloaded. | <input checked="" type="checkbox"/> All empty containers must be returned to facility i.e. empty sacks, pails, and drums. |
| <input checked="" type="checkbox"/> Safety equipment Discuss safety items such as pop-off valves, fire extinguishers, and communication devices. | <input checked="" type="checkbox"/> Waste handling Discussion of chemical and waste handling procedures. |

4. Contingency Plans for Emergencies

- | | | | | | | | | | | | |
|---|--|------------|---|-------|---|--|-------|-------|--|-------|-------|
| <input checked="" type="checkbox"/> Location of eyewash/safety shower station Discuss the location of the eyewash/safety shower station and how to use it. | <input checked="" type="checkbox"/> Contaminated soil Discuss procedures for spill / leak cleanup. | | | | | | | | | | |
| <input checked="" type="checkbox"/> Assembly points Discuss where to gather in the event of an emergency. | <input checked="" type="checkbox"/> Injury and accident procedures Discuss personnel responsibilities and procedures in the event of an injury or accident. | | | | | | | | | | |
| <input checked="" type="checkbox"/> Fire fighting Discuss fire fighting responsibilities with the appropriate personnel (trained and equipped personnel only). | <input checked="" type="checkbox"/> Rescue procedures Discuss rescue procedures with the appropriate personnel (trained and equipped). | | | | | | | | | | |
| <input checked="" type="checkbox"/> Wind direction Discuss the wind direction and how it may change the contingency plan such as the assembly area location, and discuss how to detect wind direction on the job site (e.g. windsocks, streamers, etc.). | <input checked="" type="checkbox"/> Emergency shut down procedures Discuss when, how, and what to shut down in the event of an emergency. | | | | | | | | | | |
| <input checked="" type="checkbox"/> First aid station Point out the location of the first aid kit and who is responsible for administering first aid. | <input checked="" type="checkbox"/> Recovery procedures Discuss how to return to normal operating procedures after an emergency. | | | | | | | | | | |
| <input checked="" type="checkbox"/> Reporting Spills Discuss measures used for spill reporting. | <input checked="" type="checkbox"/> Nearest hospital The best rout of travel along with everyone understanding which vehicle will be used as the ambulance. | | | | | | | | | | |
| <input checked="" type="checkbox"/> Spill Response Kit Review location of Spill Response Kit. | <table border="0"> <tr> <td>Head count</td> <td>Employees</td> <td>_____</td> <td rowspan="3">HOSPITAL:
Sublette, Ks</td> </tr> <tr> <td></td> <td>Other</td> <td>_____</td> </tr> <tr> <td></td> <td>Total</td> <td>_____</td> </tr> </table> | Head count | Employees | _____ | HOSPITAL:
Sublette, Ks | | Other | _____ | | Total | _____ |
| Head count | Employees | _____ | HOSPITAL:
Sublette, Ks | | | | | | | | |
| | Other | _____ | | | | | | | | | |
| | Total | _____ | | | | | | | | | |

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5. Roles and Responsibilities



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Stages			
① Start Job	10:22:47	② Pump Spacer 1	10:24:33
		③ Pump Lead Cement	10:27:36
④ Pump Tail Cement	11:01:47	⑤ Pump Displacement	11:14:33
		⑥ Bump Plug	11:23:43
⑦ End Job	11:24:23		

Customer:	Job Date:	Ticket #:
Well Description:	UWI:	



CemWin v1.4.0
 11-Dec-04 11:45

SALES ORDER

HALLIBURTON

Halliburton Energy Services, Inc.

Sales Order Number: 3441189

Sales Order Date: December 10, 2004

SOLD TO:

ARENA RESOURCES INC
4920 SOUTH LEWIS SUITE 107
TULSA OK 74105
USA

Rig Name:

Well/Rig Name: ARENA RESOURCES SCHMIDT 1-30,
GRAY

Company Code: 1100

Customer P.O. No.: NA

Shipping Point: Liberal, KS, USA

Sales Office: Mid-Continent BD

Well Type: Oil

Well Category: Development

Service Location: 0037

Payment Terms: Net due in 20 days

Ticket Type: Services

Order Type: ZOH

SHIP TO:

ARENA RESOURCES SCHMIDT 1-30, GRAY
SCHMIDT
*
COPELAND KS 67837
USA

Material	Description	QTY	UOM	Base Amount	Unit Amount	Gross Amount	Discount	Net Amount
7523	CMT PRODUCTION CASING BOM JP035	1.00	JOB					
1	ZI-MILEAGE FROM NEAREST HES 000-117 Number of Units	80.000 1	MI unit		6.56	524.80	272.90-	251.90
86955	ZI FUEL SURCHG-HEAVY TRKS >1 1/2 FUEL SURCHG-HEAVY TRKS >1 1/2 TON/PER MI Number of Units	80.000 1	MI unit		0.30	24.00		24.00
2	MILEAGE FOR CEMENTING CREW,ZI 000-119 Number of Units	80.000 1	MI unit		3.86	308.80	160.58-	148.22
86954	ZI FUEL SURCHG-CARS/PICKUPS<1 FUEL SURCHG-CARS/PICKUPS<1 1/2TON/PER/MI Number of Units	80.000 1	MI unit		0.10	8.00		8.00
16091	ZI - PUMPING CHARGE 001-016 DEPTH FEET/METERS (FT/M)	1.000 2,850 FT	EA		3,110.00	3,110.00	1,617.20-	1,492.80
132	PORT. DAS W/CEMWIN;ACQUIRE W/HES, 045-050 NUMBER OF DAYS	1.000 1	JOB Days		1,153.00	1,153.00	599.56-	553.44

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HALLIBURTON

Halliburton Energy Services, Inc.

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Material	Description	QTY	UOM	Base Amount	Unit Amount	Gross Amount	Discount	Net Amount
142	AXIAL FLOW MIXER, W/O ADC, /JOB, ZI 046-070 NUMBER OF JOBS	1.000 1	EA Job		797.00	797.00	414.44-	382.56
74038	ZI PLUG CONTAINER RENTAL-1ST DAY DAYS OR FRACTION (MIN1)	1.000 1	EA Days	924.00	924.00	924.00	480.48-	443.52
100004722	SHOE, GID, 4-1/2 8RD SHOE, GUIDE, 4-1/2 8RD	1.000	EA		209.54	209.54	108.96-	100.58
100004364	BAFFLE ASSY - 4-1/2 8RD LATCHDOWN PLUG / 594801.03734 / BAFFLE - CAST IRON - 4-1/2 8RD LATCH / DOWN PLUG	1.000	EA		183.02	183.02	95.17-	87.85
100013745	PLUG ASSY - 3W LATCHDOWN - 4-1/2 IN 593801.0373 / PLUG ASSY - 3 WIPER LATCH- DOWN - 4-1/2 / CSG	1.000	EA		439.52	439.52	228.55-	210.97
100004473	CENTRALIZER ASSY - API - 4-1/2 CSG X 806.60004 / CENTRALIZER ASSY - API - 4-1/2 CSG X / 7-7/8 HOLE - HINGED - W/WELDED / IMPERIAL BOWS	10.000	EA		88.10	881.00	458.12-	422.88
100004638	CLAMP-LIMIT-4 1/2-FRICT-W/DOGS XXXXXXXX 806.72720 / CLAMP - LIMIT - 4- 1/2 - FRICTION - / W/DOGS	1.000	EA		44.16	44.16	22.96-	21.20
100005045	KIT, HALL WELD-A KIT, HALLIBURTON WELD-A / (1 kit per fiberboard box)	1.000	EA		46.82	46.82	24.35-	22.47
15079	SBM MIDCON 2 PREMIUM PLUS 504-282 SBM MIDCON 2 PREMIUM PLUS /	475.000	SK		33.76	16,036.00	8,338.72-	7,697.28
100012205	CEM, CLASS C / PREMIUM PLUS, BULK 504-050516.00265 / CEMENT - CLASS C - PREMIUM - BULK	205.000	SK		30.61	6,275.05	3,263.03-	3,012.02
100005049	Chemical - Flocele (25 lb sk) XXXXXXXX 890.50071 / FLOCELE - 3/8 - 25 LB SACK	289.000	LB		4.47	1,291.83	671.75-	620.08

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Material	Description	QTY	UOM	Base Amount	Unit Amount	Gross Amount	Discount	Net Amount
100003646	CHEMICAL - HALAD-322 - 50 LB SACK 507-775516.00144 / CHEMICAL - HALAD-322 - 50 LB SACK	97.000	LB		12.99	1,260.03	655.22-	604.81
3965	HANDLE&DUMP SVC CHRG, 500-207 NUMBER OF EACH	723.000 1	CF each		3.68	2,660.64	1,383.53-	1,277.11
76400	ZI MILEAGE,CMT MTLs DEL/RET MIN 500-306 / MILEAGE,CMTG MTLs DEL/RET PER/TON MI.MIN NUMBER OF TONS	1,323.000 1.00	MI ton		2.24	2,963.52	1,541.03-	1,422.49
87605	ZI FUEL SURCHG-CMT & CMT ADDITIVES FUEL SURCHG-CMT & CMT ADDITIVES/PER TNM NUMBER OF TONS	1,323.000 1.00	MI ton		0.10	132.30		132.30
372867	Cmt PSL - DOT Vehicle Charge, CMT Cmt PSL - DOT Vehicle Charge, CMT	3.000	EA		161.50	484.50		484.50
SALES ORDER AMOUNT						39,757.53	20,336.55-	19,420.98
Sales Tax - State								678.41
Sales Tax - County								64.00
SALES ORDER TOTAL								20,163.39
Total Weight: 67,355.30 LB								US Dollars

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INVOICE INSTRUCTIONS:

Operator Name:
Customer Agent:

Halliburton Approval: X _____
Customer Signature: X _____

