

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

Operator: License # 5447

Name: OXY USA Inc.

Address P. O. Box 26100

City/State/Zip Oklahoma City, Ok 73126-0100

Purchaser: Colorado Interstate Gas

Operator Contact Person: Jerry Ledlow

Phone (405) 749-2309

Contractor: Name: Cheyenne

License: 5382

Wellsite Geologist: _____

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

2/8/95 2/11/95 *5/31/95
Spud Date Date Reached TD Completion Date

API NO. 15- 093-21420 6002

County Kearny

SE - NW - NW Sec. 29 Twp. 24S Rge. 36 X W

4030 Feet from S/X (circle one) Line of Section

4030 Feet from E/W (circle one) Line of Section

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

Lease Name Shuster A Well # 3

Field Name Hugoton

Producing Formation Chase

Elevation: Ground 3089 KB 3098

Total Depth 2780 PBTB _____

Amount of Surface Pipe Set and Cemented at 604 Feet

Multiple Stage Cementing Collar Used? Yes No

If yes, show depth set _____ Feet

If Alternate II completion, cement circulated from surface

feet depth to 604 w/ 265 sx cmt.

Drilling Fluid Management Plan ALT II
(Data must be collected from the Reserve Pit)

Chloride content *48,000 ppm Fluid volume 2500 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
KANSAS CORPORATION COMMISSION
MARCH 25 10 40 AM '95

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 [Signature]
Title Staff Analyst Date 3/2/95

Subscribed and sworn to before me this 21st day of March, 19 95

Notary Public [Signature] Kara Anne Wells

Date Commission Expires 9-22-97

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"/> SWD/Rep <input type="checkbox"/> NGPA
<input type="checkbox"/>	KGS	<input type="checkbox"/> Plug <input type="checkbox"/> Other
(Specify)		

SIDE TWO

Operator Name OXY USA Inc. Lease Name Shuster A Well # 3

Sec. 29 Twp. 24S Rge. 36 East West

County Kearny

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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No Samples Sent to Geological Survey <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Electric Log Run (Submit Copy.) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No List All E.Logs Run: Dual Spaced Neutron	<input checked="" type="checkbox"/> Log <input type="checkbox"/> Sample Formation (Top), Depth and Datums <table border="0" style="width:100%"> <tr> <td>Name</td> <td>Top</td> <td>Datum</td> </tr> <tr> <td>Hollenberg</td> <td>2388</td> <td>710</td> </tr> <tr> <td>Herington</td> <td>2420</td> <td>678</td> </tr> <tr> <td>Krider</td> <td>2434</td> <td>664</td> </tr> <tr> <td>Winfield</td> <td>2472</td> <td>626</td> </tr> <tr> <td>Towanda</td> <td>2531</td> <td>567</td> </tr> <tr> <td>Ft Riley</td> <td>2576</td> <td>522</td> </tr> <tr> <td>Matfield</td> <td>2614</td> <td>484</td> </tr> <tr> <td>Wreford</td> <td>2660</td> <td>438</td> </tr> </table>	Name	Top	Datum	Hollenberg	2388	710	Herington	2420	678	Krider	2434	664	Winfield	2472	626	Towanda	2531	567	Ft Riley	2576	522	Matfield	2614	484	Wreford	2660	438
Name	Top	Datum																										
Hollenberg	2388	710																										
Herington	2420	678																										
Krider	2434	664																										
Winfield	2472	626																										
Towanda	2531	567																										
Ft Riley	2576	522																										
Matfield	2614	484																										
Wreford	2660	438																										

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	604	C	265	2%cc
Production	7 3/4"	5 1/2"	14	2780	Midcon-2 50/50 Poz	465	1%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				
<input type="checkbox"/> Plug Back TD				
<input type="checkbox"/> Plug Off Zone				

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type	Acid, Fracture, Shot, Cement Squeeze Record	
	Specify Footage of Each Interval Perforated	(Amount and Kind of Material Used)	Depth
2	2388-92, 2426-30, 2442-46, 2482-86, 2534-36,	Acidize w/2000 gal 7.5% HCL	
	2594-96	Frac w/54,383 gal gel wtr.,	
		250,500 # 10/20 mesh sand	

TUBING RECORD		Size	Set At	Packer At	Liner Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date of First, Resumed Production, SWD or Inj. 5/12/95			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.	Gas 300	Mcf	Water Bbls.	Gas-Oil Ratio Gravity

Disposition of Gas: **METHOD OF COMPLETION** Production Interval 2388-2596:

Vented Sold Used on Lease Open Hole Perf. Dually Comp. Commingled
 (If vented, submit ACO-18.) Other (Specify) _____

Effective: 1-12-95
CARD MUST BE TYPED

SGA - yes

CARD MUST BE SIGNED

State of Kansas
NOTICE OF INTENTION TO DRILL
HUGOTON INFILL

Starting Date January 16, 1995
month day year

API Number 15-093-21420000
IS SECTION X REGULAR IRREGULAR?

OPERATOR: License # 5447
Name OXY USA Inc.
Address P. O. Box 26100
City/State/Zip Oklahoma City, OK 73126-0100
Contact Person Jerry Ledlow
Phone (405) 749-2309

Ap. SE. NW NW Sec. 29. Twp. 24 S, Rg 36. W
4030 Ft. from South Line of Section
4030 Ft. from East Line of Section

CONTRACTOR: License # Unknown at this time
Name Will report on ACO-1
City/State

NOTE: Attach acreage attribution plat locating both Chase (Hugoton) wells
Total number of acres attributed to unit 640
Nearest producing well from

Well Drilled as: X New Recompletion OWWO
Projected Total Depth 3000 feet
Formation Chase

same common source of supply 2020 feet ✓
Nearest lease or unit boundary line 1250 feet ✓
County Kearney

If OWWO or Recompletion: old well info as follows:
Operator
Well Name
Comp Date Old Total Depth

Lease Name Shuster A Well # 3
Ground surface elevation 3089 feet MSL
Depth to bottom of fresh water 320'
Depth to bottom of usable water 740'

Surface pipe by Alternate: 1 2 X
Surface pipe planned to be set 340'

I certify that well will comply with K.S.A. 55-101, et seq., plus eventually plugging hole to KCC specifications
Date 1/10/95 Signature of Operator or Agent Jerry Ledlow Title Staff Analyst

Water Source for Drilling Operations:
DWR Permit #: well farm pond X other

For KCC Use:
Conductor Pipe Required NONE feet; Minimum Surface Pipe Required 340' feet per Alt. X2
This Authorization Expires 7-12-95 Approved By DPW 1-12-95



HALLIBURTON

CONFIDENTIAL

DATE 2-10-95 PAGE NO. 1

JOB LOG HAL-2013-C

CUSTOMER Oxy U.S.A.	WELL NO. 3	LEASE SHUSTER A	JOB TYPE 5 1/2 Longstring	TICKET NO. 765719
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CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	14:00							Called out Ready 18:00
	17:00							on Log Rig Circulating
	17:15							START L.P.D.P.
	21:00							START Csg
	22:25							Csg on Bottom
	22:45							Hook up Circulate with Rig
	22:56		6		X			Plug Rate Hole
	23:05		4		X			Plug Mouse Hole
	23:10							Hook To Csg with Pump TRK.
	23:11	10 \leftarrow	2		X		250	START MUDFLASH
	23:15	152 \leftarrow	9		X		250	START LEAD CMT @ 11.1 #/gal
	23:34	53.5 \leftarrow	6.6		X		250	START TAIL CMT @ 13.7 #/gal
	23:42						0	SHOT DOWN
	23:43						0	DROP SWIPER TOP PLUG / WASH TO PIT
	23:46	67.5 \leftarrow	4.4		X		0	START Displacement
	24:02						500	Plug down Did not Load SHUT DOWN
	24:04							Release Float Holding
								Note Pumped 68 BBLs SHUT DOWN
								Circulated to Pit
								0 BBLs
								0 SKS
								Had Mud Flush coming Back.
								THANK you for Calling
								Halliburton Services
								ROBERT & CREW

ORIGINAL

RECEIVED
STATE COMMISSION
JUN 05 1995
CLERK: MICHIEA, KARRIE



JOB SUMMARY

HALLIBURTON DIVISION
HALLIBURTON LOCATION

MED CONT.
LIBERAL KS

CONFIDENTIAL

BILLED ON TICKET NO. 705719

WELL DATA

FIELD _____ SEC R9 TWP. 34s RNG. 36W COUNTY KEWANEE 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 2824

	NEW USED	WEIGHT	SIZE	FROM	TO	MAXIMUM PSI ALLOWABLE
CASING	N	14	5 1/2	K.B	2812	
LINER						
TUBING						
OPEN HOLE			7 7/8	G.C.	2824	SHOTS/FT.
PERFORATIONS						
PERFORATIONS						
PERFORATIONS						

JOB DATA

TOOLS AND ACCESSORIES		
TYPE AND SIZE	QTY.	MAKE
FLOAT SOLAR <u>Insert w/ Fill</u>	1	Hawco
FLOAT SHOE		
GUIDE SHOE <u>Reg</u>	1	
CENTRALIZERS <u>S-4</u>	10	
BOTTOM PLUG		
TOP PLUG <u>S-wiper</u>	1	
HEAD <u>FREE Fall</u>	1	
PACKER <u>Cmt BASKET</u>	1	
OTHER <u>Hawco wclp</u>	1	

CALLER OUT	ON LOCATION	JOB STARTED	JOB COMPLETED
DATE <u>2-10-95</u>	DATE <u>2-10-95</u>	DATE <u>2-10-95</u>	DATE <u>2-10-95</u>
TIME <u>14:00</u>	TIME <u>17:00</u>	TIME <u>22:25</u>	TIME <u>24:02</u>

PERSONNEL AND SERVICE UNITS

NAME	UNIT NO. & TYPE	LOCATION
<u>R. Elwood</u>	<u>38242</u>	<u>LIBERAL KS</u>
<u>D. 4360</u>	<u>P.U</u>	<u>LIBERAL KS</u>
<u>K. Boone</u>	<u>52938</u>	<u>"</u>
<u>47841</u>	<u>7848 (A)</u>	<u>"</u>
<u>P. Boone</u>	<u>50737</u>	<u>"</u>
<u>G 9614</u>	<u>75505 (B)</u>	<u>Hugoton KS</u>
<u>M. Langworth</u>	<u>4037</u>	<u>"</u>
<u>G 9510</u>	<u>8151 (B)</u>	<u>Lamar Colo</u>

ORIGINAL

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 CMT 5001
DESCRIPTION OF JOB 5 1/2 Longstring

JOB DONE THRU: TUBING CASING ANNULUS TBG./ANN.

CUSTOMER REPRESENTATIVE X Jack P. [Signature]

HALLIBURTON OPERATOR Robert Elwood COPIES REQUESTED _____

CEMENT DATA

STAGE	NUMBER OF SACKS	CEMENT	BRAND	BULK SACKED	ADDITIVES	YIELD CU.FT./SK.	MIXED LBS./GAL.
	<u>265</u>	<u>MED CON 2</u>		<u>0</u>		<u>3.22</u>	<u>11.1</u>
	<u>220</u>	<u>20/50 P2/P200</u>		<u>P</u>	<u>2% G.C., 1/4% of Flo-Cell, 6% HALAD 322</u>	<u>1.36</u>	<u>13.7</u>

PRESSURES IN PSI

SUMMARY

VOLUMES

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 43.66 REASON SHOE JOINT

PRESLUSH (BBL) -GAL. 10 TYPE MudFLUSH
LOAD & BKDN: BBL -GAL. _____ PAD: BBL -GAL. _____
TREATMENT: BBL -GAL. _____ DISPL (BBL) -GAL. 62.5
CEMENT SLURRY (BBL) -GAL. 152 + 53
TOTAL VOL'UM: BBL -GAL. _____

REMARKS

Displaced with 1gal/1000 CLAYEX II, BE 611b, 1gal/1000 550-21

CUSTOMER DRP U.S.A. INC.
LEASE SHUSTER A
WELL NO. 3
JOB TYPE 5 1/2 Longstring
DATE 2-10-95



HALLIBURTON ENERGY SERVICES

CHARGE TO: Orig USA
 ADDRESS: _____
 CITY, STATE, ZIP CODE: _____

ORIGINAL

CONFIDENTIAL

TICKET No. 706149 - 4
 PAGE 1 OF 1
 DATE 1995

FORM 1906 R-13

SERVICE LOCATIONS
 1. 25540 Liberal Ks WELL/PROJECT NO. 3 LEASE Shuster A COUNTY/PARISH Kearny STATE Ks CITY/OFFSHORE LOCATION _____ DATE 2-8-95 OWNER Orig USA
 2. 25535 Hughton Ks TICKET TYPE SERVICE JOB? YES NO CONTRACTOR _____ RIG NAME NO. 1 DELIVERED TO Loc ORDER NO. _____
 3. WELL TYPE _____ WELL CATEGORY _____ JOB PURPOSE 8 5/8 SURFACE WELL PERMIT NO. 1509321420000 WELL LOCATION W of Lakin Ks
 4. REFERRAL LOCATION _____ INVOICE INSTRUCTIONS 02 03

PRICE REFERENCE	SECONDARY REFERENCE/PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.		U/M		UNIT PRICE	AMOUNT	
		LOG	ACGT	DE								
000-117		1			MILEAGE	52				2.75	170.50	
001-016		1			Pump charge	606					890.00	
030-018		1			5w Top Plug	1			8%	130.00	130.00	
597	825-1269	1		32	Baffle Plate 'Alumi'	1			End	8 5/8	45.00	45.00
410	806-61048	1		32	Centralizer's	3				65.00	195.00	
320	806-71406	1		32	Cement Basket	1				108.00	108.00	
350	890-10802	1		32	Handweld A	1			LB	14.50	14.50	

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: X [Signature] DATE SIGNED _____ TIME SIGNED _____

TUBING SIZE _____ TUBING PRESSURE _____ WELL DEPTH _____

TYPE LOCK _____ DEPTH _____ BEAN SIZE _____ SPACERS _____ TYPE OF EQUALIZING SUB. _____ CASING PRESSURE _____

TREE CONNECTION _____ TYPE VALVE _____

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

SURVEY AGREE UN-DECIDED DIS-AGREE

OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN? _____

WE UNDERSTOOD AND MET YOUR NEEDS? _____

OUR SERVICE WAS PERFORMED WITHOUT DELAY? _____

WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY? _____

ARE YOU SATISFIED WITH OUR SERVICE? YES NO

CUSTOMER DID NOT WISH TO RESPOND

PAGE TOTAL: 1553.00
 FROM CONTINUATION PAGE(S): 4408.14
 5961.14
 SUB-TOTAL APPLICABLE TAXES WILL BE ADDED ON INVOICE: 3577.172

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) X [Signature] CUSTOMER OR CUSTOMER'S AGENT (SIGNATURE) [Signature] HALLIBURTON OPERATOR/ENGINEER Dennis Carr EMP # 59179 HALLIBURTON APPROVAL [Signature] 40.5%*



HALLIBURTON ORIGINAL

TICKET CONTINUATION

ORIGINAL

DC 52

TICKET No. 706149

HALLIBURTON ENERGY SERVICES

FORM 1911 R-10

CUSTOMER OXY, USA WELL Shuster DATE 2-8-95 PAGE 1 OF 1

PRICE REFERENCE	SECONDARY REFERENCE/PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.		U/M		UNIT PRICE	AMOUNT
		LOC	ACCT	DF							
504-050	516.00265				Premium Plus Cement	150	sk			11.19	1678.50
504-200					MidCon	115	sk			15.54	1787.10
CONFIDENTIAL											
507-210	890.50071				Flocele 1/2#w/150	38	LB			1.65	62.70
509-406	890.50812				Calcium Chloride 2#w/150	3	sk			36.75	110.25
500-207					SERVICE CHARGE						
								CUBIC FEET	288	1.35	388.80
500-306					MILEAGE CHARGE	TOTAL WEIGHT	LOADED MILES	TON MILES	400.83	.95	380.79
						25,866	31				

No. B 218543

CONTINUATION TOTAL

4408.14



JOB SUMMARY

HALLIBURTON DIVISION
HALLIBURTON LOCATION

Mid Cont
Liberal Ks

BILLED ON TICKET NO. *706149*

WELL DATA
FIELD _____ SEC. *29* TWP. *24^s* RING. *36^w* COUNTY *Keosauqua* 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		<i>24</i>	<i>8 5/8</i>	<i>KB</i>	<i>604</i>	
LINER						
TUBING						
OPEN HOLE			<i>12 1/4</i>	<i>GL</i>	<i>606</i>	SHOTS/FT.
PERFORATIONS						
PERFORATIONS						
PERFORATIONS						

JOB DATA

TOOLS AND ACCESSORIES		
TYPE AND SIZE	QTY.	MAKE
FLOAT COLLAR <i>8 5/8</i>		
<i>Baffle Plate</i>	<i>1</i>	<i>Hercos</i>
FLOAT SHOE <i>Basket</i>	<i>1</i>	
GUIDE SHOE		
CENTRALIZERS	<i>3</i>	
BOTTOM PLUG		
TOP PLUG	<i>1</i>	
HEAD	<i>1</i>	
PACKER		
OTHER <i>Hercos weld A</i>	<i>1 KB</i>	

CALLLED OUT	ON LOCATION	JOB STARTED	JOB COMPLETED
DATE <i>2-8</i>	DATE <i>2-8</i>	DATE <i>2-8</i>	DATE <i>2-8</i>
TIME <i>1700</i>	TIME <i>2030</i>	TIME <i>2215</i>	TIME <i>2300</i>

PERSONNEL AND SERVICE UNITS

NAME	UNIT NO. & TYPE	LOCATION
<i>Ospre</i>	<i>40075</i>	<i>Liberal Ks</i>
<i>J Brand Foot</i>	<i>59179</i>	<i>"</i>
<i>J Adair</i>	<i>04604</i>	<i>"</i>
	<i>52938 A</i>	<i>"</i>
	<i>7848</i>	<i>"</i>
	<i>50866</i>	<i>Hugo Tan Ks</i>
	<i>09382</i>	<i>7649</i>

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. _____
PERFPAC BALLS TYPE _____ QTY. _____
OTHER _____
OTHER _____

CONFIDENTIAL

DEPARTMENT *Cement*
DESCRIPTION OF JOB *8 5/8 SURFACE*
JOB DONE THRU: TUBING CASING ANNULUS TBG./ANN.
CUSTOMER REPRESENTATIVE *X [Signature]*
HALLIBURTON OPERATOR *[Signature]* COPIES REQUESTED _____

CEMENT DATA

STAGE	NUMBER OF SACKS	CEMENT	BRAND	BULK SACKED	ADDITIVES	YIELD CU.FT./SK.	MIXED LBS./GAL.
	<i>115</i>	<i>Midcon</i>	<i>3</i>			<i>322</i>	<i>11.1</i>
	<i>150</i>	<i>From Plus</i>			<i>2966 1/4 # Flocc</i>	<i>1.32</i>	<i>14.8</i>

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 *142 46* REASON *Shoe joint*

VOLUMES
PRESLUSH: BBL.-GAL. _____ TYPE _____
LOAD & BKDN: BBL.-GAL. _____ PAD: BBL.-GAL. _____
TREATMENT: BBL.-GAL. _____ DISPL: BBL.-GAL. *35.77*
CEMENT SLURRY: BBL.-GAL. *101.21*
TOTAL VOLUME: BBL.-GAL. _____
REMARKS _____
JUN 05 2005
2-8945

CUSTOMER *Omig USA Inc*
LEASE *Shustere A*
WELL NO. *3 #*
JOB TYPE *8 5/8 SURFACE*



JOB LOG FORM 2013 R-4

CUSTOMER *Day USA Inc* WELL NO. *3* LEASE *Shuster A* JOB TYPE *8 1/2 SURFACE* TICKET NO. *706149*

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	1500							Time Called
	now							Time Ready
	2030							Time out of. Finish Pulling DC Rig up to Pump Casing
	2100							
	2100							Start Pump Casing
	2214							Casing in Hole ORIGINAL
	2215							Hook up to Circulate Casing
	2225							Circulate Casing w/ Pump
	2226							Circulate Mud to Ground Level
	2231							Hook up to Pump Truck
	2235	6.2				150		Start Mixing Cement
	2242		65.95			150		Start Tail Cement
	2248		35.26			150		Finish Mixing Cement
	2249		101.21			200		Shut Down Drop Plug
	2250	5				100		Start Displacement
		3.5 ^{AP}	35.77					wash Pipes & Lines
	2310					200		Shut Down
								Shut in Head & Muffler. Circulate Cement to Top of 11 13 1/4 19 str
								Thanks For Calling Halliburton Energy Services Crew

CHARGE TO: Orx USA Inc.
 ADDRESS: **ORIGINAL**
 CITY, STATE, ZIP CODE: _____

Jerry L. No.

TICKET
 705719-3
 PAGE 1 OF 3

FORM 1908 R-13

1. <u>025540 General</u>	WELL/PROJECT NO. <u>3</u>	LEASE <u>SCHUSTER A</u>	COUNTY/PARISH <u>KEENEY</u>	STATE <u>KS</u>	CITY/OFFSHORE LOCATION	DATE <u>2-10-95</u>	OWNER <u>Same</u>
2. <u>025535 Hugoton</u>	TICKET TYPE <input checked="" type="checkbox"/> SERVICE <input type="checkbox"/> SALES	NITROGEN JOB? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	CONTRACTOR <u>Cheyenne Drilling</u>	RIG NAME/NO. <u>1</u>	SHIPPED VIA <u>H&S</u>	DELIVERED TO <u>LOCATION</u>	ORDER NO.
3. <u>Lama Cla</u>	WELL TYPE	WELL CATEGORY <u>01</u>	JOB PURPOSE <u>035</u>	WELL PERMIT NO.	WELL LOCATION		
4. _____	REFERRAL LOCATION	INVOICE INSTRUCTIONS					

PRICE REFERENCE	SECONDARY REFERENCE PART NUMBER	ACCOUNTING			DESCRIPTION	QTY		UM		UNIT PRICE	AMOUNT
		LOG	ACCT	DF							
000-117					MILEAGE	1	0	102	MZ	2.75	170.50
001-016					Pump Charge	10	HR	2812	FT		1455.00
030-010					SWIPER Top Plug	5 1/2	IN	1	EA		60.00
12A	825-205			32	GOOSE SHOE	5 1/2	IN	1	EA		121.00
24A	815-19251			32	FLOAT INSERT	5 1/2	IN	1	EA		110.00
27	815-19311			32	FILLUP ASSEMBLY	5 1/2	IN	1	EA		55.00
40	806-61022			32	CENTRALIZERS	5 1/2	IN	10	EA	40.00	400.00
320	806-71430			32	CAT BASKET	5 1/2	IN	1	EA		90.00
350	890-10802			32	WELD A	1	16	1	EA		14.50
314-163					CLAY FIX II	1	GNL	3	EA	28.00	84.00
218-517					550-21	1	GNL	3	EA	27.50	82.50
313-396					BE 6	1	16	1	EA		80.00

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.

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

DATE SIGNED: _____ TIME SIGNED: _____

A.M. P.M.

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

SUB SURFACE SAFETY VALVE WAS:
 PULLED & RETURN PULLED RUN

TYPE LOCK _____ DEPTH _____
 BEAN SIZE _____ SPACERS _____
 TYPE OF EQUALIZING SUB. _____ CASING PRESSURE _____
 TUBING SIZE _____ TUBING PRESSURE _____ WELL DEPTH _____
 TREE CONNECTION _____ TYPE VALVE _____

SURVEY AGREE UN-DECIDED DIS-AGREE
 OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN?
 WE UNDERSTOOD AND MET YOUR NEEDS?
 OUR SERVICE WAS PERFORMED WITHOUT DELAY?
 WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY?
 ARE YOU SATISFIED WITH OUR SERVICE?
 YES NO
 CUSTOMER DID NOT WISH TO RESPOND

PAGE TOTAL: 2,712.50
 FROM CONTINUATION PAGE(S): 8480.52
 SUB-TOTAL: 11,193.02
 APPLICABLE TAXES WILL BE ADDED ON INVOICE: 6727.11

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

HALLIBURTON OPERATOR/ENGINEER: ROBERT ELWOOD EMP #: 0.4360 HALLIBURTON APPROVAL: [Signature] 40.5%*



TICKET CONTINUATION

ORIGINAL

TICKET No. 705719

HALLIBURTON ENERGY SERVICES

67 PLC
~~XXX~~ ~~XXXX~~

CUSTOMER OXY USA

WELL SHUSTER

DATE 2-10-95

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							
504-200					MIDCON #8 2	265	sk			15.11	4004.15
					ORIGINAL						
018-315					Mod Flush	1	gal	420	EA	.65	273.00
					CONFIDENTIAL						
500-207					SERVICE CHARGE			CUBIC FEET	291	1.35	392.85
500-306					MILEAGE CHARGE			TOTAL WEIGHT	26,304	LOADED MILES	31
								TON MILES	407.71		95
											387.32

No. B 218558

CONTINUATION TOTAL

5,057.32



HALLIBURTON ENERGY SERVICES

0xy USA Inc. ADDRESS CITY, STATE, ZIP CODE

Jerry L. No. 705719 - 3

FORM 1906 R-13

PAGE 1 OF 3

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, REFERRAL LOCATION, INVOICE INSTRUCTIONS

Table with columns: REFERENCE, SECONDARY REFERENCE, ACCOUNTING, DESCRIPTION, QTY, U/M, UNIT PRICE, AMOUNT. Rows include MILEAGE, Pump Change, SWEPER Top Plug, GORE shee, FLOAT INSERT, FILL UP Assembly, CENTRALIZERS, CAT BASKET, WELD A, CIAY Fix II, 570-21, BE U.

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: TYPE LOCK, BEAN SIZE, TYPE OF EQUALIZING SUB., TUBING SIZE, TUBING PRESSURE, WELL DEPTH, TREE CONNECTION, TYPE VALVE

SURVEY: 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?

Table with columns: PAGE TOTAL, FROM CONTINUATION PAGE(S), SUB-TOTAL APPLICABLE TAXES WILL BE ADDED ON INVOICE

CUSTOMER OR CUSTOMER'S AGENT SIGNATURE X [Signature]

DATE SIGNED, TIME SIGNED, A.M./P.M.

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) X [Signature] HALLIBURTON OPERATOR/ENGINEER ROBERT ELWOOD EMP # 0.4360 HALLIBURTON APPROVAL [Signature] 40.5%*



TICKET CONTINUATION

ORIGINAL

TICKET No. 705719

HALLIBURTON ENERGY SERVICES

67 PLC
~~EXT~~ ~~XMSX~~

CUSTOMER OXY USA

WELL SHUSTER

DATE 2-10-95 PAGE 2 OF 2

FORM 1911 R-10

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.		UNIT PRICE	AMOUNT	
		LOC	ACCT.	DF		U/M	U/M			
504-300					MIDCON #8 2	265	sk	15.11	4004	15
018-315					Mud Flush	1	gal 420 EA	.65	273	00
500-207					SERVICE CHARGE		CUBIC FEET 291	1.35	392	85
500-306					MILEAGE CHARGE	TOTAL WEIGHT 26,304	LOADED MILES 31	TON MILES 407.71	95	387.32

No. B 218558

CONTINUATION TOTAL 5,057.32



JOB SUMMARY

HALLIBURTON DIVISION M&O CONT.HALLIBURTON LOCATION Liberal KsBILLED ON TICKET NO. 705719

WELL DATA

FIELD _____ SEC. 29 TWP. 34s RING. 36w COUNTY Neosho 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 2824

	NEW USED	WEIGHT	SIZE	FROM	TO	MAXIMUM PSI ALLOWABLE
CASING	N	14	5 1/2	K.A	2812	
LINER						
TUBING						
OPEN HOLE			7 7/8	G.C.	2824	SHOTS/FT.
PERFORATIONS						
PERFORATIONS						
PERFORATIONS						

JOB DATA

TOOLS AND ACCESSORIES

TYPE AND SIZE	QTY.	MAKE
FLOAT <u>SOOLAR</u> <u>Insert w/ fill</u>	1	Hawco
FLOAT SHOE		
GUIDE SHOE <u>Reg</u>	1	
CENTRALIZERS <u>S. - 4</u>	10	
BOTTOM PLUG		
TOP PLUG <u>S. wiper</u>	1	
HEAD <u>FREE FALL</u>	1	
PACKER <u>CMT BASKET</u>	1	
OTHER <u>Hawco weld</u>	1	

CALLLED OUT	ON LOCATION	JOB STARTED	JOB COMPLETED
DATE <u>2-10-95</u>	DATE <u>2-10-95</u>	DATE <u>2-10-95</u>	DATE <u>2-10-95</u>
TIME <u>14:00</u>	TIME <u>17:00</u>	TIME <u>22:25</u>	TIME <u>24:02</u>

PERSONNEL AND SERVICE UNITS

NAME	UNIT NO. & TYPE	LOCATION
<u>R. Elwood</u>	<u>38242</u>	<u>Liberal Ks</u>
<u>D. 4360</u>	<u>P. V</u>	<u>Liberal Ks</u>
<u>K. Boone</u>	<u>52938</u>	<u>"</u>
<u>47841</u>	<u>7848 (A)</u>	<u>"</u>
<u>P. Boone</u>	<u>50737</u>	<u>"</u>
<u>69614</u>	<u>75505 (B)</u>	<u>Hirgaton Ks</u>
<u>M. Langworth</u>	<u>4037</u>	<u>"</u>
<u>69510</u>	<u>8151 (B)</u>	<u>Lamar Colo</u>

MATERIALS

TREAT. FLUID _____ DENSITY _____ LB/GAL. °API
 DISPL. FLUID _____ DENSITY _____ LB/GAL. °API
 PROP. TYPE _____ SIZE _____ LB.
 PROP. TYPE _____ SIZE _____ LB.
 ACID TYPE _____ GAL. _____ %
 ACID TYPE _____ GAL. _____ %
 ACID TYPE _____ GAL. _____ %
 SURFACTANT TYPE _____ GAL. _____ IN.
 NE AGENT TYPE _____ GAL. _____ IN.
 FLUID LOSS ADD. TYPE _____ GAL.-LB. _____ IN.
 GELLING AGENT TYPE _____ GAL.-LB. _____ IN.
 FRIC. RED. AGENT TYPE _____ GAL.-LB. _____ IN.
 BREAKER TYPE _____ GAL.-LB. _____ IN.
 BLOCKING AGENT TYPE _____ GAL.-LB. _____
 PERFFAC BALLS TYPE _____ QTY. _____
 OTHER _____
 OTHER _____

DEPARTMENT CMT SOOL
 DESCRIPTION OF JOB 5 1/2 Longstring

JOB DONE THRU: TUBING CASING ANNULUS TBG./ANN.

CUSTOMER REPRESENTATIVE X Jack P. [Signature]

HALLIBURTON OPERATOR Robert Elwood COPIES REQUESTED _____

CEMENT DATA

STAGE	NUMBER OF SACKS	CEMENT	BRAND	BULK SACKED	ADDITIVES	YIELD CU.FT./SK.	MIXED LBS./GAL.
	<u>265</u>	<u>M&O C&N 2</u>		<u>0</u>		<u>3.22</u>	<u>11.1</u>
	<u>220</u>	<u>50/50 100/1000</u>		<u>P</u>	<u>2% C.C., 1 1/4% of Flow-ite, 6% HALAD 322</u>	<u>1.36</u>	<u>13.7</u>

PRESSURES IN PSI

CIRCULATING _____ DISPLACEMENT _____
 BREAKDOWN _____ MAXIMUM _____
 AVERAGE _____ FRACTURE GRADIENT _____
 SHUT-IN: INSTANT _____ 5-MIN _____ 15-MIN. _____
 HYDRAULIC HORSEPOWER _____

SUMMARY

PRESLUSH (BBL)-GAL. 10 TYPE Mudflush
 LOAD & BKDN: BBL-GAL. _____ PAD: BBL-GAL. _____
 TREATMENT: BBL-GAL. _____ DISPL (BBL)-GAL. 67.5
 CEMENT SLURRY (BBL)-GAL. 15.2 + 5.3
 TOTAL VOLUME: BTL-GAL. _____

REMARKS

Displaced with 1gal/1000 CLAYEX II, DE 611b,
1gal/1000 550-21

ORDERED _____ AVAILABLE _____ USED _____
 AVERAGE RATES IN BPM _____
 TREATING _____ DISPL. _____ OVERALL _____
 CEMENT LEFT IN PIPE _____
 FEET 43.46 REASON SHOE JOINT

CUSTOMER: _____
 LEASE: _____
 WELL NO.: _____
 JOB TYPE: _____
 DATE: _____



HALLIBURTON ENERGY SERVICES

FORM 1906 R-13

ADDRESS Urgy USA

CITY, STATE, ZIP CODE

No.

706149 - 1

PAGE 1 OF 1

SERVICE LOCATIONS 1. <u>25540 Liberty Ks</u>	WELL/PROJECT NO. <u>3#</u>	LEASE <u>Shuster A</u>	COUNTY/PARISH <u>Kearney</u>	STATE <u>Ks</u>	CITY/OFFSHORE LOCATION	DATE <u>2-8-95</u>	OWNER <u>Urgy USA</u>
2. <u>25535 Haggan Ks</u>	TICKET TYPE <input checked="" type="checkbox"/> SERVICE	NITROGEN JOB? <input checked="" type="checkbox"/> YES	CONTRACTOR <u>Cheyenne Drilling</u>	RIG NAME/NO. <u>1#</u>	SHIPPED VIA <u>Loc.</u>	DELIVERED TO	ORDER NO.
3.	<input type="checkbox"/> SALES	<input checked="" type="checkbox"/> NO	WELL TYPE	WELL CATEGORY <u>0203</u>	JOB PURPOSE <u>010 8 5/8 SURFACE</u>	WELL PERMIT NO. <u>1509321420000</u>	WELL LOCATION <u>W of Lakin Ks</u>
4.	INVOICE INSTRUCTIONS		REFERRAL LOCATION				

PRICE REFERENCE	SECONDARY REFERENCE / PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.		U/M	UNIT PRICE	AMOUNT
		LOC	ACCT	DE						
000-117		1			MILEAGE	1		2.75	170.50	
001-016		1			Pump charge	1		890	890	
030-018		1			5w Top Plug	1	Each	130.00	130.00	
597	825-1269	1		32	Baffle Plate 'Alumi'	1	Each	45.00	45.00	
40	806-61048	1		32	Centralizers	3		65.00	195.00	
320	806-71406	1		32	Cement Basket	1		108.00	108.00	
350	890-10802	1		32	Hardweld A	1	LB	14.50	14.50	

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 <u>X</u> <u>Josh Pappas</u> DATE SIGNED _____ TIME SIGNED _____ <input type="checkbox"/> A.M. <input type="checkbox"/> P.M. <input type="checkbox"/> do <input type="checkbox"/> do not require IPC (Instrument Protection). <input type="checkbox"/> 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 <u>1553.00</u> FROM CONTINUATION PAGE(S) <u>4408.14</u> <u>5961.14</u> SUB-TOTAL APPLICABLE TAXES WILL BE ADDED ON INVOICE <u>3577.172</u>
	TYPE LOCK _____ DEPTH _____	OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN?	
	BEAN SIZE _____ SPACERS _____	WE UNDERSTOOD AND MET YOUR NEEDS?	
	TYPE OF EQUALIZING SUB. _____ CASING PRESSURE _____	OUR SERVICE WAS PERFORMED WITHOUT DELAY?	
TUBING SIZE _____ TUBING PRESSURE _____ WELL DEPTH _____	WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY?	ARE YOU SATISFIED WITH OUR SERVICE? <input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> CUSTOMER DID NOT WISH TO RESPOND
TREE CONNECTION _____ TYPE VALVE _____			

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	<u>Josh Pappas</u>	<u>Dennis Corcoran</u>	<u>59179</u>	<u>40.5%*</u>



HALLIBURTON ENERGY SERVICES

TICKET CONTINUATION

ORIGINAL

DC 52

TICKET No. 706149

CUSTOMER OXY, USA	WELL Shuster	DATE 2-8-95	PAGE 1 OF 1
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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							
504-050	516.00265				Premium Plus Cement	150	sk			11.19	1678.50
504-200					MidCon	115	sk			15.54	1787.10
507-210	890.50071				Flocele 1/2#w/150	38	LB			1.65	62.70
509-406	890.50812				Calcium Chloride 2#w/150	3	sk			36.75	110.25
500-207					SERVICE CHARGE						
								CUBIC FEET	288	1.35	388.80
500-306					MILEAGE CHARGE			TOTAL WEIGHT	25,866		
								LOADED MILES	31		
								TON MILES	400.83	.95	380.79

No. B 218543

CONTINUATION TOTAL	4408. ¹⁴
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JOB SUMMARY

HALLIBURTON DIVISION

HALLIBURTON LOCATION

Mid Cont
Liberal Ks

BILLED ON TICKET NO.

706149

FIELD _____ SEC 29 TWP. 24^S RING. 36^W COUNTY Keosauqua 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		24	8 5/8	KB	604	
LINER						
TUBING						
OPEN HOLE			12 1/4	GL	606	SHOTS/FT
PERFORATIONS						
PERFORATIONS						
PERFORATIONS						

JOB DATA

CALLER OUT	ON LOCATION	JOB STARTED	JOB COMPLETED
DATE 2-8	DATE 2-8	DATE 2-8	DATE 2-8
TIME 1700	TIME 2030	TIME 2215	TIME 2300

PERSONNEL AND SERVICE UNITS

NAME	UNIT NO. & TYPE	LOCATION
Desire	59179	Liberal Ks
T Brand Foot	52938 A	"
J Achave	04604	"
	09382	Hogtown Ks
	7848	
	50866	
	7649	

TOOLS AND ACCESSORIES

TYPE AND SIZE	QTY.	MAKE
8 5/8		
Float collar Baffle Plate	1	Hawco
Float shoe Basket		
GUIDE SHOE		
CENTRALIZERS	3	
BOTTOM PLUG		
TOP PLUG	1	
HEAD	1	
PACKER		
OTHER	Hawco weld A	1 KB

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. _____

PERFPAC BALLS TYPE _____ QTY. _____

OTHER _____

OTHER _____

DEPARTMENT Cement

DESCRIPTION OF JOB 8 5/8 SURFACE

JOB DONE THRU: TUBING CASING ANNULUS TBG./ANN.

CUSTOMER REPRESENTATIVE X John Pepper

HALLIBURTON OPERATOR Desire

COPIES REQUESTED _____

CEMENT DATA

STAGE	NUMBER OF SACKS	CEMENT	BRAND	BULK SACKED	ADDITIVES	YIELD CU.FT./SK.	MIXED LBS./GAL.
	115	Midcon	3			322	11.1
	150	Prem Plus			2966 1/4 # Floccle	1.32	14.8

PRESSURES IN PSI

SUMMARY

VOLUMES

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

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

AVERAGE _____ FRACTURE GRADIENT _____ TREATMENT: BBL.-GAL. _____ DISPL: BBL.-GAL. 35.77

SHUT-IN: INSTANT _____ 5-MIN _____ 15-MIN _____ CEMENT SLURRY: BBL.-GAL. 101.21

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

ORDERED _____ AVAILABLE _____ USED _____

AVERAGE RATES IN BPM _____

TREATING _____ DISPL. _____ OVERALL _____

CEMENT LEFT IN PIPE _____

FEET 142.46 REASON Shoe slant

REMARKS

CUSTOMER Jim Van Lue

LEASEE Mustang

WELL NO. 5

JOB TYPE 8 5/8 SURFACE

DATE 2-8-95

JOB LOG FORM 2013 R-4

CUSTOMER	WELL NO.	LEASE	JOB TYPE
Day USA Inc	3	Shustone A	8 1/2 SURFACE

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				A	C	TUBING	CASING	
	1500							Time Called
	now							Time Ready
	2030							Time out of
	2100							Finish Pulling DC
	2100							Run up To Pump Casing
	2214							Start Pump Casing
								Casing in Hole
	2215							Hook up To Circulate Casing
	2225							Circulate Casing w/ Pump
	2226							Circulate Mud To Ground Level
	2231							Hook up To Pump Truck
	2235	6.2				150		Start Mixing Cement
	2242		65.95			150		Start Tail Cement
	2248		35.26			150		Finish Mixing Cement
	2249		101.21			200		Shut Down
								Drop Plug
	2250	5				100		Start Displacement
		3.5 ^{APB}	35.77					wash Pipes & Lines
	2300					250		Plug Down
								Shut in Head & Muds
								Circulate Cement To
								TRIP 11 13 14 19 ST
Thanks For Calling Halliburton Energy Down & Crew								