

Operator Name: Helmerich & Payne, Inc. Lease Name: Dennis Well #: 1-2

Sec. 3 Twp. 29 S. R. 32 East West County: Haskell

Instructions: Show important tops and base of formations penetrated. Detail all cores. Report all final copies of drill stems 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 test, along with final chart(s). Attach extra sheet if more space is needed. Attach copy of all Electric Wireline Logs surveyed. Attach final geological well site report.

Drill Stem Tests Taken <i>(Attach Additional Sheets)</i>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Log Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Name	Top Datum
Cores Takes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Electric Log Run <i>(Submit Copy)</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
List All E. Logs Run:			
Dual Space Neutron			

CASING RECORD <input 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	23#	745'	HLC	180	2% CC & 1/2# Flocele
					Prem plus	125	2% CC & 1/2# Flocele
Production	7 7/8	5 1/2	15.5#	2851'	Prem Lite	400	1/2# flocele
					50/50 Poz	125	10% Salt & 1/2# flocele

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				

Shot Per Foot	PERFORATIONS 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	Herrington 2648-2657'	21600 gal of 70Q N2 foam cont 41000 lbs 16/30 white sand 1-4 ppg	

TUBING RECORD	Size 2 3/8	Set At 2677'	Packer At	Liner Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Date of First, Resumed Production, SWD or Enhr. 3-19-01	Producing Method <input type="checkbox"/> Flowing <input checked="" type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)
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Estimated Production Per 24 Hours	Oil Bbls 0	Gas Mcf 181	Water Bbls 53	Gas-Oil Ratio	Gravity
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Disposition of Gas	METHOD OF COMPLETION	Production Interval
<input type="checkbox"/> Vented <input checked="" type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If Vented, Submit ACO-18)</i>	<input type="checkbox"/> Open Hole <input checked="" type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <u>2648-2657'</u>	
	<input type="checkbox"/> Other (Specify) _____	

ORIGINAL



COMPANY CHEYENNE DRILLING	OWNER H & P	DATE 1/25/01
BILLING ADDRESS		
CONTRACTOR CHEYENNE #8	API	SEC, TWN, RNG SEC 3-29S-32W
LEASE DENNIS	WELL NO. 1-2	COUNTY/STATE HASKELL CO, KS RT MILEAGE 60/30
DIRECTIONS SUBLETTE, KS. - 6 NORTH - 4 EAST ON 144 HWY - 1/4 SOUTH - WEST INTO		

QUOTE: 20578048	SO--1105347	KB--1105348					
SURFACE YES	INTER.	LONG STRING	LINER	PLUG BACK	PTA		
SQUEEZE	WHIPSTOCK	OTHER					
CASING SIZE 8 5/8	WEIGHT 24#	THREAD 8 RD	PLUG CONT YES	SWAGE YES	CSG SWIVEL	TOP PLUG PLASTIC	BOTTOM PLUG
TBG / DP SIZE	WEIGHT	THREAD	TD 750 FT	% EXCESS 100%	MUD WT	HOLE SIZE 12 1/4	

NUMBER AND TYPE TRUCKS WANTED **RCM & BULK**

REMARKS

# OF SACKS 220	TYPE PP HLC C	ADDITIVES 2% CC, 1/4# FLOCELE
# OF SACKS	TYPE	ADDITIVES 12.3# 2.05 CF 11.6 GAL
# OF SACKS 125	TYPE PREM PLUS	ADDITIVES 2% CC, 1/4# FLOCELE
# OF SACKS	TYPE	ADDITIVES 14.8# 1.34 CF 6.3 GAL
# OF SACKS	TYPE	ADDITIVES
# OF SACKS	TYPE	ADDITIVES

SPACER TYPE	QUANTITY	REMARKS		
SPACER TYPE	QUANTITY	REMARKS		
KCL	CLAYFIX II	LO-SURF	CLASTA-XP	
CASING SIZE 8 5/8	CASING WEIGHT 24#	THREAD 8 RD	GUIDE SHOE NO	LATCH DOWN PLUG & BAFFLE
INSERT FLOAT SHOE	FLOAT SHOE	FLOAT COLLAR	INSERT FLOAT 1 EACH W/ FILL TUBE	
CENTRALIZER-QTY 3 EACH	SIZE 8 5/8 X 12 1/4	TYPE SERIES 41		
WALL CLEANERS-QTY	TYPE	DV TOOL	DV PLUG SET	
LIMIT CLAMPS	WELD-A 1 EACH	CMT BASKET	OTHER	
REMARKS				

ORDERED BY: DAMASO	1-316-272-1393	TIME OF CALL: 1400 1/26/2001
CALL TAKEN BY: LARRY/DON		TIME READY:
CREW CALLED:		TIME: SPUD SAT AM



JOB SUMMARY 7006

TICKET # 110 8100 TICKET DATE 1-27-01
 BDA / STATE W. COUNTY Harris
 PSL DEPARTMENT ZE
 CUSTOMER REP / PHONE Up Mickey
 API / UWI # _____
ORIGINAL

REGION North America NWA / COUNTRY USA
 MBU ID / EMP # McL0103 106304 EMPLOYEE NAME T. Davis
 LOCATION Liberal CO COMPANY H.P.
 TICKET AMOUNT _____ WELL TYPE 02
 WELL LOCATION Land N.E Suble He. DEPARTMENT ZE
 LEASE / WELL # Dennis F2 SEC / TWP / RNG 3-24-32
 HES FACILITY (CLOSEST TO WELL SITE) Liberal CO

HES EMP NAME/EMP # (EXPOSURE HOURS)	HRS	HES EMP NAME/EMP # (EXPOSURE HOURS)	HRS	HES EMP NAME/EMP # (EXPOSURE HOURS)	HRS	HES EMP NAME/EMP # (EXPOSURE HOURS)	HRS
<u>T. Davis 106304</u>	<u>2 1/2</u>	<u>E. Lewis 217663</u>	<u>5 1/2</u>				
<u>J. Stanley 179774</u>	<u>2 1/2</u>	<u>R. Bennett 24511</u>	<u>5 1/2</u>				
<u>A. Miller 178452</u>	<u>2 1/2</u>						
<u>G. Humphreys 106085</u>	<u>5 1/2</u>						

HES UNIT NUMBERS	R/T MILES	HES UNIT NUMBERS	R/T MILES	HES UNIT NUMBERS	R/T MILES	HES UNIT NUMBERS	R/T MILES
<u>1021927</u>	<u>60</u>						
<u>5425-75821</u>	<u>30</u>						
<u>52947-6611</u>	<u>30</u>						

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

DATE	TIME	CALLED OUT	ON LOCATION	JOB STARTED	JOB COMPLETED
<u>1-29-01</u>	<u>1900</u>	<u>1-29-01</u>	<u>1930</u>	<u>1-29-01</u>	<u>2130</u>

TOOLS AND ACCESSORIES

TYPE AND SIZE	QTY	MAKE
<u>Float Collar 1 1/2</u>	<u>1</u>	<u>H</u>
<u>Float Shoe 1 1/2</u>	<u>1</u>	
<u>Guide Shoes 1 1/2</u>	<u>1</u>	<u>O</u>
<u>Centralizers 54</u>	<u>11</u>	
<u>Bottom Plug</u>		<u>W</u>
<u>Top Plug 5W</u>	<u>1</u>	
<u>Head 1 1/2</u>	<u>1</u>	<u>C</u>
<u>Packer</u>		
<u>Other 1 1/2</u>	<u>1</u>	<u>O</u>

WELL DATA

	NEW/USED	WEIGHT	SIZE	FROM	TO	MAX ALLOW
<u>Casing</u>	<u>N</u>	<u>155</u>	<u>5 1/2</u>	<u>EB</u>	<u>2850</u>	
<u>Liner</u>						
<u>Liner</u>						
<u>Tbg/D.P.</u>						
<u>Tbg/D.P.</u>						
<u>Open Hole</u>						
<u>Perforations</u>						
<u>Perforations</u>						
<u>Perforations</u>						

MATERIALS

Treat Fluid _____	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 _____	
Perpac Balls _____	Qty _____	
Other _____		
Other _____		
Other _____		

HOURS ON LOCATION		OPERATING HOURS		DESCRIPTION OF JOB
DATE	HOURS	DATE	HOURS	
				<u>(MT)</u>
				<u>5 1/2</u>
				<u>L.S</u>
TOTAL		TOTAL		

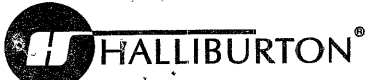
ORDERED _____ **HYDRAULIC HORSEPOWER** _____
 TREATED _____ **AVERAGE RATES IN BPM** _____
 FEET 45 **CEMENT LEFT IN PIPE** 5.5 Reason _____
 Used _____ Overall _____

CEMENT DATA

STAGE	SACKS	CEMENT	BULK/SKS	ADDITIVES	YIELD	LBS/GAL
<u>1</u>	<u>400</u>	<u>PT LF</u>	<u>13.</u>	<u>1/4 # FROG 1A.</u>	<u>2.07</u>	<u>12.2</u>
<u>1</u>	<u>125</u>	<u>SOLSOFOZC</u>	<u>13.</u>	<u>1/4 # FROG 1A. 10700917</u>	<u>1.25</u>	<u>14.4</u>

Circulating _____ Displacement _____ Preflush: Gal-BBI 10 Type mixed
 Breakdown _____ Maximum _____ Load & Bkd: Gal-BBI _____ Pad: BBI-Gal _____
 Average _____ Frac Gradient _____ Treatment Gal-BBI _____ Disp. Gal 667
 Shut In: Instant _____ 5 Min _____ 15 Min _____ Cement Slurr Gal-BBI 14766 28.3%
 Total Volume Gal-BBI _____

Frac Ring #1 _____ Frac Ring #2 _____ Frac Ring #3 _____ Frac Ring #4 _____
THE INFORMATION STATED HEREIN IS CORRECT CUSTOMER'S REPRESENTATIVE SIGNATURE _____



JOB LOG

ORDER NO. 70006

TICKET # 1108100	TICKET DATE 1-27-01
BDA / STATE KS	COUNTY WAGONER
PSL DEPARTMENT 22	CUSTOMER REP / PHONE DUPRE SERVICE
API / UWI #	JOB PURPOSE CODE 035
DEPARTMENT 22	HES FACILITY (CLOSEST TO WELL SITE) LIBERTY

REGION North America	NWA / COUNTRY USA
MBU ID / EMP # M170103 106304	EMPLOYEE NAME T. Davis
LOCATION Liberty KS	COMPANY HES
TICKET AMOUNT	WELL TYPE 02
WELL LOCATION land N E Sub 1#0	DEPARTMENT 22
LEASE / WELL # Dennis 1-2	SEC / TWP / RNG 3-2432

ORIGINAL

HES EMP NAME/EMP # (EXPOSURE HOURS)	HRS	HES EMP NAME/EMP # (EXPOSURE HOURS)	HRS	HES EMP NAME/EMP # (EXPOSURE HOURS)	HRS	HES EMP NAME/EMP # (EXPOSURE HOURS)	HRS
T. Davis 106304	2 1/2	E. Lewis 217663	5 1/2				
J. Stucky 171474	2 1/2	R. Stucky 24511	5 1/2				
M. Miller 126452	2 1/2						
C. Humphreys 105025	3 1/2						

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL/GAL)	PUMPS		PRESS (psi)		JOB DESCRIPTION/REMARKS
				T	C	Tbg	Csg	
	1930							Called out for job
	2025					2000		on loc. kid circ w/ (C) w- (B) w- kid up P- P-; fast work.
	2030	6.0	12		✓	300		Pump mud finish
	2033	6.0	12		✓	250		pump 40000 pt Lt at 12.2"
	2102	6.0	28.5		✓	200		pump 1250 pt 50/50 at 14.4"
	2106	0				0		Shut down DDP P162 & work over
	2112	6.0	66.7		✓	100		Pump DDP
	2120	6.0	66.7		✓	400		40 bbl in cont to P16
	2124	2.5	66.7		✓	650		50 bbl in slow rate.
	2130	2.0	66.7		✓	700		1200 L9174 P162.
	2131	0	66.7		✓	1300		replace float. HELD.
	2135		66.7		✓			job over
								Thanks for calling HES
								Tyler Jeremy & crew



HALLIBURTON

Work Order Contract

Halliburton Energy Services, Inc.
Houston Texas 77056

ORIGINAL Order Number

1102100

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 BELOW AND DELIVER AND SELL PRODUCTS, SUPPLIES AND MATERIALS FOR THE PURPOSE OF SERVICING:

Table with fields: Well No. (1-2), Farm or Lease (Dennis), County (Harris), State (TX), Well Permit #, Customer (H.S.P.), Well Owner (SOME), Job Purpose (O35)

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.

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.

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.

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.

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.

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.

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.

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.

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: [Signature] DATE: 1-29-01 TIME: 7:30 A.M./P.M.

Customer Acceptance of Materials and Services

THE CUSTOMER HEREBY ACKNOWLEDGES RECEIPT OF THE MATERIALS AND SERVICES DESCRIBED ON THE ATTACHED ORDER NUMBER [Signature]

