

ORIGINAL

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

API NO. 15- 081-20251-0001

County Haskell  
- C - NW - NW Sec. 7 Twp. 30S Rge. 33 X W<sup>E</sup>

660 Feet from S/N (circle one) Line of Section  
760 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 E.M. Watkins SWD Well # 1

Field Name Lemon West

Disposing Formation Glorieta

Elevation: Ground 2975' KB 2983'

Total Depth 1600' PBDT 1568'

Amount of Surface Pipe Set and Cemented at 1664 Feet

Multiple Stage Cementing Collar Used? X Yes      No

If yes, show depth set 4350 Feet

If Alternate II completion, cement circulated from  
feet depth to      w/      sx cmt.

Drilling Fluid Management Plan No Pit Used  
(Data must be collected from the Reserve Pit)

Chloride content      ppm Fluid volume      bbls

Dewatering method used     

Location of fluid disposal if hauled offsite:     

Operator Name     

Lease Name      License No.     

     Quarter Sec.      Twp.      S Rng.      E/W

County      Docket No.     

Operator: License # 5952

Name: Amoco Production Company

Address PO Box 800 Room 924

City/State/Zip Denver, CO 80201

Purchaser: N/A

Operator Contact Person: Susan R. Potts

Phone (303) 830-5323

Contractor: Name: Halliburton Services

License: 5287

Wellsite Geologist:     

Designate Type of Completion  
     New Well      Re-Entry X Workover

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

If Workover:

Operator: Amoco Production Company

Well Name: E. M. Watkins #4

Comp. Date 4/7/82 Old Total Depth 5700'

XXX Deepening XXX Re-perf. X Conv. to Inj SWD  
XXX Plug Back 2500' PBDT  
     Commingled      Docket No.       
     Dual Completion      Docket No.       
XXX Other (SWD or Inj?)      Docket No.     

4/4/97 Start Date of Workover 5/2/97 Date Reached TD Completion Date of Workover

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 Susan R. Potts

Title Senior Staff Assistant Date 6/10/97

Subscribed and sworn to before me this 10<sup>th</sup> day of June, 19 97.

Notary Public     

Date Commission Expires January 4, 2001

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)  
**RECEIVED**  
KANSAS CORPORATION COMMISSION

130 S. MARKET  
WICHITA, KS 67202

JUN 11 1997 Form ACO-1 (7-91)

**SIDE TWO**

Operator Name Amoco Production Company Lease Name E. M. Watkins SWD Well # 1

Sec. 7 Twp. 30S Rge. 33  East  West  
 County Haskell

**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 type="checkbox"/> Yes <input checked="" 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: Cement Bond	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datums <input type="checkbox"/> Sample (From old logs) <table border="0" style="width:100%"> <tr> <td>Name</td> <td>Top</td> <td>Datum</td> </tr> <tr> <td>Glorieta Top</td> <td>1330'</td> <td></td> </tr> <tr> <td>Glorieta Bottom</td> <td>1480'</td> <td></td> </tr> </table>	Name	Top	Datum	Glorieta Top	1330'		Glorieta Bottom	1480'	
Name	Top	Datum								
Glorieta Top	1330'									
Glorieta Bottom	1480'									

CASING RECORD <input type="checkbox"/> New <input checked="" type="checkbox"/> Used							
Report all strings set-conductor, surface, intermediate, production, etc.							
Purpose of String	Size Hole Drilled	Size Casing Set (In O.D.)	Weight Lbs./Ft.	Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives
Surface	12.25"	9.625"	36	1664'	Class H	950	2%CC
Production	8.75"	7"	23	5708'	POZ	400	18% Salt

ADDITIONAL CEMENTING/SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	#Sacks Used	Type and Percent Additives
<input checked="" type="checkbox"/> Perforate <input checked="" type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> Plug Off Zone	0-1650	50/50 Pozmix Premium Plus	215	3 sks salt -shot squeeze holes at 1650', cemented 7" casing from 1650 to surface.

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	4593-97'; 5240-66'; Set 7" CIBP at 4000' and 7"	Acidize w/23 bbls. 10% Fe-HCL	1380-1460'
	CIBP at 2500'.		
4	1380-1460'		

<b>TUBING RECORD</b> Fiberglass	Size 2.375"	Set At 1304'	Packer At 1305'	Liner Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date of First, Resumed Production, SWD or Inj. Not disposing yet		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

Disposition of Gas: **METHOD OF COMPLETION** Disposal Interval

Vented  Sold  Used on Lease (If vented, submit ACO-18.)
  Open Hole  Perf.  Dually Comp.  Commingled 1380-1460'
 Other (Specify) \_\_\_\_\_



**HALLIBURTON ENERGY SERVICES**  
HAL-1908-P

CHARGE TO: **Amoco Production**  
ADDRESS:  
CITY, STATE, ZIP CODE:

CUSTOMER COPY TICKET No. **184549-**

PAGE 1 OF 1

SERVICE LOCATIONS 1. <b>LIBERAL</b>	WELL/PROJECT NO. <b>4</b>	LEASE <b>E.M. Watkins</b>	COUNTY/PARISH <b>HASKELL</b>	STATE <b>KS</b>	CITY/OFFSHORE LOCATION <b>LAND</b>	DATE <b>4-4-97</b>	OWNER <b>SAME</b>
2.	TICKET TYPE <input checked="" type="checkbox"/> SERVICE <input type="checkbox"/> SALES	NITROGEN JOB? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	CONTRACTOR	RIG NAME/NO.	SHIPPED VIA <b>Location</b>	DELIVERED TO	ORDER NO.
3.	WELL TYPE <b>02</b>	WELL CATEGORY <b>06</b>	JOB PURPOSE <b>830 -625</b>	WELL PERMIT NO.	WELL LOCATION <b>7-30S-33w</b>		
4. REFERRAL LOCATION	INVOICE INSTRUCTIONS						

ORIGINAL

PRICE REFERENCE	SECONDARY REFERENCE / PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.		UNIT PRICE		AMOUNT
		LOC	ACCT	DF			U/M			
750730	RECEIVED			100	MILEAGE FOR Logging Unit	70	mi	3.20		224
750755	KANSAS CORPORATION COMMISSION			100	" " pickup	70	mi	1.95		136
750507	JUN 11 1997			0	ENVIRONMENTAL PROTECTION	1	EA	75.00		75
750500				60	SERV. CHG.	1	EA	1000.00		1000
757000	CONSERVATION DIVISION WICHITA, KS			60	DEPTH CHG FOR 7" CIBP	4000	ft	27		10800
757018				50	CIBP (Bolt) 10000 psi	1	EA	1450.00	2 X	1450
757000				60	DEPTH CHG FOR 7" CIBP	2500	ft	127		675
756913				60	DEPTH CHG FOR DUMP BAILER	4000	ft	450.00	29	1610
756914				60	" " " " " "	2500	ft	400.00	24	1000
750955				0	CEMENT (Portland)	1	EA	15.00	4 X	60
757300				60	DEPTH CHG FOR GUN	1660	ft	18	2000 ft	360
757305				60	HSC 4" 23gm 4spf	1	ft	140.00	5 ft	700

**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.

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

**X**

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 <b>4000</b>	SURVEY	AGREE	UN-DECIDED	DIS-AGREE	PAGE TOTAL <b>8370</b>
BEAN SIZE	SPACERS					
TYPE OF EQUALIZING SUB.	CASING PRESSURE	OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN?				<b>6070</b>
TUBING SIZE	TUBING PRESSURE	WE UNDERSTOOD AND MET YOUR NEEDS?				
	WELL DEPTH <b>N/A</b>	OUR SERVICE WAS PERFORMED WITHOUT DELAY?				SUB-TOTAL APPLICABLE TAXES WILL BE ADDED ON INVOICE <b>4155</b>
	TYPE VALVE	WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY?				
TREE CONNECTION		ARE YOU SATISFIED WITH OUR SERVICE?	<input type="checkbox"/> YES	<input type="checkbox"/> NO		
		<input 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): **X**

CUSTOMER OR CUSTOMER'S AGENT (SIGNATURE): **Rick Colvin**

HALLIBURTON OPERATOR/ENGINEER EMP #: **DS909**

HALLIBURTON APPROVAL:

TICKET # 196411	TICKET DATE 4-4-97
BDA / STATE Nebraska KS	COUNTY Nebraska
PSL DEPARTMENT 5043	<b>ORIGINAL</b>
CUSTOMER REP / PHONE Joe Eudey	
API / UWI #	JOB PURPOSE CODE 035 cmt top outside

REGION North America	NWA/COUNTRY Mid cont / USA
MBU ID / EMP # NA-0503 59734	EMPLOYEE NAME Ken Richmeyer
LOCATION Nebraska	COMPANY Amoco Production
TICKET AMOUNT	WELL TYPE 5WD
WELL LOCATION NE Saxona Ks 1mi	DEPARTMENT 5001
LEASE / WELL # #15WD / EM. WATKINS	SEC / TWP / RNG 7-31-33

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
K. Richmeyer 59734			
T. Pfonnenstiel H1682			
C. Howell #			

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL)(GAL)	PUMPS		PRESS. (psi)		JOB DESCRIPTION / REMARKS
				T	C	Tbg	Csg	
	0500							Called out to cmt top outside 4" casing from 1600 to surf. w/ 215 SKS 50/50 Puz w/3SK salt, plug container & manifold & SWP149
	1015							On LOC
	1035							Have safety meeting w/ Co Rep & all employees on loc
	1050							Set up equip & dis cuss job
	1123							Load hole w/ water + NK C. b.p @ 2500
	1145	2.5	10			430		pent @ 1650'
	1150	2				350		hook up to casing 4" & establish rate, blow @ 1600' head
	1207	4.5	52.8			150		57. cmt 215 SKS. circulate to pit
	1209	8.5				50		cmt mixed, shut in wash pump & line out
	1219	5				300		Re plug & set displ
	1218	5				250		30 bbl pumped caught press
	1223	2.5	67.6			650		53 bbl pumped cmt in to pit
	1224					525		plug pumped to 1600'
								shut in @ well
								wash track up + rk.
								Job complete
								Thank you
								Ken

**RECEIVED**  
KANSAS CORPORATION COMMISSION

JUN 11 1997

CONSERVATION DIVISION  
WICHITA, KS

## JOB SUMMARY 4239-1

TICKET #	196411	TICKET DATE	4-4-97
BDA / STATE	Moys KS	COUNTY	Nowell
PSL DEPARTMENT	5043	ORIGINAL	
CUSTOMER REP / PHONE	Joe Euday		
API / UWI #		JOB PURPOSE CODE	035 cmy top outside

REGION	North America	NWA/COUNTRY	Mid cont / USA
MBU ID / EMP #	HA 0503 59734	EMPLOYEE NAME	Ken Richmeier
LOCATION	Moys KS	COMPANY	Amoco Production
TICKET AMOUNT	5897.26	WELL TYPE	SWD
WELL LOCATION	N.E. Satona	DEPARTMENT	3001
LEASE / WELL #	#1 SWD / E.M. Watkins	SEC / TWP / RING	7-30-33

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
R. Richmeier-59734			
T. Pfannenstiel #1682			
C. Howell			

HES UNIT NUMBERS	R/T MILES	HES UNIT NUMBERS	R/T MILES	HES UNIT NUMBERS	R/T MILES	HES UNIT NUMBERS	R/T MILES
40091 P.U.	340						
53292 cmt pump	340						
4037-6610 cmt Bulk	62						

Form Name \_\_\_\_\_ Type: \_\_\_\_\_  
 Form Thickness \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
 Packer Type \_\_\_\_\_ Set At \_\_\_\_\_  
 Bottom Hole Temp. \_\_\_\_\_ Pressure \_\_\_\_\_  
 Misc. Data \_\_\_\_\_ Total Depth 2508 P149

TYPE AND SIZE	QTY	MAKE
Float Collar		
Float Shoe		
Guide Shoe		
Centralizers		
Bottom Plug		
Top Plug	1	Howco
Head	1	Howco
Packer		
Other		

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		

DATE TIME	CALLED OUT	ON LOCATION	JOB STARTED	JOB COMPLETED
	4-4-97 0500	4-4-97 1015	4-4-97 1140	

	NEW/USED	WEIGHT	SIZE	FROM	TO	MAX ALLOW
Casing	U	20	7"	GL		
Liner						
Liner						
Tbg/D.P.						
Tbg/D.P.						
Open Hole						SHOTS/FT.
Perforations						
Perforations						
Perforations						

HOURS ON LOCATION		OPERATING HOURS		DESCRIPTION OF JOB
DATE	HOURS	DATE	HOURS	
				<div style="border: 1px solid black; padding: 5px; margin: 0 auto; width: 80%;"> <p>RECEIVED</p> <p>KANSAS CORPORATION COMMISSION</p> <p>JUN 11 1997</p> <p>CONSERVATION DIVISION</p> <p>WICHITA, KS</p> </div>

ORDERED	HYDRAULIC HORSEPOWER Avail.	Used
TREATED	AVERAGE RATES IN BPM Disp.	Overall
FEET	CEMENT LEFT IN PIPE Reason	

STAGE	SACKS	CEMENT	BULK/SKS	ADDITIVES	YIELD	LBS/GAL
	215	50/60 C	B	3 SKs Salt	1.38	13.8

Circulating Breakdown	Displacement Maximum	Preflush: Gal - BBI 10	Type
Average	Frac Gradient	Load & Bkdn: Gal - BBI	Pad: BBI - Gal
Shut In: Instant	5 Min 15 Min	Treatment Gal - BBI	Disp: BBI - Gal 64.6
		Cement Slurr Gal - BBI 52.8	
		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	



TICKET CONTINUATION

CUSTOMER COPY

TICKET No.  

HALLIBURTON ENERGY SERVICES

FORM 1911 R-10

DEM

CUSTOMER <b>Amoco Production</b>	WELL <b>E.M. Watkins #1</b>	DATE <b>4-4-97</b>	PAGE OF <span style="border: 1px solid black; padding: 2px;"> </span> / <span style="border: 1px solid black; padding: 2px;"> </span>
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PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.		U/M		UNIT PRICE	AMOUNT
		LOC	ACCT	DF							
504-132					50/50 Foamix Premium Plus	215		sk		9.90	2128.5
504-083	516.00265										
506-105	516.00286										
506-121	516.00259										
509-968	516.00315				Salt 3/1 sk w/215 gals	645		lbs		.17	109.6
<p><b>RECEIVED</b> KANSAS CORPORATION COMMISSION</p> <p>JUN 11 1997</p> <p>CONSERVATION DIVISION WICHITA, KS</p>											
500-207					SERVICE CHARGE						
500-306											
						CUBIC FEET		224		1.55	347.2
						MILEAGE CHARGE	TOTAL WEIGHT	LOADED MILES	TON MILES	1.18	348.7
							19066	31	295.52		

ORIGINAL

No. B 389245

CONTINUATION TOTAL



**HALLIBURTON ENERGY SERVICES**

HAL-1906-P

CHARGE TO: Amoco Production  
 ADDRESS: 2225 W. Oklahoma  
 CITY, STATE, ZIP CODE: Wichita, KS 67220

CUSTOMER COPY

TICKET (34)

No.

196411

PAGE 1 OF 1

SERVICE LOCATIONS	WELL/PROJECT NO.	LEASE	COUNTY/PARISH	STATE	CITY/OFFSHORE LOCATION	DATE	OWNER
1. <u>Ways, KS 25525</u>	<u>#1 SWD</u>	<u>Em Watkins</u>	<u>Nowak</u>	<u>KS</u>		<u>4.4.97</u>	<u>Same</u>
2. <u>Liberal, KS</u>	TICKET TYPE	NITROGEN JOB?	CONTRACTOR	RIG NAME/NO.	SHIPPED VIA	DELIVERED TO	ORDER NO.
3. <u>Hugoton, KS</u>	<input checked="" type="checkbox"/> SERVICE	<input type="checkbox"/> YES	<u>Eldridge Well Serv</u>		<u>CT</u>	<u>Wichita, KS</u>	
4.	<input type="checkbox"/> SALES	<input checked="" type="checkbox"/> NO					
REFERRAL LOCATION	WELL TYPE	WELL CATEGORY	JOB PURPOSE	WELL PERMIT NO.	WELL LOCATION		
	<u>11</u>	<u>02</u>	<u>035</u>		<u>7-30-33W</u>		
	INVOICE INSTRUCTIONS						

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.		U/M		UNIT PRICE	AMOUNT
		LOC	ACCT	DF							
<u>000-117</u>		<u>1</u>			<u>MILEAGE # 53292</u>	<u>86</u>	<u>mi</u>	<u>RT</u>		<u>3.20</u>	<u>275</u>
<u>001-016</u>		<u>1</u>			<u>Pump chg</u>	<u>1650</u>	<u>FT</u>			<u>1523.00</u>	<u>1523</u>
<u>030-018</u>		<u>2</u>			<u>SW Pig</u>	<u>1</u>	<u>EA</u>	<u>7</u>	<u>11A</u>	<u>150.00</u>	<u>150</u>
		<u>1</u>			<u>Sugar</u>	<u>20</u>	<u>#</u>			<u>15.00</u>	<u>150</u>
<b>RECEIVED</b> KANSAS CORPORATION COMMISSION JUN 11 1997 CONSERVATION DIVISION WICHITA, KS											

ORIGINAL

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

SUB SURFACE SAFETY VALVE WAS:		<input type="checkbox"/> PULLED & RETURN <input type="checkbox"/> PULLED <input type="checkbox"/> RUN		<b>SURVEY</b>		AGREE	UN-DECIDED	DIS-AGREE	PAGE TOTAL	FROM CONTINUATION PAGE(S)
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?							
TREE CONNECTION	TYPE VALVE	ARE YOU SATISFIED WITH OUR SERVICE?		<input type="checkbox"/> YES	<input type="checkbox"/> NO			SUB-TOTAL APPLICABLE TAXES WILL BE ADDED ON INVOICE		
		<input 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)	CUSTOMER OR CUSTOMER'S AGENT (SIGNATURE)	HALLIBURTON OPERATOR/ENGINEER	EMP #	HALLIBURTON APPROVAL
	<u>X</u>	<u>Ken Fisher</u>	<u>59734</u>	<u>3500</u>