

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

API NO. 15-15-051-23,844 - *opoh* ORIGINAL

County Ellis

C - S/2 N/2 NE Sec. 16 Twp. 13 Rge. 18 X E V

Operator: License # 8061

1650 Feet from S/N (circle one) Line of Section

Name: Oil Producers, Inc. of Kansas

1320 Feet from E/W (circle one) Line of Section

Address P.O. Box 8647

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

Wichita, Ks. 67208

City/State/Zip \_\_\_\_\_

Lease Name Arnhold Well # 2

Purchaser: Plains Petroleum, Inc. (Elleron)

Field Name Marvin North

Operator Contact Person: Diana Richecky

Producing Formation NA

Phone (316) 681-0231

Elevation: Ground \_\_\_\_\_ KB \_\_\_\_\_

Contractor: Name: \_\_\_\_\_

Total Depth 3473 PBDT 3689

License: \_\_\_\_\_

Amount of Surface Pipe Set and Cemented at 546 Feet

Wellsite Geologist: \_\_\_\_\_

Multiple Stage Cementing Collar Used? \_\_\_\_\_ Yes \_\_\_\_\_ No

Designate Type of Completion  
\_\_\_\_ New Well X Re-Entry \_\_\_\_\_ Workover

If yes, show depth set \_\_\_\_\_ Feet

\_\_\_\_ Oil \_\_\_\_\_ SWD \_\_\_\_\_ S10W \_\_\_\_\_ Temp. Abd.  
\_\_\_\_ Gas X ENHR \_\_\_\_\_ SIGW  
\_\_\_\_ Dry \_\_\_\_\_ Other (Core, WSW, Expl., Cathodic, etc)

If Alternate II completion, cement circulated from 1440'

feet depth to surface w/ 300 sx cmt.

If Workover/Re-Entry: old well info as follows:

Drilling Fluid Management Plan 4-13-93  
(Data must be collected from the Reserve Pit)

Operator: \_\_\_\_\_

Chloride content \_\_\_\_\_ ppm Fluid volume \_\_\_\_\_ bbls

Well Name: \_\_\_\_\_

Dewatering method used \_\_\_\_\_

Comp. Date \_\_\_\_\_ Old Total Depth \_\_\_\_\_

Location of fluid disposal if hauled offsite: \_\_\_\_\_

\_\_\_\_ Deepening \_\_\_\_\_ Re-perf. \_\_\_\_\_ Conv. to Inj/SWD  
\_\_\_\_ Plug Back \_\_\_\_\_ PBDT  
\_\_\_\_ Commingled \_\_\_\_\_ Docket No. \_\_\_\_\_  
\_\_\_\_ Dual Completion \_\_\_\_\_ Docket No. \_\_\_\_\_  
X Other (SWD or Inj?) Docket No. E-26,715

Operator Name \_\_\_\_\_

Lease Name \_\_\_\_\_ License No. \_\_\_\_\_

3/15/93

\_\_\_\_ Quarter Sec. \_\_\_\_\_ Twp. \_\_\_\_\_ S Rng. \_\_\_\_\_ E/W

Spud Date \_\_\_\_\_ Date Reached TD \_\_\_\_\_ Completion Date \_\_\_\_\_

County \_\_\_\_\_ Docket No. \_\_\_\_\_

INSTRUCTIONS: An original and two copies of this form shall be filed with the Kansas Corporation Commission, 200 Colorado Derby Building, Wichita, Kansas 67202, within 120 days of the spud date, recompletion, workover or conversion of a well. Rule 82-3-130, 82-3-106 and 82-3-107 apply. Information on side two of this form will be held confidential for a period of 12 months if requested in writing and submitted with the form (see rule 82-3-107 for confidentiality in excess of 12 months). One copy of all wireline logs and geologist well report shall be attached with this form. ALL CEMENTING TICKETS MUST BE ATTACHED. Submit CP-4 form with all plugged wells. Submit CP-111 form with all temporarily abandoned wells.

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

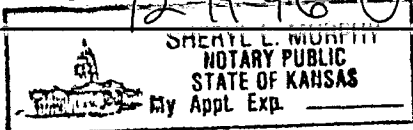
Signature Diana Richecky

Title Assistant Sec Date 3/25/93

Subscribed and sworn to before me this 25 day of March, 19 93.

Notary Public Sheryl L. Murphy

Date Commission Expires 12-19-96



K.C.C. OFFICE USE ONLY  
F \_\_\_\_\_ Letter of Confidentiality Attached  
C X Wireline Log Received  
C X Geologist Report Received  
RECEIVED STATE CORPORATION COMMISSION  
RECEIVED  
MAR 29 1993  
DISTRIBUTION  
KCC \_\_\_\_\_ SWD/Rep  
KGS \_\_\_\_\_ Plug  
Wichita, Kansas  
(Spec 49)

Operator Name Oil Producers, Inc. of Kansas

Lease Name Arnhold

Well # 2

Sec. 16 Twp. 13 Rge. 18

East

County Ellis

West

INSTRUCTIONS: Show important tops and base of formations penetrated. Detail all cores. Report all drill stem tests giving interval tested, time tool open and closed, flowing and shut-in pressures, whether shut-in pressure reached static level, hydrostatic pressures, bottom hole temperature, fluid recovery, and flow rates if gas to surface during test. Attach extra sheet if more space is needed. Attach copy of log.

Drill Stem Tests Taken  Yes  No  
(Attach Additional Sheets.)

Log Formation (Top), Depth and Datum  Sample

Samples Sent to Geological Survey  Yes  No

Name Top Datum

Cores Taken  Yes  No

Electric Log Run  Yes  No  
(Submit Copy.)

List All E.Logs Run:

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		8 5/8"		546		300	
		8 5/8		1440		300	
production		4 1/2		3742			

ADDITIONAL CEMENTING/SQUEEZE RECORD

Purpose:	Depth Top Bottom	Type of Cement	#Sacks Used	Type and Percent Additives
<input type="checkbox"/> Perforate				
<input type="checkbox"/> Protect Casing				
<input type="checkbox"/> Plug Back TD				
<input type="checkbox"/> Plug Off Zone				

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used) Depth

TUBING RECORD Size 2 3/8" Set At 3463 Packer At 3463 Liner Run  Yes  No

Date of First, Resumed Production, SWD or Inj. 05/11/68 Producing Method  Flowing  Pumping  Gas Lift  Other (Explain)

Estimated Production Per 24 Hours Oil Bbls. Gas Mcf Water Bbls. Gas-Oil Ratio Gravity

Disposition of Gas:

METHOD OF COMPLETION

Production Interval

Vented  Sold  Used on Lease  
(If vented, submit ACO-18.)

Open Hole  Perf.  Dually Comp.  Commingled  
 Other (Specify) SWD

**BULK MATERIALS DELIVERY** 15-051-23844-00-01  
**AND**  
**TICKET CONTINUATION**



A Division of Halliburton Company  
 DUNCAN, OKLAHOMA 73528

FOR INVOICE AND  
 TICKET NO. **787605**

**ORIGINAL**

DATE <b>5-23-84</b>	CUSTOMER ORDER NO.	WELL NO. AND FARM <b>Arnhold #2</b>	COUNTY <b>Ellis</b>	STATE <b>Kansas</b>
CHARGE TO <b>Oil Producers Inc. of Kansas</b>		OWNER <b>Same</b>	CONTRACTOR No. <b>B 423820</b>	
MAILING ADDRESS <b>Box 8647, 1346 North Woodlawn</b>		DELIVERED FROM <b>Hays, Kansas</b>	LOCATION CODE <b>50325</b>	PREPARED BY <b>Kiekel</b>
CITY & STATE <b>Wichita, Ks. 67208</b>		DELIVERED TO <b>North of Hays, Kansas</b>	TRUCK NO. <b>0530</b>	RECEIVED BY <b>ALLEN WERTH</b>

PRICE REFERENCE	SECONDARY REF. OR PART NO.	CODE		DESCRIPTION	UNITS 1		UNITS 2		UNIT PRICE	AMOUNT	
		L	D		QTY.	MEAS.	QTY.	MEAS.			
504-043		1	B	Regular Portland	350				5.30	1855	00
507-277		1	B	26sk Halliburton Gel 88% added	350				.74	259	00
509-406		1	B	Calcium Chloride on side	1				21.00	21	00
510-222		1	B	Sand 20/40 brady in sack	2				7.60	15	20
<b>THIS IS NOT AN INVOICE</b>											
				Returned Mileage Charge							
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**JOB LOG**

CUSTOMER

OIL PRODUCERS

PAGE NO. 1

JOB TYPE

tool

DATE

5-23-84

FORM 2013 R-2

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	1230							called out 5:23:84
	1310							on loc. w/ WLBP 4 1/2 Pumptrak
	1340							set up Equip + Plug Job
	1450							start 4 1/2 WLBP in Hole
	1500							WLBP set @ 1534 tagged w/ LK trak.
						1000	1000	spot 2 sks of sand down csg. PSI on plug - csg collar @ SURFACE LEAKED
	1608						1600	CALL welder out to Repair PSI BACK ON PLUG. Great guns set up to port @ 1440
	1635							Hook up to well
		2						take inj Rate got Blow
	1645		102					st 300 sks cmt w/ 8% gal. comd
		4	11				200	Pump 11 BBLs cmt BROKE CIR
	1715							mix 105 BBLs cmt - cmt was to SURFACE.
			17					start mix 50 sks com w/ 8% gal 2% CC
								Fin cmt.
			225					Release Plug + w/line st displ. F.w displ.
	1735						400	Plug down to 1420 tagged with wire line.
								36 BBLs cmt to bit
	1800							Job complete Rack up.

STATE RECEIVED  
 STATE OF KANSAS  
 CONSERVATION DIVISION  
 FEB 1 1993  
 WICHITA, KANSAS

Thank you ALLEN



A DIVISION OF HALLIBURTON COMPANY

REMIT TO  
P.O. BOX 84737  
DALLAS, TEXAS 75284

PAGE 1 OF

FIELD TICKET

DIRECT ANY CORRESPONDENCE TO

P.O. DRAWER 1431  
DUNCAN, OKLAHOMA 73536

2 PAGES NO.

787605

FORM 1806 R-8

WELL NO. AND FARM <b>#2 Arnold</b>		COUNTY <b>ELLIS</b>	STATE <b>Ks</b>	DATE <b>5-23-84</b>
CHARGE TO <b>O.L. Producers Inc</b>		OWNER <b>SAME</b>	DUNCAN USE ONLY	
ADDRESS <b>Box 8647, 1346 North Woodlawn</b>		CONTRACTOR <b>SIROKY</b>	LOCATION <b>1 NAYS Ks</b>	CODE <b>50320</b>
CITY, STATE, ZIP <b>Wichita, Ks 67208</b>		SHIPPED VIA <b>tool ft</b>	LOCATION <b>2</b>	CODE
		DELIVERED TO <b>N. NAYS</b>	LOCATION <b>3</b>	CODE
		ORDER NO.	BULK MATERIAL DELIVERY TICKET NO. <b>B- 423820</b>	
		WELL TYPE <b>O.L. Dev.</b>	CODE	
		TYPE AND PURPOSE OF JOB <b>16-13-18 new well 00</b> <b>RUN 4 1/2 WLBG + SQUEEZE</b>		

**ORIGINAL**

TERMS: INVOICES PAYABLE NET BY THE 20TH OF THE FOLLOWING MONTH AFTER DATE OF INVOICE. UPON CUSTOMER'S DEFAULT IN PAYMENT OF CUSTOMER'S ACCOUNT BY THE LAST DAY OF THE MONTH FOLLOWING THE MONTH IN WHICH THE INVOICE IS DATED. CUSTOMER AGREES TO PAY INTEREST THEREON AFTER DEFAULT AT THE HIGHEST LAWFUL CONTRACT RATE APPLICABLE BUT NEVER TO EXCEED 18% PER ANNUM. IN THE EVENT IT BECOMES NECESSARY TO EMPLOY AN ATTORNEY TO ENFORCE COLLECTION OF SAID ACCOUNT. CUSTOMER AGREES TO PAY ALL COLLECTION COSTS AND ATTORNEY FEES IN THE AMOUNT OF 20% OF THE AMOUNT OF THE UNPAID ACCOUNT.

PRICE REFERENCE	SECONDARY REF. OR PART NO.	CODE		DESCRIPTION	UNITS 1		UNITS 2		UNIT PRICE	AMOUNT
		L	D		QTY.	MEAS.	QTY.	MEAS.		
100-115		1	T	MILEAGE 26634	3	M			.80	2.40
110-007		1	T	WL BP	1539	FT	4 1/2	IN	980.00	980.00
000-117		1	C	Mileage 0300	3	M			2.10	6.30
009-134	009-019	1	C	Pump Service	1440	FT				833.80
030-052		1	C	SQUIR Plug	1	EA	4 1/2		44.00	44.00

AS PER ATTACHED B TICKET NO. **423820** TOTAL **2531.50**

WAS JOB SATISFACTORILY COMPLETED? WAS OPERATION OF EQUIPMENT SATISFACTORY? WAS PERFORMANCE OF PERSONNEL SATISFACTORY? X <i>[Signature]</i> CUSTOMER OR HIS AGENT	TAX REFERENCES		SUB TOTAL
			TAX
			TAX
			TOTAL

**THIS IS NOT AN INVOICE**

TAXES, PRICE CHANGES, AND OTHER APPLICABLE DATA WILL BE SHOWN ON OUR INVOICE TO BE SUBMITTED FOR PAYMENT AT A LATER DATE.

CUSTOMER

CUSTOMER COPY



REMIT TO:  
P.O. BOX 957046  
DALLAS, TX 75395-1046  
Corporate FIN 73-0271280

HALLIBURTON ENERGY SERVICES

A Division of Halliburton Company

196453 04/01/1997

15051249570000

WE APPROVE STATE OWNER

ENGLD 4 ELLIS ORIGINAL KS SAME

SERVICE LOCATION CONTRACTOR JOB PURPOSE TIME

AYS HALLARD DRILLING SHOWN BELOW 04/01/1997

ACCT NO CUSTOMER AGENCY VENDOR NO CUSTOMER PO NUMBER SHIPPED VIA

46989 ARNOLD HESS COMPANY TRUCK 22766

DIRECT CORRESPONDENCE TO:

OIL PRODUCERS INC. OF KANSAS  
C/O MR. BRAD SIROKY  
10264 COUNTRY CLUB ROAD  
PRATT, KS 67124-8195

1102 E. 8TH  
HAYS KS 67601  
913-625-3431

REFERENCE NO DESCRIPTION QUANTITY U/L UNIT PRICE AMOUNT

REFERENCE NO	DESCRIPTION	QUANTITY	U/L	UNIT PRICE	AMOUNT
	DRILLING AREA - HIU CONTINENT				
	JOB PURPOSE - CEMENT SURFACE CASING				
000-117	MILEAGE CEMENTING ROUND TRIP	10 MI		3.20	32.00
		1 UNT			
001-016	CEMENTING CASING	697 FT		1,025.00	1,025.00
		1 UNT			
030-503	WOODEN PLUG	5 7/8 IN		95.00	95.00
		1 EA			
504-316	CEMENT - HALL. LIGHT STANDARD	225 SK		9.11	2,049.75
504-136	CEMENT - 40/60 POZNIX STANDARD	125 SK		8.14	1,017.50
506-121	HALLIBURTON-GEL 2X	200 LB		.00	N/C
509-406	ANHYDROUS CALCIUM CHLORIDE	7 SK		46.90	328.30
507-210	FLOCEL	56 LB		1.90	106.40
509-207	BULK SERVICE CHARGE	268 CFT		1.55	415.40
500-306	MILEAGE CNTG MAT DEL OR-RETURN	76.099 THI		1.18	110.00

JOB PURPOSE SUBTOTAL

5,179.35

INVOICE SUBTOTAL

5,179.35

DISCOUNT - (BIU)

1,916.33

INVOICE BLD AMOUNT

3,263.02

\* KANSAS STATE SALES TAX

127.25

\* HAYS CITY SALES TAX

25.97

INVOICE TOTAL - PLEASE PAY THIS AMOUNT

3,416.24

*Arnold  
OPS  
plug well*

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



**HALLIBURTON ENERGY SERVICES**

HAL-1906-P

CHARGE TO:  
 ADDRESS: *Oil Producers of Ks*  
 CITY, STATE, ZIP CODE:

CUSTOMER COPY

TICKET

No. **196453-4**

15:05:24957-00:00

PAGE 1 OF 2

SERVICE LOCATIONS: *Hays Ks 25525*

WELL/PROJECT NO.: *#4* LEASE: *Acquad* COUNTY/PARISH: *Ellis* STATE: *Ks* CITY/OFFSHORE LOCATION: *well site* DATE: *4-1-97* OWNER: *SAME*

TICKET TYPE:  SERVICE  SALES NITROGEN JOB?  YES  NO CONTRACTOR: *#1* RIG NAME/NO.: *#1* SHIPPED VIA: *well site* ORDER NO.:

WELL TYPE: *01* WELL CATEGORY: *01* JOB PURPOSE: *010* WELL PERMIT NO.: *16-13-18*

REFERRAL LOCATION: *31* INVOICE INSTRUCTIONS: *customer received msas*

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.		U/M		UNIT PRICE	AMOUNT
		LOC	ACCT	DF							
000-117	<b>ORIGINAL</b>	1			MILEAGE 51374 RCM		10 mi		1 unit	3.20	32.00
001-016		1			Pump Service		697 ft			1.025	1025.00
030-608		1			LA-II Plug		1 ea		8 5/8 in	95.00	95.00

**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.

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

DATE SIGNED: *4-1-97* TIME SIGNED: *1800*

A.M.  P.M.

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: \_\_\_\_\_ FROM CONTINUATION PAGE(S): \_\_\_\_\_ SUB-TOTAL APPLICABLE TAXES WILL BE ADDED ON INVOICE: **4027.30**

**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* *Chris Jones*

CUSTOMER OR CUSTOMER'S AGENT (SIGNATURE): *Chris Jones*

HALLIBURTON OPERATOR/ENGINEER: *Allen F Wood* EMP #: *826101*

HALLIBURTON APPROVAL: \_\_\_\_\_







**JOB LOG** 4239-5

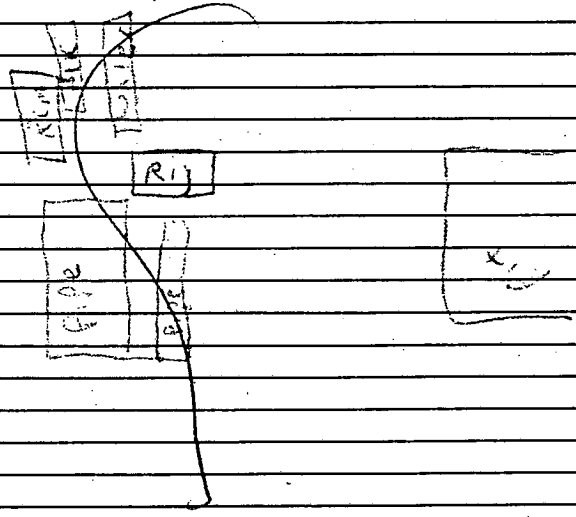
15651 24957-00:00

REGION North America	NWA/COUNTRY	TICKET # 1164-2	TICKET DATE 4-2-18
MBU ID / EMP #	EMPLOYEE NAME	BDA / STATE OKLAHOMA	COUNTY MAYES
LOCATION	COMPANY	PSL DEPARTMENT	
TICKET AMOUNT	WELL TYPE	CUSTOMER REP / PHONE	
WELL LOCATION	DEPARTMENT	API / UWI #	<b>ORIGINAL</b>
LEASE / WELL #	SEC / TWP / RNG 16-13-18	JOB PURPOSE CODE	

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

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL)(GAL)	PUMPS		PRESS. (psi)		JOB DESCRIPTION / REMARKS
				T	C	Tbg	Csg	
	1530							called out
	1715							ON location w/ PumpTRK + BIK cmt 225 SKS HLC w/ 1/4# Flocele, 2% CL 6% T. Gel 125 SKS 40/60 Poz 2% gel 3% CC Discuss safety, Setup + Plan Job.
	1720							Rig started 8 3/4 csg 23#
	1900							Pipe on Bottom 700'
	1910							CR w/ Rig Pump
	1915							Hookup to cmt well
		7	67			600'		Mix 225 SKS HLC w/ 1/4# Flocele 2% CC
		7	29			600'		Mix 125 SKS 40/60 Poz 2% Gel 3% CC FIN MIX cmt Release Plug.
		6				200'		Start Disp. CAP 43 BBL
			43			600'		FIN Disp.
	1940					400'		Shut in well
	2030							Washup Equip - Rackup Finish Paperwork Job complete

cmt cr to p.t



1997 APR 21  
DEPT  
ASST  
SVC

THANKS ALAN, CRAIG, DAVE









CUSTOMER COPY



REMIT TO:  
P.O. BOX 951046  
DALLAS, TX 75395-1046  
Corporate FIN 73-0271280

INVOICE

HALLIBURTON ENERGY SERVICES

A Division of Halliburton Company

196190 04/06/1997

WELL NO. 4	ELLIS	KS	NAME
------------	-------	----	------

WELL NAME	NALLARD DRILLING	WELL TYPE	SHOWN BELOW	DATE
				04/06/1997

ACCOUNT NO.	45989	WELL NO.	LAVON URBAN	WELL TYPE	COMPANY TRUCK	22676
-------------	-------	----------	-------------	-----------	---------------	-------

ORIGINAL

DIRECT CORRESPONDENCE TO:

OIL PRODUCERS INC. OF KANSAS  
C/O MR. BRAD SIROKY  
10264 COUNTRY CLUB ROAD  
PRATT, KS 67124-8195

1102 E. 8TH  
HAYS KS 67601  
913-625-3431

REFERENCE NO.	DESCRIPTION	QUANTITY	UNIT	PRICE	TOTAL
---------------	-------------	----------	------	-------	-------

DRILLING AREA - MID CONTINENT					
JOB PURPOSE - PLUG TO ABANDON					
000-117	MILEAGE CEMENTING ROUND TRIP	10	HJ	3.20	32.00
		1	UNT		
090-910	MISCELLANEOUS PUMPING JOB	1	TRK	650.00	650.00
030-503	WOODEN PLUG	5/8	IN	95.00	95.00
		1	EA		
504-136	CEMENT - 40/60 POZNIX STANDARD	165	SR	8.14	1,343.10
506-121	HALLIBURTON-GEL 2X	100	LB	.00	N/C
507-277	HALLIBURTON-GEL BENTONITE	6	SR	21.40	128.40
507-775	HALAD-322	31	LB	7.70	238.70
509-968	SALT	350	LB	.17	59.50
507-210	FLOCELE	42	LB	1.90	79.80
500-207	BULK SERVICE CHARGE	185	CYT	1.55	286.75
500-306	MILEAGE CNTG MAT DEL OR RETURN	35.845	TH1	1.18	110.00

JOB PURPOSE SUBTOTAL

3,023.25

INVOICE SUBTOTAL

3,023.25

DISCOUNT - (BID)

1,118.56

INVOICE BID AMOUNT

1,904.69

KANSAS STATE SALES TAX

93.99

HAYS CITY SALES TAX

19.00

INVOICE TOTAL - PLEASE PAY THIS AMOUNT \*\*\*\*\* 3,023.25

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









**JOB LOG** 4239-5

REGION: North America		NWA/COUNTRY:	TICKET #	TICKET DATE
MBU ID / EMP #		EMPLOYEE NAME	BDA / STATE	COUNTY
LOCATION		COMPANY	PSL DEPARTMENT	
TICKET AMOUNT		WELL TYPE	CUSTOMER REP / PHONE	
WELL LOCATION		DEPARTMENT	API / UWI #	
LEASE / WELL #		SEC / TWP / RNG	JOB PURPOSE CODE	

**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

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL/GAL)	PUMPS	PRESS. (psi)	JOB DESCRIPTION / REMARKS
	0140					Called out
	0230					On location
						Discuss Job
						Set up Equipment
						Rig laying down weight pipe
	0640	4	14.5		100	D.P. @ 1460 mix and pump 50 sks 40/60 Pozmix A
	0730	4	14.5		100	D.P. @ 720' mix and pump 50 sks 40/60 Pozmix A
	0745	4	12		100	D.P. @ 350' mix and pump 40 sks 40/60 Pozmix A
	080		3			Push plug to 40'
	0815		41/2			Fill casing to surface w/ 10 sks 40/60 Pozmix A
						plug Rathole with 15 sks 40/60 Pozmix A
						wash up
	0845					Back up
						Job completed

Thank you  
Hart. Eldon & Syle

5



**JOB SUMMARY** 4239-1

TICKET # **196190** TICKET DATE **4-6-97**

REGION <b>North America</b>	NWA/COUNTRY <b>MIDCONTINENT</b>	BDA / STATE <b>Ks</b>	COUNTY <b>Ellis</b>
MBU ID / EMP # <b>NA0502 41489</b>	EMPLOYEE NAME <b>GAIL Palmberg</b>	PSL DEPARTMENT <b>5001</b>	
LOCATION <b>HAYS 25525</b>	COMPANY <b>Oil Producers Inc of Ks</b>	CUSTOMER REP / PHONE	
TICKET AMOUNT <b>3023</b>	WELL TYPE <b>07</b>	API / UWI #	<b>ORIGINAL</b>
WELL LOCATION <b>1-N HAYS ks</b>	DEPARTMENT <b>5001</b>	JOB PURPOSE CODE <b>115</b>	
LEASE / WELL # <b>Arnold 4</b>	SEC / TWP / RNG <b>16-13s-18w</b>		

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
<b>G Palmberg 41489</b>			
<b>E Reynolds 47558</b>			
<b>L Reiker 46872</b>			

HES UNIT NUMBERS	R/T MILES	HES UNIT NUMBERS	R/T MILES	HES UNIT NUMBERS	R/T MILES	HES UNIT NUMBERS	R/T MILES
<b>41326</b>	<b>10</b>						
<b>53557</b>	<b>10</b>						
<b>52418</b>	<b>10</b>						

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

DATE	CALLED OUT	ON LOCATION	JOB STARTED	JOB COMPLETED
<b>4-6</b>	<b>0140</b>	<b>0230</b>	<b>0630</b>	<b>0845</b>

**TOOLS AND ACCESSORIES**

TYPE AND SIZE	QTY	MAKE
Float Collar		
Float Shoe		
Guide Shoe		
Centralizers		
Bottom Plug		
Top Plug <b>4-11 8 3/8</b>	<b>1</b>	<b>HES</b>
Head		
Packer		
Other		

**WELL DATA**

NEW/USED	WEIGHT	SIZE	FROM	TO	MAX ALLOW
Casing		<b>8 5/8</b>	<b>0</b>	<b>697</b>	
Liner					
Liner					
Tbg/D.P.					
Tbg/D.P.					
Open Hole		<b>7 7/8</b>	<b>697</b>	<b>3730</b>	SHOTS/FT.
Perforations					
Perforations					
Perforations					

**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	
Perfpac Balls	Qty.	
Other		
Other		
Other		
Other		

HOURS ON LOCATION		OPERATING HOURS		DESCRIPTION OF JOB
DATE	HOURS	DATE	HOURS	
<b>4-6</b>		<b>4-6</b>		<b>PTA</b>
				<b>50sk @ 1460</b>
				<b>50sk @ 720</b>
				<b>40sk @ 350</b>
				<b>40sk @ 40</b>
				<b>15sk Rathole</b>
<b>TOTAL</b>		<b>TOTAL</b>		

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

**CEMENT DATA**

STAGE	SACKS	CEMENT	BULK/SKS	ADDITIVES	YIELD	LBS/GAL
	<b>165</b>	<b>40/60 Poemr A</b>		<b>670 Gel 1/4 # Flocc 1sk</b>	<b>1.67</b>	<b>12.9</b>

Circulating \_\_\_\_\_ Displacement \_\_\_\_\_ Preflush: Gal - BBI \_\_\_\_\_ Type \_\_\_\_\_  
 Breakdown \_\_\_\_\_ Maximum \_\_\_\_\_ Load & Bkdn: Gal - BBI \_\_\_\_\_ Pad: BBI - Gal \_\_\_\_\_  
 Average \_\_\_\_\_ Frac Gradient \_\_\_\_\_ Treatment Gal - BBI \_\_\_\_\_ Disp: BBI - Gal \_\_\_\_\_  
 Shut In: Instant \_\_\_\_\_ 5 Min \_\_\_\_\_ 15 Min \_\_\_\_\_ Cement Slurr **Gal - BBI 49** \_\_\_\_\_  
 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 *[Signature]*



JOB LOG 4239-5

TICKET #	198190	TICKET DATE	4-6-77
REGION	North America	NWA/COUNTRY	MIDCONTINENT
MBU ID / EMP #	PA0502 41487	EMPLOYEE NAME	Bill Palenberg
LOCATION	HAYS 25525	COMPANY	Oil Producers Inc of KS
TICKET AMOUNT	3023	WELL TYPE	01
WELL LOCATION	1-N HAYS KS	DEPARTMENT	5001
LEASE / WELL	Acres 4	SEC / TWP / RNG	16-13-18W
BDA / STATE	KS	PSL DEPARTMENT	5001
COUNTY	Ellis	CUSTOMER REP / PHONE	
API / UWI #		JOB PURPOSE CODE	115

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
Bill Palenberg 41487	9						
L. Walker 46372	4						

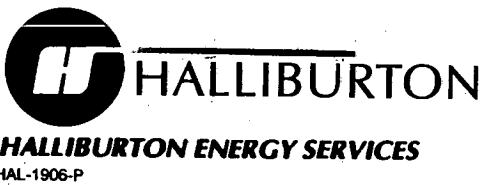
CHART NO.	TIME	RATE (BPM)	VOLUME (BBL)(GAL)	PUMPS		PRESS. (psi)		JOB DESCRIPTION / REMARKS
				T	C	Tbg	Csg	
	0140							Called out
	0230							On Location
								Discuss Job
								Set up Equipment
								Rig Laying down wright pipe
								D.P. @ 1460
0640	4	14.5				100		mix and pump 50 sks 40/60 Pozmix A
								D.P. @ 720'
0730	4	14.5				100		mix and pump 50 sks 40/60 Pozmix A
								D.P. @ 350'
0745	4	12				100		mix and pump 40 sks 40/60 Pozmix A
								Push plug to 40'
0810			3					Fill casing to surface w/ 10 sks 40/60 Pozmix A
0815			41/2					Plug Rathole with 15 sks 40/60 Pozmix A
								wash up
								Break up
0845								Job completed
			0630					

Thank you  
 Earl Eldon & Lyle

S

10-1  
 11:00  
 SYSTEM  
 CENTER

Handwritten signature



CHARGE TO:  
*Oil Producers Inc of Ks*

ADDRESS

CITY, STATE, ZIP CODE

CUSTOMER COPY

TICKET

No.

196190 - 5

PAGE 1 OF 2

SERVICE LOCATIONS	WELL/PROJECT NO.	LEASE	COUNTY/PARISH	STATE	CITY/OFFSHORE LOCATION	DATE	OWNER
1 <i>Hays 25525</i>	4	<i>Arnold</i>	<i>Ellis</i>	<i>Ks</i>	<i>Hays Ks</i>	<i>4-6-97</i>	<i>SAME</i>
2.	TICKET TYPE <input checked="" type="checkbox"/> SERVICE <input type="checkbox"/> SALES	NITROGEN JOB? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	CONTRACTOR <i>McHard P.19</i>	RIG NAME/NO.	SHIPPED VIA <i>CT</i>	DELIVERED TO	ORDER NO.
3.	WELL TYPE	WELL CATEGORY	JOB PURPOSE	WELL PERMIT NO.	WELL LOCATION		
4. REFERRAL LOCATION	INVOICE INSTRUCTIONS <i>01</i>	<i>06</i>	<i>115</i>		<i>1-N Hays Ks</i>		

PRICE REFERENCE	SECONDARY REFERENCE/PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.		U/M		UNIT PRICE	AMOUNT
		LOC	ACCT	DF							
<i>000-117</i>		<i>1</i>			<i>MILEAGE</i>	<i>10</i>	<i>mi</i>			<i>320</i>	<i>3200</i>
<i>090-910</i>		<i>1</i>			<i>Pump Service</i>	<i>3</i>	<i>hr</i>			<i>650.00</i>	<i>650.00</i>
<i>030-503</i>		<i>1</i>			<i>Top Plug</i>	<i>1</i>	<i>EA</i>	<i>8 5/8</i>	<i>in</i>	<i>95.00</i>	<i>95.00</i>

RECEIVED  
KANSAS TOP CO. I.I.

ORIGINAL

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

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

X

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 <i>777 00</i>
TYPE LOCK	DEPTH	OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN?					
BEAN SIZE	SPACERS	WE UNDERSTOOD AND MET YOUR NEEDS?					FROM CONTINUATION PAGE(S) <i>2246 25</i>
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?				
DATE SIGNED	TIME SIGNED	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	ARE YOU SATISFIED WITH OUR SERVICE? <input type="checkbox"/> YES <input type="checkbox"/> NO				SUB-TOTAL APPLICABLE TAXES WILL BE ADDED ON INVOICE <i>3023 25</i>
<input type="checkbox"/> do <input type="checkbox"/> do not require IPC (Instrument Protection). <input type="checkbox"/> Not offered		TREE CONNECTION		TYPE VALVE		<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) <i>Jason R. Usher</i>	CUSTOMER OR CUSTOMER'S AGENT (SIGNATURE) <i>Jason R. Usher</i>	HALLIBURTON OPERATOR/ENGINEER <i>Gail Palenberg</i>	EMP # <i>41489</i>	HALLIBURTON APPROVAL
--	---	--	-----------------------	----------------------

