

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

Operator: License # 4058

Name: American Warrior, Inc.

Address P.O. Box 399

City/State/Zip Garden City, KS 67846

Purchaser: Koch Oil Company

Operator Contact Person: Kevin Wiles, Sr.

Phone (316) 275-2963

Contractor: Name: Discovery Drilling

License: 31548

Wellsite Geologist: Allan Downing

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

3-20-97 3-25-97 4-24-97
Spud Date Date Reached TD Completion Date

API NO. 15- 051,249610000

County Ellis

C N/2 N/2 SE Sec. 4 Twp. 13S Rge. 16 X W^E

2310 Feet from (S)N (circle one) Line of Section

1320 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 Steele Well # 1

Field Name Emmeran

Producing Formation: Lansing/Kansas City

Elevation: Ground 1993 KB 2001

Total Depth 3492' PBDT 3478'

Amount of Surface Pipe Set and Cemented at 216' Feet

Multiple Stage Cementing Collar Used? Yes No

If yes, show depth set _____ Feet

If Alternate II completion, cement circulated from _____

feet depth to _____ w/ _____ sx cmt.

Drilling Fluid Management Plan Alt. 2, 3-3-98 U.C.
(Data must be collected from the Reserve Pit)

Chloride content 4800 ppm Fluid volume 250 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. _____

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 Kevin Wiles, Sr. Production Manager Date 12-26-97

Subscribed and sworn to before me this 20th day of Dec, 1997.

Notary Public [Signature]

Date Commission Expires Nov 4 1999

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)

Debra J. Purcell
NOTARY PUBLIC
State of Kansas
MY APPT. EXPIRES 11/19/99

DEC 30 1997
12-30-97
CONSERVATION DIVISION
Wichita, Kansas

Operator Name American Warrior, Inc. Lease Name Steele Well # 1

Sec. 4 Twp. 13S Rge. 16 East West
 County Ellis

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.)
 on Geo. Report
 Samples Sent to Geological Survey Yes No
 Cores Taken Yes No
 Electric Log Run Yes No
 (Submit Copy.)
 List All E.Logs Run:
 Dual Compesated
 Porosity Log

<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datums <input type="checkbox"/> Sample		
Name	Top	Datum
Anhydrite	1124'	- 877
Base	1160'	- 841
Topeka	2912	- 911
Heebner	3164	- 1163
Toronto	3182	- 1181
LKC	3212	- 1211
BKC	3455	- 1454
Arbuckle	3477	- 1476

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"	20#	215	40/60 poz	140	2% gel 2% CC
Production	7-7/8"	5-1/2"	15/5#	3480	Standard h2	215	1/4# Flocele 5# gilsonite

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	
		Amount	Depth
4	3236-3242	500 gallons of 15% MCA	3236
4	3260-3270	300 gallons of 15% NE	3270

TUBING RECORD		Size	Set At	Packer At	Liner Run	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
		2-3/8"	3350'					
Date of First, Resumed Production, SMD or Inj. May 1997			Producing Method <input type="checkbox"/> Flowing <input checked="" 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
	70				none			38.0

Disposition of Gas: Vented Sold Used on Lease (If vented, submit ACO-18.)

METHOD OF COMPLETION: Open Hole Perf. Dually Comp. Commingled Other (Specify) _____

Production Interval: _____ 3236
 _____ 3270

ALTERNATE I & II

District #4
KCC-KDHE
(Oil, Gas, Water)

Work Sheet
ORIGINAL

Called In:

Time _____ Month _____ Day _____ Year _____

API# 15-051-24,961-0000

Mr. Scott Corsair

Spud Date: 3-20-97

Expiration Date: 7-20-97

Operator: American Warrior Inc

KCC # 4058

Address: PO Box 399 Gordon City, Ks 67846

Phone # (913) 398-2270

Lease Name: Steele Well # 1

Location: N2N2 SE County: Ellis

Sec: 4 Twp: 13 Rge: K-

10 1/2" 8 3/4" 214.6 S.P. CWC w/ _____ sx. cmt.

4 1/2" - 5 1/2" - 6" csg. set @ 3478 w/ _____ sx. cmt.

T.D. _____ Elev. _____ Anhy. _____ Dakota Base: _____

D.V. Tool @ _____ Port Collar @ 1109 Perf. @ _____ Other _____

Total Amount of Cmt./Blend: _____

Did Cmt circ? Yes Date: 7-9-97 Cement Company: H. H. Bunker Ticket # 197200

Alternate II Completion: Rotary Rig Pulling Unit Backside

Remarks: _____

Top stage later w pulling unit.
9-2-97 Top stage not done.

Did Circ

att: Virgil

Witness (sign)

ORIGINAL



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

INVOICE

HALLIBURTON ENERGY SERVICES
A Division of Halliburton Company

INVOICE NO. 196451 DATE 03/25/1997

WELL/LEASE NO./PROJECT	WELL/PROJECT LOCATION	STATE	OWNER
STEELE 1	ELLIS	KS	SAME
SERVICE LOCATION	CONTRACTOR	JOB PURPOSE	TICKET/DATE
HAYS	DISCOVERY DRILLING	SHOWN BELOW	03/25/1997
ACCT. NO.	CUSTOMER AGENT	VENDOR NO.	CUSTOMER P.O. NUMBER
018808	THOMAS ALM		
		SHIPPED VIA	FILE NO.
		COMPANY TRUCK	22294

ORIGINAL

AMERICAN WARRIOR
BOX 399
GARDEN CITY, KS 67846

DIRECT CORRESPONDENCE TO:
1102 E. 8TH
HAYS KS 67601
913-625-3431

15,051,249.61.00.00

REFERENCE NO.	DESCRIPTION	QUANTITY	UM	UNIT PRICE	AMOUNT
PRICING AREA - MID CONTINENT					
JOB PURPOSE - CEMENT PRODUCTION CASING					
000-117	MILEAGE CEMENTING ROUND TRIP	40	MI	2.99	119.60
		1	UNT		
001-016	CEMENTING CASING	3492	FT	1,545.00	1,545.00
		1	UNT		
018-317	SUPER FLUSH	6	SK	100.00	600.00
018-303	CLAYFIX II, PER GAL	2	GAL	28.00	56.00
504-308	CEMENT - STANDARD	165	SK	10.83	1,786.95
504-316	CEMENT - HALL. LIGHT STANDARD	50	SK	9.11	455.50
508-127	CAL SEAL 60	8	SK	25.90	207.20
507-153	CFR-3	46	LB	4.85	223.10
507-778	HALAD-344	46	LB	27.15	1,248.90
509-968	SALT	1500	LB	.15	225.00
508-291	GILSONITE BULK	250	LB	.40	100.00
507-210	FLOCELE	13	LB	1.65	21.45
500-207	BULK SERVICE CHARGE	253	STATE	1.35	341.55
500-306	MILEAGE CMTG MAT DEL OR RETURN	225.850	CONTR	1.05	237.14

COPY

DEC 30 1997

JOB PURPOSE SUBTOTAL

7,167.39

INVOICE SUBTOTAL

7,167.39

DISCOUNT-(BID)
INVOICE BID AMOUNT

2,508.55-

4,658.84

*-KANSAS STATE SALES TAX
*-HAYS CITY SALES TAX

107.43

21.93

INVOICE TOTAL - PLEASE PAY THIS AMOUNT =====>

\$4,788.20

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



HALLIBURTON ENERGY SERVICES

HAL-1906-P

CHARGE TO:
 ADDRESS: AMERICAN WARRIOR
 CITY, STATE, ZIP CODE: P.O. BOX 2399 Garden City 67846

CUSTOMER COPY

TICKET

No. **196451 - 1**

PAGE 1 OF 2

SERVICE LOCATIONS 1. <u>25525</u>	WELL/PROJECT NO. <u>#1</u>	LEASE <u>State</u>	COUNTY/PARISH <u>Ellis</u>	STATE <u>Ks</u>	CITY/OFFSHORE LOCATION	DATE <u>3-25-97</u>	OWNER <u>Same</u>
2.	TICKET TYPE <input checked="" type="checkbox"/> SERVICE <input type="checkbox"/> SALES	NITROGEN JOB? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	CONTRACTOR <u>Discovery Only</u>	RIG NAME/NO. <u>#1</u>	SHIPPED VIA <u>well site</u>	DELIVERED TO	ORDER NO.
3.	WELL TYPE	WELL CATEGORY <u>01</u>	JOB PURPOSE <u>Discovery Only</u>	WELL PERMIT NO.	WELL LOCATION		
4. REFERRAL LOCATION <u>35</u>	INVOICE INSTRUCTIONS <u>01</u>	<u>035</u>	APR 051 249610000 4-13-16				

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.		U/M		UNIT PRICE	AMOUNT
		LOC	ACCT	DF							
000-117		1			MILEAGE 51374 Rcm	40	mi	1	unit	2.99	119
001-016		1			Pump Service	3492	ft			154.00	154.50
018-317		1			Super Flush		6EA			600.00	600
018-302		1			Ch Fix II		2 gal			28.00	56

ORIGINAL
15-051-24961-00-00

RECEIVED
STATE COMMISSION
IDIC 30 1997
CONSERVATION DIVISION
Wichita, Kansas

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

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
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?				
DATE SIGNED <u>3-25-97</u>	TIME SIGNED <u>1600</u>	<input type="checkbox"/> A.M. <input checked="" 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		
<input type="checkbox"/> do <input type="checkbox"/> do not require IPC (Instrument Protection). <input type="checkbox"/> Not offered		TREE CONNECTION		TYPE VALVE		<input checked="" 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) <u>Thomas Al</u>	CUSTOMER OR CUSTOMER'S AGENT (SIGNATURE) <u>X Thomas Al</u>	HALLIBURTON OPERATOR/ENGINEER <u>Allen F Wood</u>	EMP # <u>86101</u>	HALLIBURTON APPROVAL <u>AD</u>
---	--	--	-----------------------	-----------------------------------



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	

15.051.24961.00.00
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
				T	C	Tbg	Csg	
1	1300							Called out
	1500							on location w/ Equip. + cm + Rig - Laying down D.P.
	1615							Discuss Safety set up + Plan Job.
	1649							out of Drill pipe - Rig up to Run 5/2 csg 14#
	1703							Lay down 7 Kollig 25-92 3-25-97
	1830							Start 1 1/2 csg
	1840							csg on Bottom - Tagged @ 3492
								CLW/RIG
								Drop Ball to set PKR, Shoe @ 3478
								PKR Shoe set
	1945							Hookup to cm + well
		5	20			200		Pump 20 Bbls Clarix II water
		5	6			200		Pump 6 Bbls Super Flush
		5	3			200		Pump 3 Bbls Fresh water spacer
			8			200		MIX HLC 1/4# Floccle w/ SB G. lsowite
		5	8			200		25 SKS to Plug Rat Hole + mouse Hole
								For scavenger cm +
		6	40			200		MIX 165 SKS EA-2 w/ 5% calseal, 18% salt
								3/10% Hald 344, 7/10% CFR-3
						0#		Fin mix cm +
								wash out Pump + Line
								Release 3-wiper Plug. Latch down
						0		Start D. sp. csg cap. 84.5 Bbls
						300		catch PSI
						1000		Plug Lands
						0#		Release PSI Float Holds
								Washup Equip.
								Rackup Equip.
								Finish Paperwork
	2/30							Job complete

RECEIVED
STATE OF KANSAS CONSERVATION DIVISION

DEC 5 0 1997

CONSERVATION DIVISION
Wichita, Kansas

THANKS Allen Craig Doug

ORIGINAL

INVOICE



HALLIBURTON ENERGY SERVICES
A Division of Halliburton Company

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

INVOICE NO.	DATE
196288	03/20/1997

WELL/LEASE NO./PROJECT	WELL/PROJECT/LOCATION	STATE	OWNER
STEELE 1	ELLIS	KS	SAME
SERVICE LOCATION	CONTRACTOR	JOB PURPOSE	TICKET/DATE
HAYS	DISCOVERY DRILLING	SHOWN BELOW	03/20/1997
ACCT. NO.	CUSTOMER AGENT	VENDOR NO.	CUSTOMER P.O. NUMBER
018808	DAVE DREILING		
		SHIPPED VIA	FILE NO.
		COMPANY TRUCK	21989

ORIGINAL

DIRECT CORRESPONDENCE TO:

AMERICAN WARRIOR
BOX 399
GARDEN CITY, KS 67846

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

COPY

15-051-24961-0000

REFERENCE NO.	DESCRIPTION	QUANTITY	UM	UNIT PRICE	AMOUNT
PRICING AREA - MID CONTINENT					
JOB PURPOSE - CEMENT SURFACE CASING					
000-117	MILEAGE CEMENTING ROUND TRIP	40 MI		2.99	119.60
		1 UNT			
001-016	CEMENTING CASING	215 FT		605.00	605.00
		1 UNT			
030-503	CMTG PLUG LA-11,CP-1,CP-3, TOP	8 5/8 IN		95.00	95.00
		1 EA			
504-136	CEMENT - 40/60 POZNIX STANDARD	140 SK		8.14	1,139.60
-506-121	HALLIBURTON-GEL 2%	2 LB		.00	N/C
509-406	ANHYDROUS CALCIUM CHLORIDE	3 SK		40.75	122.25
500-207	BULK SERVICE CHARGE	146 CFT		1.35	197.10
500-306	MILEAGE CMTG MAT DEL OR RETURN	117.380 TMI		1.05	123.25
JOB PURPOSE SUBTOTAL					2,401.80
INVOICE SUBTOTAL					2,401.80
DISCOUNT- (BID)					912.65-
INVOICE BID AMOUNT					1,489.15
*-KANSAS STATE SALES TAX					50.95
*-HAYS CITY SALES TAX					10.40
INVOICE TOTAL - PLEASE PAY THIS AMOUNT					\$1,550.50

RECEIVED
STATE CORPORATION COMMISSION

DEC 30 1997

CONSERVATION DIVISION
Wichita, Kansas

10312 5082

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



CHARGE TO:
 American Warrior
 ADDRESS:
 P.O. Box 399
 CITY, STATE, ZIP CODE:
 Garden City, Ks 67841

CUSTOMER COPY
 TICKET No. 196288 - []
 PAGE 1 OF 2

SERVICE LOCATIONS: 1. Hays Ks 025525
 WELL/PROJECT NO.: #1
 LEASE: Steele
 COUNTY/PARISH: Ellis
 STATE: Ks
 CITY/OFFSHORE LOCATION: []
 DATE: 3-20-97
 OWNER: Same
 TICKET TYPE: SERVICE SALES
 NITROGEN JOB? YES NO
 CONTRACTOR: Discover Drilling
 RIG NAME/NO.: 2
 SHIPPED VIA: CT
 DELIVERED TO: Well Site
 ORDER NO.: []
 WELL TYPE: []
 WELL CATEGORY: 01
 JOB PURPOSE: 010
 WELL PERMIT NO.: 15-051-249610000
 WELL LOCATION: 4-13⁵ 16²
 REFERRAL LOCATION: []
 INVOICE INSTRUCTIONS: []

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.		U/M		UNIT PRICE	AMOUNT
		LOC	ACCT	DF		QTY.	U/M	QTY.	U/M		
000-117		1		38	MILEAGE on PT 51374 RT	410	mi			2.99	119.59
001-011		1		38	Pump Chg	215	hr			605.00	603.00
030-503		1		38	LA-11 Top Plug	1	ea	8 5/8"		95.00	95.00
ORIGINAL											
15-051-24961-0000											

RECEIVED
 STATE CORPORATION COMMISSION
 DEC 30 1997
 CONSERVATION DIVISION
 Wichita, Kansas

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: 3-20-97
 TIME SIGNED: 19:30
 A.M. P.M.
 do do not require IPC (Instrument Protection). Not offered

SUB SURFACE SAFETY VALVE WAS:
 PULLED & RETURN PULLED RUN

SURVEY
 AGREE UN-DECIDED DIS-AGREE

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

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

1582
 2151

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): DAVE DREILING
 CUSTOMER OR CUSTOMER'S AGENT (SIGNATURE): [Signature]
 HALLIBURTON OPERATOR/ENGINEER: [Signature]
 EMP #: 43200
 HALLIBURTON APPROVAL: [Signature]



HALLIBURTON

JOB SUMMARY

HALLIBURTON DIVISION
HALLIBURTON LOCATION

Mud Cont
Hwy, K.

BILLED ON TICKET NO. 196208

WELL DATA

FIELD Emery SEC. 11 TWP. 13 RNG. 16 COUNTY Ell. STATE K.

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	N	24	2 3/8	KB	215	
LINER						
TUBING						
OPEN HOLE			12 1/2	215	211	SHOTS/FT.
PERFORATIONS						
PERFORATIONS						
PERFORATIONS						

JOB DATA

15-05T-24961-00-00

CALLED OUT	ON LOCATION	JOB STARTED	JOB COMPLETED
DATE 2-20-97	DATE 3-00-97	DATE 3-00-97	DATE 3-00-97
TIME 18:00	TIME 19:00	TIME 19:30	TIME 21:00

TOOLS AND ACCESSORIES

TYPE AND SIZE	QTY.	MAKE
FLOAT COLLAR		
FLOAT SHOE		
GUIDE SHOE		
CENTRALIZERS		
BOTTOM PLUG		
TOP PLUG		
HEAD		
PACKER		
OTHER		

PERSONNEL AND SERVICE UNITS

NAME	UNIT NO. & TYPE	LOCATION
S. Baker	PH	
C. Dodson	4122P	Hwy, K.
T. K. Dodson	51171	
	BT 51235	
	5206	

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 Cont 2 3/8" Surface Csg

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

CUSTOMER REPRESENTATIVE [Signature]

HALLIBURTON OPERATOR [Signature] COPIES REQUESTED _____

CEMENT DATA

STAGE	NUMBER OF SACKS	CEMENT	BRAND	BULK SACKED	ADDITIVES	YIELD CU.FT./SK.	MIXED LBS./GAL.
	140	410/60/90			2 3/8" 13" CC	1.2	14.0

PRESSURES IN PSI

SUMMARY

CIRCULATING _____ DISPLACEMENT _____ PRES. LOSS: BBL.-GAL. _____ TYPE _____
 BREAKDOWN _____ MAXIMUM _____ LOAD & BOND: BBL.-GAL. _____ PAD: BBL.-GAL. _____
 AVERAGE _____ FRACTURE GRADIENT _____ TREATMENT: BBL.-GAL. _____ DISPL.: BBL.-GAL. 13
 SHUT-IN: INSTANT _____ 5-MIN _____ 15-MIN. _____ CEMENT SLURRY: BBL.-GAL. 30.4
 HYDRAULIC HORSEPOWER _____ TOTAL VOLUME: BBL.-GAL. _____
 CONSERVATION DIVISION 30.4
 Wichita, Kansas

ORDERED _____ AVAILABLE _____ USED _____
 AVERAGE RATES IN BPM _____
 TREATING _____ DISPL. _____ OVERALL _____
 CEMENT LEFT IN PIPE _____
 FEET 15 REASON Regen

REMARKS

See Job Log
[Signature]

FIELD OFFICE

CUSTOMER: Lawrence Williams
 LEASE: State
 WELL NO.: _____
 JOB TYPE: Cont. Surface Csg
 DATE: _____

