

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

Operator: License # 3581
Name: Red Oak Energy, Inc.
Address 200 W. Douglas
Suite 510
City/State/Zip Wichita, KS 67202

Purchaser: _____
Operator Contact Person: Kevin Davis
Phone (316) 265-9925

Contractor: Name: Murfin Drilling Company
License: 30606
Wellsite Geologist: Scott Banks

Designate Type of Completion
 New Well Re-Entry Workover
 Oil SWD SIOW Temp. Abd.
 Gas ENHR SIGW
 Dry Other (Core, MSW, Expl., etc.)

If Workover/Re-Entry: old well info as follows:
Operator: _____
Well Name: _____
Comp. Date _____ Old Total Depth _____
 Deepening Re-perf. Conv. to Inj/SWD
 Plug Back _____ PBTD
 Commingled _____ Docket No. _____
 Dual Completion _____ Docket No. _____
 Other (SWD or Inj?) _____ Docket No. _____
7/28/94 8/5/94 8/6/94
Spud Date Date Reached TD Completion Date

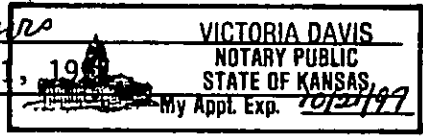
API NO. 15- 199-20221
County Wallace
NE NE NE Sec. 30 Twp. 19 Rge. 41
4950 Feet from N/W (circle one) Line of Section
330 Feet from E/W (circle one) Line of Section
Footages Calculated from Nearest Outside Section Corner:
NE, SE, NW or SW (circle one)
Lease Name NE Mt. Sunflower Well # 1-30
Field Name Wildcat
Producing Formation D & A
Elevation: Ground 3809 KB 3819
Total Depth 5250 PBTD _____
Amount of Surface Pipe Set and Cemented at 369 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 cat.

Drilling Fluid Management Plan D&A 9/4 10-19-95
(Data must be collected from the Reserve Pit)
Chloride content 20,000 ppm Fluid volume 1500 bbls
Desanding method used Evaporation
Location of fluid disposal if hauled offsite: _____
Operator Name N/A
Lease Name _____ License No. _____
Quarter _____ Sec. _____ Twp. _____ Rng. _____ E/W _____
County _____ Docket No. _____
11-22-94

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 Kevin C. Davis
Title President Date 11/18/94
Subscribed and sworn to before me this 18th day of November
19 94
Notary Public Victoria Davis
Date Commission Expires October 21, 1999
My Appt. Exp. 10/21/99



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)

Operator Name Red Oak Energy, Inc.

Lease Name NE Mt. Sunflower

Well # 1-30

Sec. 30 Twp. 15 Rge. 41

East
 West

County Wallace

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.)

Samples Sent to Geological Survey Yes No

Cores Taken Yes No

Electric Log Run Yes No
(Submit Copy.)

List All E.Logs Run: DIL - CDN
Sonic - Microlog

Log Formation (Top), Depth and Datum Sample

Name	Top	Datum
BASE ANHY	2778	+1041
TOPEKA	3966	- 140
HEEBNER	4115	- 296
LANSING	4223	- 404
ATOKA	4842	-1023
MORROW SHALE	4970	-1151
MORROW LIME	5091	-1272
MISSISSIPPIAN	5120	-1301

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	369	60/40 POS	250	6% gel

ADDITIONAL CEMENTING/SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	#Sacks Used	Type and Percent Additives
___ Perforate				
___ Protect Casing				
___ Plug Back TD				
___ 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	

TUBING RECORD	Size	Set At	Packer At	Liner Run <input type="checkbox"/> Yes <input type="checkbox"/> No

Date of First, Resumed Production, SWD or Inj.	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:
 Vented Sold Used on Lease
(If vented, submit ACO-18.)

METHOD OF COMPLETION

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

Production Interval _____



CHARGE TO:
Red Oak Energy Inc
 ADDRESS:
 CITY, STATE, ZIP CODE:

ORIGINAL
15-199-2021-00-00 TICKET
 No. **590474 - 5**
 PAGE 1 OF 1

WELL/PROJECT NO. **1-30** LEASE **NE MOUNT SUNFLOWER** COUNTY/PARISH **WALLACE** STATE **LA** CITY/OFFSHORE LOCATION DATE **7-28-94** OWNER
 TICKET TYPE SERVICE NITROGEN JOB? YES NO CONTRACTOR **MURPHY'S 14** RIG NAME/NO. **14** SHIPPED VIA DELIVERED TO ORDER NO.
 WELL TYPE **01** WELL CATEGORY **01** JOB PURPOSE **01a** WELL PERMIT NO. WELL LOCATION
 INVOICE INSTRUCTIONS:

PRICE REFERENCE	SECONDARY REFERENCE / PART NUMBER	ACCOUNTING LOC	ACCT	DF	DESCRIPTION	QTY	UM	UNIT PRICE	AMOUNT
00-17				45	MILEAGE Road Trip	150	mi	2.75	412.50
1-016				45	Pump Chgs	373	hr	1.69	630.27
00-50				45	Top Wooden Aug	1	ea	95.00	95.00

ORIGINAL

RELEASED

JUL 15 1994

CONFIDENTIAL

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: *James P. Relier*

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: **1137.50**

FROM CONTINUATION PAGE(S): **3380.54**

-45%

SUB-TOTAL APPLICABLE TAXES WILL BE ADDED ON INVOICE: **4518.04**

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): **JAMES RELIER**

CUSTOMER OR CUSTOMER'S AGENT (SIGNATURE): *James P. Relier*

HALLIBURTON OPERATOR/ENGINEER: **RON VAN BUREN** EMP # **55609**

HALLIBURTON APPROVAL: *Ron Van Buren*

1911 R-9

PRICE REFERENCE	SECONDARY REFERENCE / PART NUMBER	ACCOUNTING			DESCRIPTION	WELL		DATE	PAGE			
		LOC	ACCT	DF		NO.	OF					
					QTY.	UM		UNIT PRICE	AMOUNT			
					250 Cu. ft. 40% Pozmix 60% Cement							
1-308	516.00261				STANDARD Cement	150	SKS		9 16	1374 00		
0-405	516.00286				Pozmix	7400	FF		0 74	547 160		
-121	516.00259				Mel 2% Allow. L	4	SKS		N/A			
406	890.50812				Calcium Chloride 3% w/AM	8	SKS		36 75	294 00		
					ORIGINAL RELEASED 111 9 5 1996 CONFIDENTIAL							
0-207					SERVICE CHARGE		CUBIC FEET					
							266	1	35	359 10		
0-306					MILEAGE CHARGE	TOTAL WEIGHT 22620	LOADED MILES 75	TON MILES	848.25	95 805 84		

CONTINUATION TOTAL 3380.54

CONFIDENTIAL

15-199-20221-00-00



HALLIBURTON JOB SUMMARY

HALLIBURTON DIVISION Mid Cont
HALLIBURTON LOCATION Lamar, Co

BILLED ON TICKET NO. 590474

WELL DATA

FIELD _____ SEC 30 TWP. 15N RING 41-W COUNTY Walla Walla 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	U	24	8 5/8	KB	373	
LINER						
TUBING						
OPEN HOLE			12 1/4	KB	373	SHOTS/FT.
PERFORATIONS						
PERFORATIONS						
PERFORATIONS						

JOB DATA

CALLED OUT	ON LOCATION	JOB STARTED	JOB COMPLETED
DATE <u>7-28-94</u>	DATE <u>7-28-94</u>	DATE <u>7-28-94</u>	DATE <u>7-28-94</u>
TIME <u>16:00</u>	TIME <u>20:00</u>	TIME <u>22:00</u>	TIME <u>10:30</u>

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
<u>ROD JAW BUSKIRI</u>	<u>55609</u>	<u>LAMAR, CO</u>
<u>DALE KENNISTON</u>	<u>3581</u>	<u>"</u>
<u>DAVE MCINNIER</u>	<u>4037</u>	<u>"</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. _____

PERFPAC BALLS TYPE _____ QTY. _____

OTHER _____

OTHER _____

DEPARTMENT CMT

DESCRIPTION OF JOB CMT 373 FT 8 5/8

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

CUSTOMER REPRESENTATIVE X. JAMES R. ...

HALLIBURTON OPERATOR ROD JAW BUSKIRI COPIES REQUESTED _____

CEMENT DATA

STAGE	NUMBER OF SACKS	CEMENT	BRAND	BULK SACKED	ADDITIVES	YIELD CU.FT./SK.	MIXED LBS./GAL.
<u>1</u>	<u>250</u>	<u>60/10 Per</u>			<u>2% Gel 3% Acc</u>	<u>1.30</u>	<u>14.0</u>

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 _____

SUMMARY

PRESLUSH: BBL.-GAL. _____ TYPE _____

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

TREATMENT: BBL.-GAL. _____ DISPL: BBL.-GAL. 22

CEMENT SLURRY: BBL.-GAL. 529

TOTAL VOLUME: BBL.-GAL. _____

REMARKS _____

CUSTOMER Red Oak Energy Inc. LEASE NE Mount Sunflower Well No. 1-30 JOB TYPE 8 5/8 Sunflower DATE

ORIGINAL

CONFIDENTIAL



JOB LOG FORM 2013 R-4

DATE 7-23-74 PAGE NO.

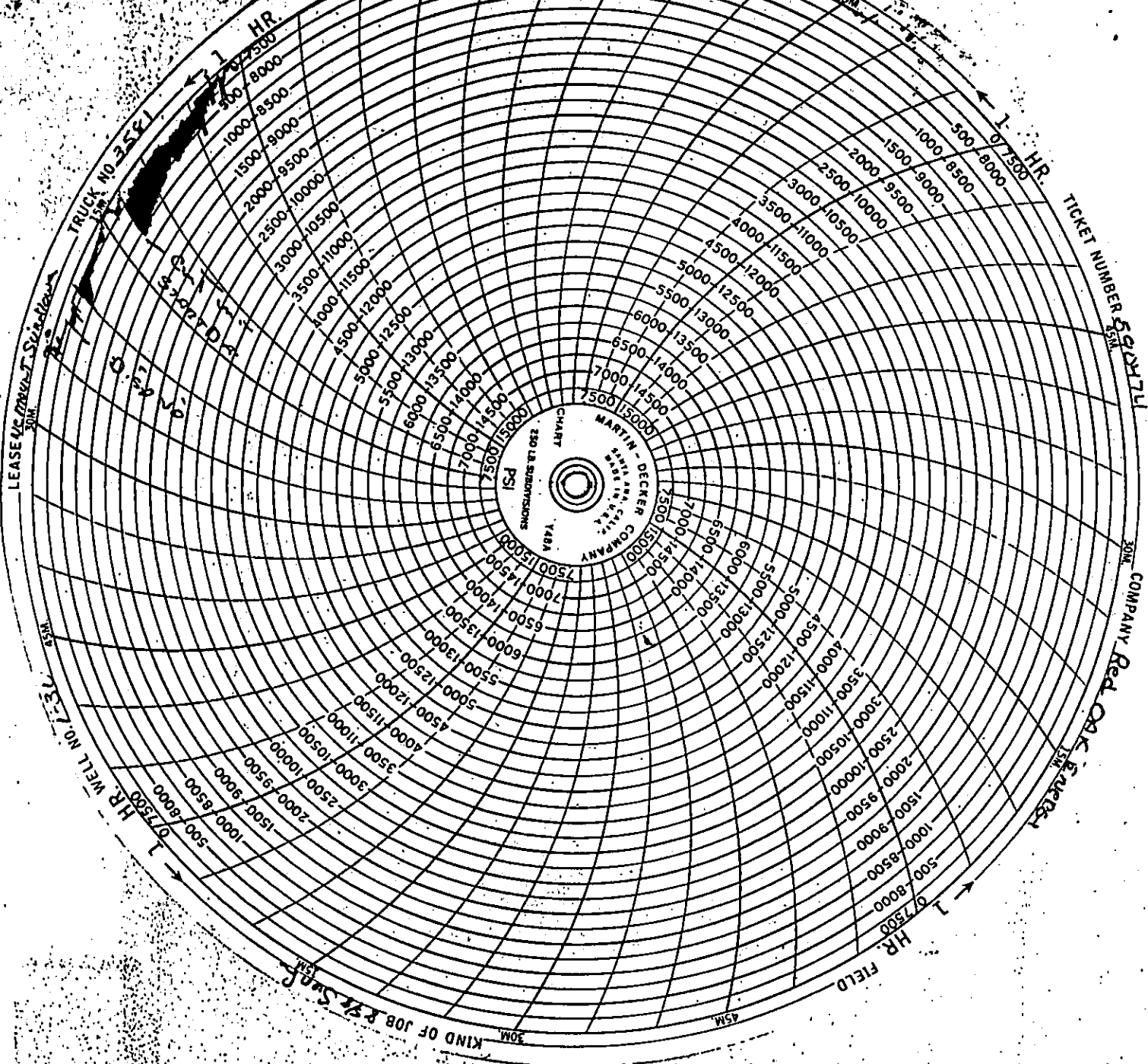
CUSTOMER Red Oak Energy, WELL NO. 1-30, LEASE N 12 mounr Sunflow, JOB TYPE 85/8 Surf, TICKET NO.

Table with columns: CHART NO., TIME, RATE (BPM), VOLUME (BBL) (GAL), PUMPS (T, C), PRESSURE (PSI) (TUBING, CASING), DESCRIPTION OF OPERATION AND MATERIALS. Includes handwritten entries for 10:00, 10:02, 10:16, 10:26.

ORIGINAL

15-199-20221-00-00

OPERATOR *Bob Dow Bus* DATE *7-28-94*



ORIGINAL

RELEASE

11 9 5 1994

NON CONFIDENTIAL



HALLIBURTON

HALLIBURTON ENERGY SERVICES

CHARGE TO: *Red Oak Energy*
 ADDRESS:
 CITY, STATE, ZIP CODE:

15-199-20221-00-00
 No. 590509-7

TICKET
 No. 590509-7
 PAGE 1 OF 1

FORM 1906 R-13

SERVICE LOCATIONS 1. <i>Larimar 25615</i>	WELL/PROJECT NO. 1-30	LEASE <i>NE Mount Sun Flower Wallace</i>	COUNTY/PARISH <i>Wallace</i>	STATE <i>Ks</i>	CITY/OFFSHORE LOCATION	DATE <i>8-5-94</i>	OWNER <i>Same</i>
2.	TICKET TYPE <input checked="" type="checkbox"/> SERVICE	NITROGEN JOB <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	CONTRACTOR <i>Murfin Drilling</i>	RIG NAME/NO.	SHIPPED VIA <i>Loc.</i>	DELIVERED TO	ORDER NO.
3.	WELL TYPE	WELL CATEGORY	JOB PURPOSE <i>Plg To Abandon</i>	WELL PERMIT NO.	WELL LOCATION <i>EOP Tower</i>		
4.	REFERRAL LOCATION	INVOICE INSTRUCTIONS <i>01 03</i>					

PRICE REFERENCE	SECONDARY REFERENCE PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.		UNIT PRICE	AMOUNT
		LOC	ACCT	DF		U/M	U/M		
<i>000-117</i>		<i>1</i>			<i>MILEAGE</i>	<i>150</i>	<i>Mile</i>	<i>2.75</i>	<i>412.50</i>
<i>009-019</i>		<i>1</i>			<i>Pump charge</i>	<i>2780</i>	<i>FT</i>		<i>1535.00</i>
<i>030-503</i>		<i>1</i>			<i>Top wooden Plug</i>	<i>1</i>	<i>Each</i>	<i>85</i>	<i>95.00</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.

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 <i>2042.50</i>
TYPE LOCK	DEPTH	OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN?					FROM CONTINUATION PAGE(S) <i>2790 31</i>
BEAN SIZE	SPACERS	WE UNDERSTOOD AND MET YOUR NEEDS?					
TYPE OF EQUALIZING SUB	CASING PRESSURE	OUR SERVICE WAS PERFORMED WITHOUT DELAY?					
DATE SIGNED	TIME SIGNED	WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY?					
<input type="checkbox"/> do <input type="checkbox"/> do not require IPC (Instrument Protection)	<input type="checkbox"/> Not offered	ARE YOU SATISFIED WITH OUR SERVICE? <input type="checkbox"/> YES <input type="checkbox"/> NO					SUB-TOTAL APPLICABLE TAXES WILL BE ADDED ON INVOICE <i>4832.81</i>
TUBING SIZE	TUBING PRESSURE	WELL DEPTH					
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) <i>JAMES PENNER</i>	CUSTOMER OR CUSTOMER'S AGENT (SIGNATURE) <i>James Penner</i>	HALLIBURTON OPERATOR/ENGINEER <i>Dennis Coese</i>	EMP # <i>59179</i>	HALLIBURTON APPROVAL <i>Randall Bushnell</i>
--	---	--	-----------------------	---



HALLIBURTON ENERGY SERVICES

TICKET CONTINUATION

ORIGINAL

15-199-20221-00-00

TICKET No.

FORM 1911 R-9

CUSTOMER RED OAK ENERGY	WELL MOUNT N.E. SUNFLOWER	DATE 8-6-94	PAGE OF
-----------------------------------	-------------------------------------	-----------------------	---------------------

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.		U/M		UNIT PRICE	AMOUNT	
		LOC	ACCT	DF								
					200 cu. ft 40% Pozmix	60						
504-308					STANDARD CEMENT	120	SKS			9 16	1099	20
506-705					Pozmix	592	#			0 90	532	180
506-721					Mel 2% Allowed	3	SKS			N/C		
507-277					Mel 4% Added	7				18 60	130	20
507-210					Flocalc 1/4# w/air	50	#			1 70	85	00
ORIGINAL												
500-267					SERVICE CHARGE							
500-306					MILEAGE CHARGE	18250						
					TOTAL WEIGHT							
					LOADED MILES		75					
					CUBIC FEET			217				
					TON MILES			684.38				

CONTINUATION TOTAL	2790.31
---------------------------	----------------

WELL DATA

FIELD _____ SEC _____ TWP _____ RNG _____ COUNTY Wallace 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 3/8	GL		
LINER						
TUBING						
OPEN HOLE			7 7/8			SHOTS/FT.
PERFORATIONS						
PERFORATIONS						
PERFORATIONS						

JOB DATA

CALLER OUT	ON LOCATION	JOB STARTED	JOB COMPLETED
DATE <u>8-5</u>	DATE <u>8-6</u>	DATE <u>8-6</u>	DATE <u>8-6</u>
TIME <u>2300</u>	TIME <u>0300</u>	TIME <u>0745</u>	TIME <u>1130</u>

TOOLS AND ACCESSORIES

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

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. _____

PERFRAC BALLS TYPE _____ QTY. _____

OTHER _____

OTHER _____

PERSONNEL AND SERVICE UNITS

NAME	UNIT NO. & TYPE	LOCATION
<u>D. Lane</u>	<u>40075</u>	<u>Liberal Ks</u>
<u>G. Kinster</u>	<u>59179</u>	<u>Luimare Co</u>
<u>P. Palmere</u>	<u>4149</u>	<u>"</u>
<u>M. Longworth</u>	<u>36702</u>	<u>"</u>
	<u>69510</u>	<u>"</u>

DEPARTMENT Cement

DESCRIPTION OF JOB PTA

JOB DONE THRU: TUBING CASING ANNULUS TBG/ANN.

CUSTOMER REPRESENTATIVE X Jim Remy

HALLIBURTON OPERATOR Dave COPIES REQUESTED _____

CEMENT DATA

STAGE	NUMBER OF SACKS	CEMENT	BRAND	BULK SACKED	ADDITIVES	YIELD CU.FT./SK.	MIXED LBS./GAL.
	<u>200</u>	<u>60/40</u>	<u>Poz</u>		<u>66 Total Gal</u>	<u>1.43</u>	<u>13.7</u>
					<u>ORIGINAL</u>		

PRESSURES IN PSI

SUMMARY

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 175 REASON in 8 3/8 casing

PRESLUSH: BBL _____ 10 89 VOLUMES

LOAD & BKDN: BBL-GAL _____

TREATMENT: BBL-GAL _____

CEMENT SLURRY: BBL-GAL _____ 51

TOTAL VOLUME: BBL-GAL _____ 2.6

REMARKS _____

CUSTOMER Perle Day Energy

LEASE 12E Mount Surface

BELL NO. 1-30

JOB TYPE PTA

DATE 8-5-94

CUSTOMER		WELL NO.		LEASE		JOB TYPE		TICKET NO.	
Reel Oak Energy		1-30		NE Man. Sun. Florida		PTA		590509	
CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS	
				T	C	TUBING	CASING		
	2300							Time Collected	
								Time Ready	
								Time curbed	
	0745							1 Pkg Hookup To Pump Truck at 2780 FT w 40 SK	
	0749	5						Start water Ahead	
	0751		10					Start Cement	
	0753		6.3					Start Spacers Behind	
	0754		3.5					Start Displacement w/mud	
	0801		34					Shut Down Back Loss	
	0814							2 Pkg Hookup To Pump Truck at 1760 FT w 100 SK	
	0847	5						Start water Ahead	
	0845		10					Start Cement	
	0851		25.46					Start Spacers Behind	
	0852		3.5					Start Displacement w/mud	
	0855		14.8					Shut Down Back Loss	
	0940							3 Pkg Hookup To Pump Truck at 400 FT w 40 SK	
	0944	5						Start water Ahead	
	0946		10					Start Cement	
	0948		10.1					Start Spacers Behind	
	0949		3					Start Displacement w/mud	
	0950		2.6					Shut Down Back Loss	
	1115		2.5					4 Pkg Hookup To Pump Truck at 0-60 FT 10 SK	
								Start Cement	
	1120		2.5					Shut Down Complete Cement To PT	
	1125		3.5					5/16 Pkg 10 SK Mouse Hole	
								15 SK 12T Hole	
	1130							Finish work	

ORIGINAL

Thanks for calling
Halliburton
Energy
Doney
Crew

15-199-20221-00-00

IN 15 194

ORIGINAL

