

Operator Name Transwestern Operating Co. Lease Name Welsh Well # 1-30

Sec 30 Twp 15S Rge 42 East West Wallace County

WELL LOG

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 [X] No
Samples Sent to Geological Survey [] Yes [X] No
Cores Taken [] Yes [X] No

Formation Description [X] Log [] Sample

Table with 3 columns: Name, Top, Bottom. Rows include Blain Salt, Stone Corral, Heebner, Morrow Shale, Morrow Sand, St. Genevieve.

RELEASED APR 17 1969 FROM CONFIDENTIAL

CASING RECORD, PERFORATION RECORD, TUBING RECORD, Date of First Production, Producing Method, Estimated Production Per 24 Hours

METHOD OF COMPLETION

Production Interval

Disposition of gas: [] Vented [] Sold [X] Used on Lease
[] Open Hole [X] Perforation [] Other (Specify) 5145 - 5155'
[] Dually Completed [] Comingled

SCHLUMBERGER INCORPORATED

SPECIAL HANDLING

P.O. BOX 4378 HOUSTON, TEXAS 77210

OILFIELD SERVICES
INDUSTRIAL SERVICES

DSI SERVICE ORDER, RECEIPT AND INVOICE NO.
03-12-0334

DSI SERVICE LOCATION NAME AND NUMBER
ULYSSES, KS. 03-12

CUSTOMER NUMBER: _____ CUSTOMER P.O. NUMBER: _____
TYPE SERVICE CODE: **305** BUSINESS CODES: _____

CUSTOMER'S NAME: **TRANSWESTERN**
ADDRESS: _____
CITY, STATE AND ZIP CODE: _____

WORKOVER NEW WELL OTHER API OR IC NUMBER: _____

IMPORTANT: SEE OTHER SIDE FOR TERMS & CONDITIONS
ARRIVE LOCATION: MO. **1** DAY **8** YR. **88** TIME **1300**

DSI will furnish and Customer shall purchase materials and services required in the performance of the following SERVICE INSTRUCTIONS or DSI INDUSTRIAL SERVICE CONTRACT NO. _____ in accordance with the terms and conditions as printed on the reverse side of this form.

SERVICE ORDER AND RECEIPT
I certify that the materials and services listed were authorized and received and all services performed in a workmanlike manner and that I have the authority to accept and execute this document.

*CMT 2ND STAGE 2055x 2503-P
2nd Stage Cement
DISPLACE w/ 11.8 BBS. WATER*

JOB COMPLETION: MO. **1** DAY **8** YR. **88** TIME **1630**

MAX PRESS - 1500 PSI
STATE: **Ks.** CODE: **15** COUNTY/PARISH: **WALLACE** CODE: _____ CITY: _____

SIGNATURE OF CUSTOMER OR AUTHORIZED REPRESENTATIVE
R.W. Stack

WELL NAME AND NUMBER / JOB SITE: **WELLS 130** LOCATION AND POOL / PLANT ADDRESS: **Sec 30-15s-42w** SHIPPED VIA: **DS**

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
048253-000	Pump Truck @ 1920'	EA	1		1000.00
059200-001	Pump MILEAGE	MI	82	2.10	172.20
049102-001	HAUL 20,750 ^{ft} 82mi	Tm	851	.75	638.29
049100-000	SERVICE CHARGE	CU/FT	225	.95	213.75
100901-125	DS LIGHTWEIGHT 3-P	SKI	225	5.70	1282.50

S E R V I C E
O R D E R
A N D
R E C E I P T

THANKS FOR USING DSI

SUB TOTAL: **FIELD EST. \$ 3306.74**
LICENSE/REIMBURSEMENT FEE: _____

REMARKS: _____ STATE: _____ % TAX ON \$ _____
COUNTY: _____ % TAX ON \$ _____
CITY: _____ % TAX ON \$ _____
SIGNATURE OF DSI REPRESENTATIVE: *[Signature]* TOTAL \$ _____

CEMENTING SERVICE REPORT



DOWELL SCHLUMBERGER INCORPORATED

TREATMENT NUMBER 03-12-0334	DATE 1-8-88
STAGE 7	DS ULYSSES, KS.

DS-406 PRINTED IN U.S.A.

WELL NAME AND NO. WELSH #1-30	LOCATION (LEGAL) Sec 30-15s-42w
FIELD-POOL	FORMATION
COUNTY/PARISH WALLACE	STATE KS.
API. NO.	

RIG NAME: PATRICK	
WELL DATA:	BOTTOM TOP
BIT SIZE	CSG/Liner Size 5 1/2
TOTAL DEPTH	WEIGHT 15.5
<input type="checkbox"/> ROT <input checked="" type="checkbox"/> CABLE	FOOTAGE 5289
MUD TYPE	GRADE
<input type="checkbox"/> BHST <input type="checkbox"/> BHCT	THREAD
MUD DENSITY	LESS FOOTAGE SHOE JOINT(S)
MUD VISC.	Disp. Capacity
NOTE: Include Footage From Ground Level To Head In Disp. Capacity	

NAME TRANSWESTERN
AND
ADDRESS
ZIP CODE

SPECIAL INSTRUCTIONS
2nd Stage Cement

Float	TYPE	DEPTH	Stage Tool	TYPE	DEPTH
				ARROW	1920
SHOE	TYPE	DEPTH			

Head & Plugs	<input checked="" type="checkbox"/> TBG <input type="checkbox"/> D.P.	SQUEEZE JOB	
<input type="checkbox"/> Double	SIZE 2 1/2 EX	TOOL	TYPE ARROW
<input type="checkbox"/> Single	<input type="checkbox"/> WEIGHT 6.5		DEPTH 1920
<input checked="" type="checkbox"/> Swage	<input type="checkbox"/> GRADE JSS	TAIL PIPE: SIZE	DEPTH
<input type="checkbox"/> Knockoff	<input type="checkbox"/> THREAD 20	TUBING VOLUME	11.1 Bbls
TOP <input type="checkbox"/> R <input type="checkbox"/> W	<input checked="" type="checkbox"/> NEW <input type="checkbox"/> USED	CASING VOL. BELOW TOOL	— Bbls
BOT <input type="checkbox"/> R <input type="checkbox"/> W	DEPTH 1920	TOTAL	11.1 Bbls
		ANNUAL VOLUME	30.2 Bbls

IS CASING/TUBING SECURED? YES NO

LIFT PRESSURE **1926** PSI CASING WEIGHT + SURFACE AREA (3.14 x R²)

PRESSURE LIMIT **1300** PSI BUMP PLUG TO _____ PSI

ROTATE RPM _____ RECIPROCATE _____ FT No. of Centralizers _____

TIME	PRESSURE	VOLUME PUMPED BBL	JOB SCHEDULED FOR TIME 1300 DATE 1-8-88	ARRIVE ON LOCATION TIME: 1300 DATE: 1-8-88	LEFT LOCATION TIME: 1630 DATE: 1-8-88
0001 to 2400	TBG OR D.P.	CASING	INJECT RATE	FLUID TYPE	FLUID DENSITY

TIME	TBG OR D.P.	CASING	INCREMENT	CUM	INJECT RATE	FLUID TYPE	FLUID DENSITY	SERVICE LOG DETAIL
								PRE-JOB SAFETY MEETING
1401		600	40		1	H ₂ O	8.3	START PUMP / PRESSURE TEST CASING
1402				1				STOP PUMP
1422	70				3	H ₂ O	8.3	START PUMP / BREAK CIRCULATION
1431	80		79	20	3	Cmt	12.4	START CEMENT / HAVE CIRCULATION
1435	30			11				CEMENT AT TOOL
1505	30		10 1/2	99	3	H ₂ O	8.3	STOP CEMENT / START DISPLACEMENT
1512	240			89 1/2				STOP PUMP
1513	1000			1/4				PRESSURE UP TUB.
1516		320			3 1/4	H ₂ O	8.3	START REVERSE OUT
1522		120		18				STOP PUMP
1526	1020							PRESSURE TEST TUB.

REMARKS

SYSTEM CODE	NO. OF SACKS	YIELD CU. FT/SK	COMPOSITION OF CEMENTING SYSTEMS				SLURRY MIXED	
							BBLs	DENSITY
1.	225	1.98	DS LIGHTWEIGHT 3-P				79.3	12.4
2.								
3.								
4.								
5.								
6.								

BREAKDOWN FLUID TYPE	VOLUME	DENSITY	PRESSURE	MAX. 320 MIN:
<input type="checkbox"/> HESITATION SQ. <input type="checkbox"/> RUNNING SQ.	CIRCULATION LOST	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	Cement Circulated To Surf.	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO Bbls.
BREAKDOWN	PSI FINAL	PSI	DISPLACEMENT VOL.	10 Bbls
Washed Thru Perfs <input type="checkbox"/> YES <input type="checkbox"/> NO	TO	FT	MEASURED DISPLACEMENT <input checked="" type="checkbox"/> <input type="checkbox"/> WIRELINE	TYPE OF WELL <input checked="" type="checkbox"/> OIL <input type="checkbox"/> GAS <input type="checkbox"/> STORAGE <input type="checkbox"/> INJECTION <input type="checkbox"/> BRINE WATER <input type="checkbox"/> WILDCAT
PERFORATIONS	TO	TO	CUSTOMER REPRESENTATIVE W. STACK	DS SUPERVISOR D. J. SHARP

PLAT AND CERTIFICATION OF ACREAGE ATTRIBUTABLE TO AN OIL WELL

State Corporation Commission, Conservation Division
 200 Colorado Derby Bldg. Wichita, Kansas 67202

OPERATOR Trans-Western Operating Co

LOCATION OF WELL:

LEASE Welsh

330 feet from the W line

WELL NUMBER 1-30

330 feet from the N line

FIELD Stockholm

Of the NW of Sec 30T.15S R42W

*NUMBER OF ACRES
 ATTRIBUTABLE TO WELL 40

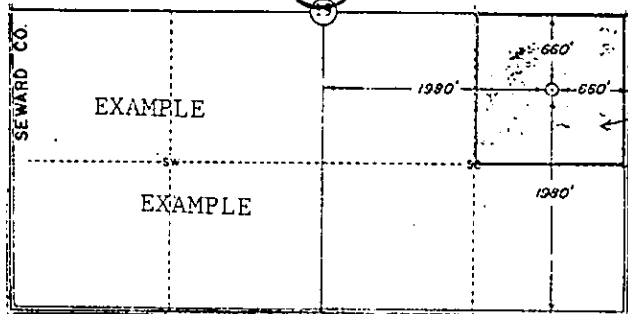
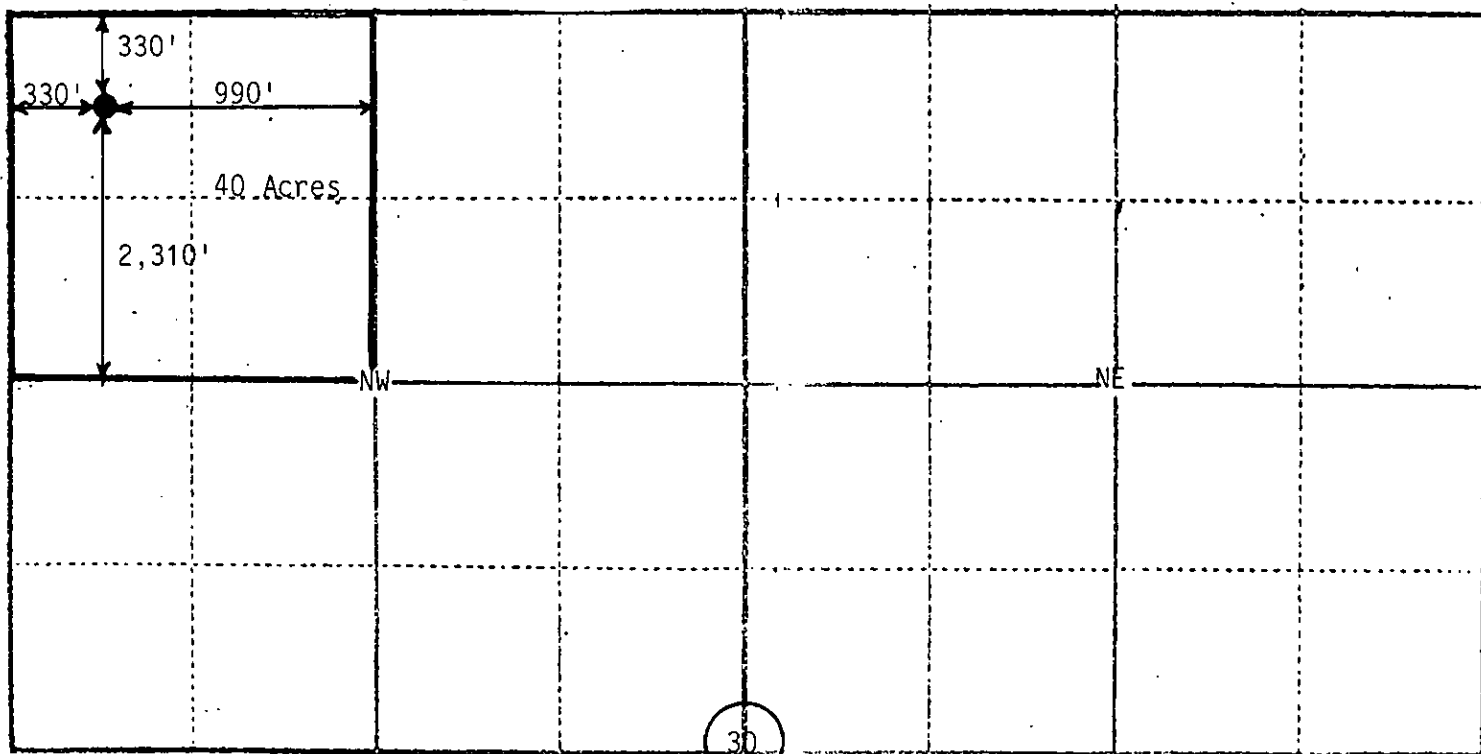
COUNTY Wallace

DESCRIPTION OF ACREAGE:

NWNW of Section 30

PLAT

(Show location of Well and outline attributable acreage)
 (Show footage to nearest lease or unit boundary line)



RELEASED
 APR 17 1989
 FROM CONFIDENTIAL

The undersigned hereby certifies that he is consultant
 for Trans-Western Operating Co., a duly authorized agent, that all information
 shown hereon is true and correct to the best of his knowledge and belief, and that
 all acreage claimed as attributable to the well named herein is held by production
 from that well.

H. W. Stack

Suscribed and sworn to before me on this 9th day of March, 1988.

RECEIVED
 STATE CORPORATION COMMISSION
H. H. Rich
 Notary Public

My Commission expires 10-25-90