

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

5

API NO. 15-199-20,104-00-00
County Wallace
Approx. NW NE NE Sec. 1 Twp. 15S Rge. 43 East
..... West

Operator: License # 5171
Name TXO Production Corp.
Address 155 N. Market, Suite 1000
Wichita, KS 67202
City/State/Zip

4950
800
..... Ft North from Southeast Corner of Section
..... Ft West from Southeast Corner of Section
(Note: Locate well in section plat below)

Purchaser Permian

Lease Name Hibbert "A" Well # 1
Field Name Ladder Creek III Anadarko

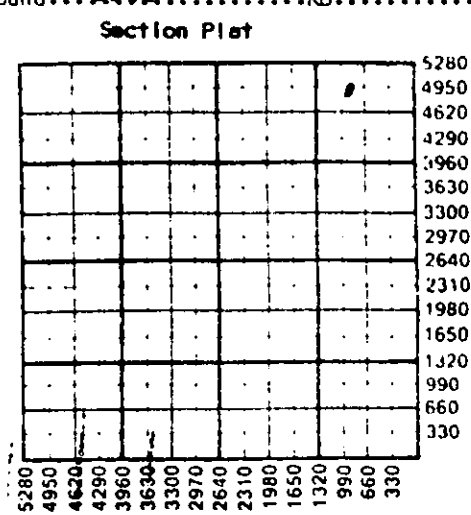
Operator Contact Person Cory West
Phone 316-269-7655

Producing Formation INFORMATION TITE Pennsylvanian
Elevation: Ground 3911' KB 3919'

Contractor: License # 6033
Name Murfin Drilling Company

Wellsite Geologist Bill Miller
Phone 316-269-7600

Designate Type of Completion
 New Well Re-Entry Workover
 Oil SWD Temp Abd
 Gas Inj Delayed Comp.
 Dry Other (Core, Water Supply etc.)



If OWO: old well info as follows:
Operator
Well Name
Comp. Date Old Total Depth

Section Plat
WATER SUPPLY INFORMATION
Disposition of Produced Water: Disposal
Docket # Repressuring

WELL HISTORY

Drilling Method:
 Mud Rotary Air Rotary Cable
7-2-87 7-17-87 7-28-87
Spud Date Date Reached TD Completion Date
5300' 5286'
Total Depth PBTD 8-5/8" @ 430'
Amount of Surface Pipe Set and Cemented at.....feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set...2098.....feet
If alternate 2 completion, cement circulated
from.....feet depth to.....w/.....SX cmt
Cement Company Name
Invoice #

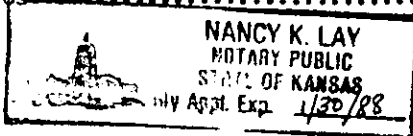
Questions on this portion of the ACO-1 call:
Water Resources Board (913) 296-3717
Source of Water: Hauled.
Division of Water Resources Permit #
Groundwater.....Ft North from Southeast Corner
(Well)Ft West from Southeast Corner of
Sec Twp Rge East West
Surface Water.....Ft North from Southeast Corner
(Stream, pond etc).....Ft West from Southeast Corner
Sec Twp Rge East West
Other (explain)
(purchased from city, R.W.D. #)

INSTRUCTIONS: This form shall be completed in triplicate and filed with the Kansas Corporation Commission, 200 Colorado Derby Building, Wichita, Kansas 67202, within 120 days of the spud date of any well. Rule 82-3-130, 82-3-107 and 82-3-106 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 drillers time log shall be attached with this form. 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 Bill Coffey
Title District Geologist Date 10/2/87
Subscribed and sworn to before me this 2nd day of October 1987
Notary Public Nancy K. Lay
Date Commission Expires January 30, 1988

K.C.C. OFFICE USE ONLY
 Letter of Confidentiality Attached
 Wireline Log Received
 Drillers Timelog Received
Distribution
 KCC SWD/Rep NGPA
 KGS Plug Other
STATE CORPORATION COMMISSION (Specify)
OCT 5 1987 10-15-87
Form ACO-1 (5-86)
Wichita, Kansas



Sec 1 Twp 15S Rge 43E

Operator Name TXO Production Corp. Lease Name Hibbert "A" Well # 1

Sec 1 Twp 15S Rge 43 East West County Wallace

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 No
 Samples Sent to Geological Survey Yes No
 Cores Taken Yes No

Formation Description
 Log Sample

DST #1 4934-5034', Atoka
 IFP/30"=144-150 psig.
 ISIP/60"=842 psig.
 FFP/45"=216-227 psig.
 FSIP/90"=968 psig.
 Rec: 300' HGCM (oil specks only in too)
 1st open: weak decreasing blow
 2nd open: weak decreasing blow

Name	Top	Bottom
Stone Corral	2841	
Heebner	4164	
Lansing	4266	
Atoka LS	4889	
Morrow SA.	5044	
Stockholm SS	5141	
Morrow LS	5167	

TITE HOLE

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 1/2"	8-5/8"		430'	Life Common	175 125	3% cc 3% cc
PERFORATION RECORD				Acid, Fracture, Shot, Cement Squeeze Record			
Shots Per Foot	Specify Footage of Each Interval Perforated			(Amount and Kind of Material Used)		Depth	
4	5145'-60'						
TUBING RECORD		Size	Set At	Packer at	Liner Run <input type="checkbox"/> Yes <input type="checkbox"/> No		
		2-3/8"	2072'				
Date of First Production		Producing Method					
8/2/87		<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	Gas	Water	Gas-Oil Ratio	Gravity	
		200 Bbls	MCF	Bbls	CFPB		

METHOD OF COMPLETION

Production Interval

Disposition of gas: Vented So'd Used on Lease
 Open Hole Perforation Other (Specify)
 Dually Completed Commingled

5145'-60'
 Morrow Sand



TICKET

NO. 153248-7

FORM 1908 RB PAGE 1 OF _____ PAGES

WELL NO. - FARM OR LEASE NAME <i>A-1 Hibbert</i>	COUNTY <i>Wallowa</i>	STATE <i>Ks</i>	CITY/OFFSHORE LOCATION	DATE <i>6 July 87</i>	
CHARGE TO <i>TXO Production Co</i>	OWNER <i>TXO Prod Co</i>	TICKET TYPE (CHECK ONE) SERVICE <input checked="" type="checkbox"/> SALES <input type="checkbox"/>	NITROGEN JOB YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
ADDRESS <i>Rt 1 Box 125B</i>	CONTRACTOR <i>Martinez</i>	LOCATION <i>1</i>	CODE <i>50415</i>		
CITY, STATE, ZIP <i>Medicine Lodge Ks 67104</i>	SHIPPED VIA	FREIGHT CHARGES <input type="checkbox"/> PPD <input type="checkbox"/> COLLECT	LOCATION <i>2</i>	CODE	
DUNCAN USE ONLY	DELIVERED TO <i>Hibbert</i>	LOCATION <i>3</i>	CODE		
	ORDER NO.	REFERRAL LOCATION			
	WELL TYPE <i>C1</i>	WELL CATEGORY <i>03</i>	WELL PERMIT NO.		
	TYPE AND PURPOSE OF JOB <i>140</i>		<i>B- 544624</i>		
	As consideration, the above-named Customer agrees to pay Halliburton in accord with the rates and terms stated in Halliburton's current price lists. 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. These terms and conditions shall be governed by the law of the state where services are performed or equipment or materials are furnished.				

Halliburton warrants only title to the products, supplies and materials and that the same are free from defects in workmanship and materials. THERE ARE NO WARRANTIES, EXPRESS OR IMPLIED, OF MERCHANTABILITY, FITNESS FOR A PARTICULAR PURPOSE OR OTHERWISE WHICH EXTEND BEYOND THOSE STATED IN THE IMMEDIATE PRECEDING SENTENCE. Halliburton's liability and customer's exclusive remedy in any case of action (whether in contract, tort, product liability, breach of warranty or otherwise) arising out of the sale or use of any products, supplies or materials is expressly limited to the replacement of such products, supplies or materials on their return to Halliburton or, at Halliburton's option, to the allowance to the customer of credit for the cost of such items. In no event shall Halliburton be liable for special, incidental, indirect, punitive or consequential damages.

PRICE REFERENCE	SECONDARY REF. OR PART NO.	L O C.	ACCOUNT	DESCRIPTION	UNITS 1		UNITS 2		UNIT PRICE	AMOUNT
					QTY	MEAS	QTY	MEAS		
000-117				MILEAGE	91	mi	1	02	210	191 10
009-019				Pump Chg	4.50	hr				429 60
009-027				8 hour hours					800	

KANSAS GEOLOGICAL SURVEY
WICHITA BRANCH

DEC 03 1987

NOT

AS PER ATTACHED BULK MATERIAL DELIVERY TICKET NO. B- 544624 2808 72

WAS JOB SATISFACTORILY COMPLETED? _____
 WAS OPERATION OF EQUIPMENT SATISFACTORY? _____
 WAS PERFORMANCE OF PERSONNEL SATISFACTORY? _____
 X *Allen F Dick*
 CUSTOMER OR HIS AGENT (PLEASE PRINT)
 X *USE SIGNATURE*
 CUSTOMER OR HIS AGENT (SIGNATURE)

TAX REFERENCES

SUB TOTAL 4229 62

TAX _____

TAX _____

STATE COMMISSION TAX _____

TOTAL _____

OCT 5 1987

HALLIBURTON OPERATOR

WE CERTIFY THAT THE FAIR LABOR STANDARDS ACT OF 1938, AS AMENDED HAS BEEN COMPLIED WITH IN THE PRODUCTION OF GOODS AND OR WITH RESPECT TO SERVICES FURNISHED UNDER THIS CONTRACT.

CUSTOMER

GARDNER AGEN. DIVISION
Wichita, Kansas



BULK MATERIALS DELIVERY AND TICKET CONTINUATION

FOR INVOICE AND
TICKET NO.

A Division of Halliburton Company
DUNCAN, OKLAHOMA 73530

DATE 7-5-87	CUSTOMER ORDER NO.	WELL NO. AND FARM A-1 Hibbert	COUNTY	STATE KS.
CHARGE TO TXD		OWNER Sone	CONTRACTOR Murfin 23	No. B 544624
MAILING ADDRESS		DELIVERED FROM Lemar	LOCATION CODE 50415	PREPARED BY MCINTYRE
CITY & STATE		DELIVERED TO LOC.	TRUCK NO. 0537-5070	RECEIVED BY B. Troutman

PRICE REFERENCE	SECONDARY REF. OR PART NO.	CODE		DESCRIPTION	UNITS 1		UNITS 2		UNIT PRICE	AMOUNT		
		L	D		QTY.	MEAS.	QTY.	MEAS.				
504-040				Premium Cement	200	sks			6.85	1,370.00		
507-277				Gel 6% w/all	200	bsf	11		.74	148.00		
509-406				Calcium Chloride 2% w/all	4	sks			25.75	103.00		
508-127				Calseal 10% w/all	20	sks			14.60	292.00		
				Returned Mileage Charge								
				TOTAL WEIGHT		LOADED MILES		TON MILES				
				SERVICE CHARGE ON MATERIALS RETURNED				CU. FEET				
500-207				SERVICE CHARGE				CU. FEET 235	.95	223.25		
500-306				Mileage Charge	21120	TOTAL WEIGHT	91	LOADED MILES	960.96	TON MILES	.70	672.67
No. B 544624				STATE COMMISSION				SUB-TOTAL		2,808.92		
				CARRY FORWARD TO INVOICE								
				OCT 5				1987				

THIS IS NOT AN INVOICE



WORK ORDER CONTRACT AND PRE-TREATMENT DATA

FORM 1908 R-4

A Division of Halliburton Company DUNCAN, OKLAHOMA 73336

ATTACH TO INVOICE & TICKET NO. 10-3218

DISTRICT Liberal, KS

DATE 5 July 87

TO: HALLIBURTON SERVICES YOU ARE HEREBY REQUESTED TO FURNISH EQUIPMENT AND SERVICEMEN TO DELIVER AND OPERATE THE SAME AS AN INDEPENDENT CONTRACTOR TO: TRU Production Co. (CUSTOMER) AND DELIVER AND SELL PRODUCTS, SUPPLIES, AND MATERIALS FOR THE PURPOSE OF SERVICING

WELL NO. A-1 LEASE Hibbert SEC. 1 TWP. 15S RANGE 13W FIELD W. West COUNTY Wallburg STATE KS OWNED BY TRU Prod Co

THE FOLLOWING INFORMATION WAS FURNISHED BY THE CUSTOMER OR HIS AGENT

Table with columns: FORMATION NAME, THICKNESS, PACKER, TOTAL DEPTH, BORE HOLE, INITIAL PROD, PRESENT PROD, NEW USED, WEIGHT, SIZE, FROM, TO, MAX. ALLOW. P.B.I., SHOTS/FT.

PREVIOUS TREATMENT: DATE TYPE MATERIALS

TREATMENT INSTRUCTIONS: TREAT THRU TUBING ANNULUS CASING TUBING/ANNULUS HYDRAULIC HORSEPOWER ORDERED (Current loss & installation of 200' thick of pipe)

CUSTOMER OR HIS AGENT WARRANTS THE WELL IS IN PROPER CONDITION TO RECEIVE THE PRODUCTS, SUPPLIES, MATERIALS, AND SERVICES

THIS CONTRACT MUST BE SIGNED BEFORE WORK IS COMMENCED

- As consideration, the above-named Customer agrees: (a) To pay Halliburton in accord with the rates and terms stated in Halliburton's current price lists (b) To pay Halliburton its replacement cost unless such loss is due to the sole negligence of Halliburton. (c) Customer shall be responsible for and secure Halliburton against any liability for reservoir loss or damage, or property damage resulting from subsurface pressure, losing control of the well and/or a well blowout, unless such loss or damage is caused by the willful misconduct or gross negligence of Halliburton. (d) Customer shall be responsible for and secure Halliburton against any and all liability of whatsoever nature for damages as a result of subsurface trespass, or an action in the nature thereof, arising from a service operation performed by Halliburton hereunder. (e) Customer shall be responsible for and secure Halliburton against any liability for injury to or death of persons, other than employees of Halliburton, or damage to property (including, but not limited to, injury to the well), or any damages whatsoever, irrespective of cause, growing out of or in any way connected with the use of radioactive material in the well hole, unless such damage shall be caused by the willful misconduct or gross negligence of Halliburton. (f) Halliburton makes no guarantee of the effectiveness of the products, supplies or materials, nor of the results of any treatment or service. (g) Customer shall, at its risk and expense, attempt to recover any Halliburton equipment, tools or instruments which are lost in the well and if such equipment, tools or instruments are not recovered, Customer shall pay Halliburton the lesser of its replacement cost or the cost of repairs unless such damage is caused by the sole negligence of Halliburton. (h) Because of the uncertainty of variable well conditions and the necessity of relying on facts and supporting services furnished by others, Halliburton is unable to guarantee the accuracy of any chart interpretation, research analysis, job recommendation or other data furnished by Halliburton. (i) Halliburton warrants only title to the products, supplies and materials and that the same are free from defects in workmanship and materials. (j) Invoices payable NET by the 20th of the following month after date of invoice. (k) This contract shall be governed by the law of the state where services are performed or equipment or materials are furnished. (l) Halliburton shall not be bound by any changes or modifications in this contract, except where such change or modification is made in writing by a duly authorized executive officer of Halliburton.

I HAVE READ AND UNDERSTAND THIS CONTRACT AND REPRESENT THAT I AM AUTHORIZED TO SIGN THE SAME AS CUSTOMER'S AGENT

SIGNED [Signature] CUSTOMER DATE 23145 5 July 87

We certify that the Fair Labor Standards Act of 1938, as amended, has been complied with in the production of goods and/or with respect to services furnished under this contract.

CUSTOMER

HALLIBURTON SERVICES JOB SUMMARY

FORM 1023

HALLIBURTON DIVISION

Wildest

HALLIBURTON LOCATION

Wanna

BILLED ON TICKET NO. 153248

WELL DATA

FIELD Wildest SEC. 1 TWP. 15S RNG. 43W COUNTY Wallace STATE Ks

FORMATION NAME	TYPE	NEW USED	WEIGHT	SIZE	FROM	TO	MAXIMUM PSI ALLOWABLE
CASING			<u>24</u>	<u>8 5/8</u>	<u>KB</u>	<u>436</u>	
LINER							
TUBING							
OPEN HOLE				<u>7 7/8</u>	<u>430</u>	<u>1385</u>	SHOTS/FT.
PERFORATIONS							
PERFORATIONS							
PERFORATIONS							

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

JOB DATA

CALLER OUT DATE	ON LOCATION DATE	JOB STARTED DATE	JOB COMPLETED DATE
<u>5 July 87</u>	<u>5 July 87</u>	<u>6 July 87</u>	
TIME <u>18:30</u>	TIME <u>22:30</u>	TIME <u>24:30</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.
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

PERSONNEL AND SERVICE UNITS

NAME	UNIT NO. & TYPE	LOCATION
<u>Hshley</u>	<u>44661</u>	<u>5060</u>
<u>M^o Intyre</u>	<u>0537</u>	<u>Wanna</u>
<u>Trotter</u>	<u>25447</u>	<u>11</u>

DEPARTMENT Cementing
DESCRIPTION OF JOB Cement loss Circulation
JOB DONE THRU: TUBING CASING ANNULUS YBS./ANN.
CUSTOMER REPRESENTATIVE X Allen
HALLIBURTON OPERATOR D. Trotter COPIES REQUESTED

CEMENT DATA

STAGE	NUMBER OF SACKS	TYPE	API CLASS	BRAND	BULK SACKED	ADDITIVES	YIELD CU.FT./SK.	MIXED LBS./GAL.
<u>1</u>	<u>150</u>	<u>Thiolyne</u>	<u>Prim</u>	<u>SW</u>	<u>B</u>	<u>10 1/2% Cellulose, 6% Gel, 2% Red Cell</u>	<u>1.8</u>	<u>12.0</u>

PRESSURES IN PSI

SUMMARY

VOLUMES

CIRCULATING DISPLACEMENT PRESURUSH: BBL.-GAL. TYPE
BREAKDOWN MAXIMUM LOAD & BKDN: BBL.-GAL. PAD: BBL.-GAL.
AVERAGE FRACTURE GRADIENT TREATMENT: BBL.-GAL. DISPL: BBL.-GAL. 10
SHUT-IN: INSTANT 5-MIN. 15-MIN. CEMENT SLURRY: BBL.-GAL. 45-666
HYDRAULIC HORSEPOWER TOTAL VOLUME: BBL.-GAL.
ORDERED AVAILABLE USED
AVERAGE RATES IN BPM
TREATING DISPL. OVERALL
CEMENT LEFT IN PIPE
REASON

REMARKS: RECEIVED
STATE COMMISSION

6075 1987

CONSERVATION DIVISION
Wichita, Kansas

CUSTOMER

CUSTOMER: TKD
CLASS: Hilbert
BILL NO.: A-1
JOB TYPE: loss
DATE: 5 July 87



A DIVISION OF HALLIBURTON COMPANY

TICKET

NO. 153250-9

PAGE 1 OF _____ PAGES

FORM 1508 R9					
WELL NO - FARM OR LEASE NAME A-1 Hibbert		COUNTY W. Hesse	STATE KS	CITY/OFFSHORE LOCATION	
CHARGE TO TVO		OWNER TVO		TICKET TYPE (CHECK ONE) SERVICE <input checked="" type="checkbox"/> SALES <input type="checkbox"/>	NITROGEN JOB YES <input type="checkbox"/> NO <input type="checkbox"/>
ADDRESS		CONTRACTOR Murkin B3		LOCATION 1 62477	CODE 50415
CITY, STATE, ZIP		SHIPPED VIA	FREIGHT CHARGES <input type="checkbox"/> PPD <input type="checkbox"/> COLLECT	LOCATION 2	CODE
DUNCAN USE ONLY	DELIVERED TO Leicester		LOCATION 3		CODE
	ORDER NO.		REFERRAL LOCATION		
	WELL TYPE		WELL CATEGORY	WELL PERMIT NO. B-544627	
TYPE AND PURPOSE OF JOB					

As consideration, the above-named Customer agrees to pay Halliburton in accordance with the rates and terms stated in Halliburton's current price lists. 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. These terms and conditions shall be governed by the law of the state where services are performed or equipment or materials are furnished.

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PRICE REFERENCE	SECONDARY REF OR PART NO.	L O C.	ACCOUNT	DESCRIPTION	UNITS 1		UNITS 2		UNIT PRICE	AMOUNT	
					QTY	MEAS	QTY	MEAS			
000-117				MILEAGE	91				2.10	191	10
007-019				Pump Chg	225	hr				427	50
007-027				8 hr Tour	1	hr			800.00	800	00

AS PER ATTACHED BULK MATERIAL DELIVERY TICKET NO. **B- 544627** **3,466.04**

WAS JOB SATISFACTORILY COMPLETED? _____
 WAS OPERATION OF EQUIPMENT SATISFACTORY? _____
 WAS PERFORMANCE OF PERSONNEL SATISFACTORY? _____
 X Allen F Dick
 CUSTOMER OR HIS AGENT (PLEASE PRINT)
 X Allen F Dick
 CUSTOMER OR HIS AGENT (SIGNATURE)

TAX REFERENCES		SUB TOTAL
		5284.64
		TAX
		TAX
		TAX
		TAX
		STATE COMMISSION
		TOTAL
		ECT 5 1987
		43821.94

HALLIBURTON OPERATOR
 CUSTOMER
 CONSERVATION DIVISION
 Wichita, Kansas

WE CERTIFY THAT THE FAIR LABOR STANDARDS ACT OF 1938, AS AMENDED HAS BEEN COMPLIED WITH IN THE PRODUCTION OF GOODS AND OR WITH RESPECT TO SERVICES FURNISHED UNDER THIS CONTRACT.

HALLIBURTON SERVICES JOB SUMMARY

HALLIBURTON DIVISION

Wichita, KS

HALLIBURTON LOCATION

620022

BILLED ON TICKET NO. 153250

FORM 1022

WELL DATA

FIELD Wildcat SEC. 1 TWP. 25S RNO. 43W COUNTY Wallowa STATE KS

	NEW USED	WEIGHT	SIZE	FROM	TO	MAXIMUM PSI ALLOWABLE
CASING		24	8 7/8	KB	430	
LINER						
TUBING		16.60	4 1/2	KB	525	
OPEN HOLE			7 7/8	KB	1745	SHOTS/FT.
PERFORATIONS						
PERFORATIONS						
PERFORATIONS						

FORMATION NAME _____ TYPE _____
 FORMATION THICKNESS _____ FROM _____ TO _____
 INITIAL PRODI OIL _____ SPD. WATER _____ SPD. GAS _____ MCFD
 PRESENT PRODI OIL _____ SPD. WATER _____ SPD. GAS _____ MCFD
 COMPLETION DATE _____ MUD TYPE _____ MUD WT. _____
 PACKER TYPE _____ SET AT _____
 BOTTOM HOLE TEMP. _____ PRESSURE _____
 MISC. DATA _____ TOTAL DEPTH _____

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
 HE 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.
 PERFFAC BALLS TYPE _____ QTY.
 OTHER _____
 OTHER _____

JOB DATA

CALLED OUT	ON LOCATION	JOB STARTED	JOB COMPLETED
DATE <u>6 July</u>	DATE <u>7 July</u>	DATE <u>7 July</u>	DATE <u>7 July</u>
TIME <u>21:40</u>	TIME <u>01:30</u>	TIME <u>03:10</u>	TIME <u>09:42</u>

PERSONNEL AND SERVICE UNITS

NAME	UNIT NO. & TYPE	LOCATION
<u>Dieterle</u>	<u>5060</u>	<u>620022</u>
<u>M. Intyso</u>	<u>4549</u>	<u>620022</u>
<u>Trounman</u>	<u>35447</u>	<u>"</u>

DEPARTMENT Cementing
 DESCRIPTION OF JOB _____
 JOB DONE YHRUI TUBING CASING ANNULUS TBC/ANN.
 CUSTOMER REPRESENTATIVE X Albert D. Dick
 HALLIBURTON OPERATOR Trounman COPIES REQUESTED _____

CEMENT DATA

STAGE	NUMBER OF SACKS	TYPE	API CLASS	BRAND	BULK SACKED	ADDITIVES	YIELD CU.FT./SK.	MIXED LB./GAL.
<u>1st</u>	<u>150</u>	<u>Pocman</u>		<u>SW</u>	<u>13</u>	<u>3% R. 1C. H. 1/4 Floeole</u>	<u>166</u>	<u>16.4</u>
<u>2nd</u>	<u>50</u>	<u>"</u>		<u>"</u>	<u>"</u>	<u>"</u>	<u>"</u>	<u>"</u>
<u>3rd</u>	<u>50</u>	<u>"</u>		<u>"</u>	<u>"</u>	<u>"</u>	<u>"</u>	<u>"</u>

PRESSURES IN PSI _____ **SUMMARY** _____ **VOLUMES** _____

CIRCULATING _____ DISPLACEMENT _____ PREFLUSH BBL.-GAL. _____ TYPE _____
 BREAKDOWN _____ MAXIMUM _____ LOAD & SHOCK BBL.-GAL. _____ PADI BBL.-GAL. _____
 AVERAGE _____ FRACTURE GRADIENT _____ TREATMENT BBL.-GAL. _____ DISPLI BBL.-GAL. _____
 SHUT-IN INSTANT _____ P-MIN. _____ 10-MIN. _____ CEMENT SLURRY BBL.-GAL. _____
HYDRAULIC HORSEPOWER _____ **TOTAL VOLUME BBL.-GAL.** _____

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

1st 525'
2nd 430'
3rd 430'

RECEIVED
 STATE COMMISSION

70015 1987

CUSTOMER NO. 770
 H. Went
 BILL NO. 4-1
 JOB TYPE 620022
 7 July 87



WORK ORDER CONTRACT AND PRE-TREATMENT DATA

FORM 1908 R-4

A Division of Halliburton Company DUNCAN, OKLAHOMA 73356

ATTACH TO INVOICE & TICKET NO. 153250

DISTRICT Hibbert

DATE 7 July 87

TO: HALLIBURTON SERVICES YOU ARE HEREBY REQUESTED TO FURNISH EQUIPMENT AND SERVICEMEN TO DELIVER AND OPERATE

THE SAME AS AN INDEPENDENT CONTRACTOR TO: TXO Prod (CUSTOMER) AND DELIVER AND SELL PRODUCTS, SUPPLIES, AND MATERIALS FOR THE PURPOSE OF SERVICING

WELL NO. A-1 LEASE Hibbert SEC. 1 TWP. 13S RANGE 43W

FIELD Wildest COUNTY Wallowa STATE Ks OWNED BY TXO

THE FOLLOWING INFORMATION WAS FURNISHED BY THE CUSTOMER OR HIS AGENT

FORMATION NAME _____ TYPE _____
FORMATION THICKNESS _____ FROM _____ TO _____
PACKER: TYPE _____ SET AT _____
TOTAL DEPTH _____ MUD WEIGHT _____
BORE HOLE _____
INITIAL PROD: OIL _____ BPD, H2O _____ BPD, GAS _____ MCF
PRESENT PROD: OIL _____ BPD, H2O _____ BPD, GAS _____ MCF

Table with columns: NEW USED, WEIGHT, SIZE, FROM, TO, MAX. ALLOW. P.S.I. Rows include CASING, LINER, TUBING, OPEN HOLE, and PERFORATIONS.

PREVIOUS TREATMENT: DATE _____ TYPE _____ MATERIALS _____

TREATMENT INSTRUCTIONS: TREAT THRU TUBING ANNULUS CASING TUBING/ANNULUS HYDRAULIC HORSEPOWER ORDERED
Chemical loss Circulation

CUSTOMER OR HIS AGENT WARRANTS THE WELL IS IN PROPER CONDITION TO RECEIVE THE PRODUCTS, SUPPLIES, MATERIALS, AND SERVICES

THIS CONTRACT MUST BE SIGNED BEFORE WORK IS COMMENCED

- As consideration, the above-named Customer agrees:
(a) To pay Halliburton in accord with the rates and terms stated in Halliburton's current price lists
(b) Halliburton shall not be responsible for and Customer shall secure Halliburton against any liability for damage to property of Customer and of the well owner...
(c) Customer shall be responsible for and secure Halliburton against any liability for reservoir loss or damage...
(d) Customer shall be responsible for and secure Halliburton against any and all liability of whatsoever nature for damages as a result of subsurface trespass...
(e) Customer shall be responsible for and secure Halliburton against any liability for injury to or death of persons...
(f) Halliburton makes no guarantee of the effectiveness of the products, supplies or materials...
(g) Customer shall, at its risk and expense, attempt to recover any Halliburton equipment, tools or instruments which are lost in the well...
(h) Because of the uncertainty of variable well conditions and the necessity of relying on facts and supporting services furnished by others...
(i) Halliburton warrants only title to the products, supplies and materials and that the same are free from defects in workmanship and materials...
(j) Invoices payable NET by the 20th of the following month after date of invoice...
(k) This contract shall be governed by the law of the state where services are performed...
(l) Halliburton shall not be bound by any changes or modifications in this contract...

I HAVE READ AND UNDERSTAND THIS CONTRACT AND REPRESENT THAT I AM AUTHORIZED TO SIGN THE SAME AS CUSTOMER'S AGENT.

SIGNED [Signature] CUSTOMER

DATE 7-30-87

TIME 08:55 A.M. P.M. OCT 5 1987

We certify that the Fair Labor Standards Act of 1938, as amended, has been complied with in the production of goods and/or with respect to services furnished under this contract.

CUSTOMER

CONSERVATION DIVISION Wichita, Kansas

BULK MATERIALS DELIVERY AND TICKET CONTINUATION



A Division of Halliburton Company
DUNCAN, OKLAHOMA 73838

FOR INVOICE AND TICKET NO. **153250**

DATE 7-6-87	CUSTOMER ORDER NO.	WELL NO. AND FARM A-1 Hibbert	COUNTY Wallsee Cheyenne	STATE OK Ks
CHARGE TO FXO		OWNER Sams	CONTRACTOR Murfin 23	No. B 544627
MAILING ADDRESS		DELIVERED FROM Lamar	LOCATION CODE 50415	PREPARED BY MCINTIRE
CITY & STATE		DELIVERED TO 100.	TRUCK NO. 4149-4669	RECEIVED BY Troutman

PRICE REFERENCE	SECONDARY REF. OR PART NO.	CODE		DESCRIPTION	UNITS 1		UNITS 2		UNIT PRICE	AMOUNT		
		L	D		QTY.	MEAS.	QTY.	MEAS.				
504-043				Premium Cement	300	sks			0.85		2,055.00	
509-406				Calcium Chloride 3/4"/150	4	sks			25.75		103.00	
				3/4"/150 on side	4	sks			25.75		103.00	
507-210				Flodale 1/2"/all	150	#			1.21		181.50	
				Returned Mileage Charge								
				TOTAL WEIGHT		LOADED MILES		TON MILES				
				SERVICE CHARGE ON MATERIALS RETURNED				CU. FEET				
				SERVICE CHARGE				CU. FEET 316	.95		300.20	
				Mileage Charge 28990		91		1,310.05	.70		923.34	
				TOTAL WEIGHT		LOADED MILES		TON MILES				
No. B 544627				CARRY FORWARD TO INVOICE						SUB-TOTAL		3,666.04

THIS IS NOT AN INVOICE

JOB LOG

WELL NO. A-1 LEASE Hibbert TICKET NO. 153250

CUSTOMER TXO PAGE NO. _____

JOB TYPE Loss Circulation DATE 7 July 87

FORM 2013 R-2

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	01:30							On location
								525'
	03:03	5				0		Mix Cement (50sk 3% cc 1/2" Flt)
	03:09	5	28			0		Cement mixed - Start displacement
	03:10	3	3			0		Displacement in
	03:10					0-2		Unhook Pull DP
								430'
	05:10	2	6			1-2		Gramp H ₂ O
	05:12	4						Mix Cement (50sk 3% cc 1/2" Flt)
	05:14	4	8					Cement mixed - Start displacement
	05:15	2	3					Displacement in
	05:16							Unhook Pull DP
								430'
	07:44	2	6					Gramp H ₂ O
	07:46	4						Mix Cement (50sk 3% cc 1/2" Flt)
	07:48	4	8					Cement mixed - Start displacement
	07:49	3	5					Displacement in
	07:50							Unhook - Pull D.P.

RECEIVED
STATE CORRELATION COMMISSION

6015 1987

CUSTOMER

CONSERVATION DIVISION
Wichita, Kansas



A DIVISION OF HALLIBURTON COMPANY

TICKET NO. 153779 **X**

PAGE 1 OF _____ PAGES

FORM 1908 R9		DATE		
WELL NO. - FARM OR LEASE NAME <i>A-1 Hibbert</i>	COUNTY <i>Wallace</i>	STATE <i>CO</i>	CITY/OFFSHORE LOCATION	7-13-87
CHARGE TO <i>T&O Production</i>	OWNER <i>Same</i>		TICKET TYPE (CHECK ONE) SERVICE <input checked="" type="checkbox"/> SALES <input type="checkbox"/>	NITROGEN JOB YES <input type="checkbox"/> NO <input type="checkbox"/>
	ADDRESS	CONTRACTOR <i>Murphy Dely #23</i>	LOCATION <i>1 Lamar Co</i>	CODE <i>50415</i>
CITY, STATE, ZIP	SHIPPED VIA	FREIGHT CHARGES <input type="checkbox"/> PPD <input type="checkbox"/> COLLECT	LOCATION <i>2</i>	CODE
DUNCAN USE ONLY	DELIVERED TO		LOCATION <i>3</i>	CODE
	ORDER NO.	REFERRAL LOCATION		
	WELL TYPE <i>01</i>	WELL CATEGORY <i>01</i>	WELL PERMIT NO.	
	TYPE AND PURPOSE OF JOB <i>080</i>			<i>B-544632</i>

As consideration, the above-named Customer agrees to pay Halliburton in accord with the rates and terms stated in Halliburton's current price lists. 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. These terms and conditions shall be governed by the law of the state where services are performed or equipment or materials are furnished.

Halliburton warrants only title to the products, supplies and materials and that the same are free from defects in workmanship and materials. THERE ARE NO WARRANTIES, EXPRESS OR IMPLIED, OF MERCHANTABILITY, FITNESS FOR A PARTICULAR PURPOSE OR OTHERWISE WHICH EXTEND BEYOND THOSE STATED IN THE IMMEDIATE PRECEDING SENTENCE. Halliburton's liability and customer's excludes remedy in any cause of action (whether in contract, tort, product liability, breach of warranty or otherwise) arising out of the sale or use of any products, supplies or materials is expressly limited to the replacement of such products, supplies or materials on their return to Halliburton or, at Halliburton's option, to the allowance to the customer of credit for the cost of such items. In no event shall Halliburton be liable for special, incidental, indirect, punitive or consequential damages.

PRICE REFERENCE	SECONDARY REF OR PART NO.	L O C.	ACCOUNT	DESCRIPTION	UNITS 1		UNITS 2		UNIT PRICE	AMOUNT	
					QTY	MEAS	QTY	MEAS			
<i>R000-117</i>				MILEAGE	<i>91</i>	<i>m.</i>			<i>2-16</i>	<i>191</i>	<i>10</i>
<i>B009-019</i>				<i>Pump Charge</i>	<i>600</i>	<i>FT</i>				<i>501</i>	<i>00</i>

AS PER ATTACHED BULK MATERIAL DELIVERY TICKET NO. *B-544632* *2432 22*

WAS JOB SATISFACTORILY COMPLETED? _____ WAS OPERATION OF EQUIPMENT SATISFACTORY? _____ WAS PERFORMANCE OF PERSONNEL SATISFACTORY? _____ X <i>Allen Dick</i> CUSTOMER OR HIS AGENT (PLEASE PRINT) X <i>Herbert Slatten</i> CUSTOMER OR HIS AGENT (SIGNATURE)	TAX REFERENCES _____ _____ _____ _____ _____ _____ _____ _____	SUB TOTAL <i>3124 32</i> TAX _____ PERMIT TAX _____ _____ _____ TOTAL <i>3124 32</i>
-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------

WE CERTIFY THAT THE FAIR LABOR STANDARDS ACT OF 1938, AS AMENDED HAS BEEN COMPLIED WITH IN THE PRODUCTION OF GOODS AND OR WITH RESPECT TO SERVICES FURNISHED UNDER THIS CONTRACT.

CUSTOMER

CORPORATION DIVISION

HALLIBURTON SERVICES JOB SUMMARY

DIVISION Wichita
HALLIBURTON LOCATION Lamar Co

BILLED ON TICKET NO. 153779

FORM 1026

WELL DATA

FIELD Wildcat SEC. _____ TWP. _____ RNO. _____ COUNTY Wallace STATE Ks

FORMATION NAME _____ TYPE _____

FORMATION THICKNESS FROM _____ TO _____

INITIAL PROD: OIL _____ SPD. WATER _____ SPD. GAS _____ MCFD

PRESENT PROD: OIL _____ SPD. WATER _____ SPD. 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>8 1/2</u>	<u>KB</u>	<u>430</u>	
LINER						
TUBING						
OPEN HOLE				<u>430</u>	<u>4700</u>	SHOTS/FT.
PERFORATIONS						
PERFORATIONS						
PERFORATIONS						

JOB DATA

CALLED OUT	ON LOCATION	JOB STARTED	JOB COMPLETED
DATE <u>7-13</u>	DATE <u>7-13</u>	DATE <u>7-13</u>	DATE <u>7-14</u>
TIME <u>1800</u>	TIME <u>1900</u>	TIME <u>1945</u>	TIME <u>0200</u>

PERSONNEL AND SERVICE UNITS

NAME	UNIT NO. & TYPE	LOCATION
<u>Slatten</u>	<u>35472</u>	<u>Lamar Co</u>
<u>Ashley</u>	<u>5060</u>	<u>11</u>
<u>Moore</u>	<u>5074</u>	<u>11</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

HE 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 Leisure

DESCRIPTION OF JOB
Cont Lost Circulation Case with Pres Cont 2 1/2 cc 1/2" Flocc

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

CUSTOMER REPRESENTATIVE X Allen

HALLIBURTON OPERATOR Harman Slatten COPIES REQUESTED _____

CEMENT DATA

STAGE	NUMBER OF BAGS	TYPE	API CLASS	BRAND	BULK BAGGED	ADDITIVES	YIELD CU.FT./SK.	MIXED LB./GAL.
<u>1</u>	<u>100</u>	<u>Prem.</u>	<u>Su2</u>	<u>Su2</u>	<u>B</u>	<u>3 1/2 cc 1/2" Flocc</u>	<u>106</u>	<u>16.4</u>
<u>1</u>	<u>50</u>	<u>Prem.</u>	<u>Su2</u>	<u>Su2</u>	<u>B</u>	<u>3 1/2 cc 1/2" Flocc</u>		

PRESSURES IN PSI

SUMMARY

VOLUMES

CIRCULATING _____ DISPLACEMENT _____ PRESFLUSH: BBL.-GAL. _____ TYPE _____

BREAKDOWN _____ MAXIMUM _____ LOAD & BKDN: BBL.-GAL. _____ PADI BBL.-GAL. _____

AVERAGE _____ FRACTURE GRADIENT _____ TREATMENT: BBL.-GAL. _____ DISPLI BBL.-GAL. 23

SHUT-IN: INSTANT _____ 5-MIN. _____ 15-MIN. _____ CEMENT SLURRY: BBL.-GAL. 37.7

HYDRAULIC HORSEPOWER _____ TOTAL VOLUME: BBL.-GAL. _____

ORDERED _____ AVAILABLE _____ USED _____

AVERAGE RATES IN BPM _____

TREATING _____ DIEPL. _____ OVERALL _____

CEMENT LEFT IN PIPE _____

FEET _____ REASON _____

REMARKS

RECEIVED
COMMISSION

6 OCT 5 1987

CUSTOMER

CONSERVATION DIVISION
Wichita, Kansas

CUSTOMER: TXO Production
 LEASE: H. B. Bert
 WELL NO.: A-1
 JOB TYPE: Lost Circulation 7-13-87



WORK ORDER CONTRACT AND PRE-TREATMENT DATA

FORM 1008 R-4

A Division of Halliburton Company DUNCAN, OKLAHOMA 73536

ATTACH TO INVOICE & TICKET NO. 153779

DISTRICT Liberal KS

DATE 7-13-87

TO: HALLIBURTON SERVICES YOU ARE HEREBY REQUESTED TO FURNISH EQUIPMENT AND SERVICEMEN TO DELIVER AND OPERATE THE SAME AS AN INDEPENDENT CONTRACTOR TO: Tko Production (CUSTOMER) AND DELIVER AND SELL PRODUCTS, SUPPLIES, AND MATERIALS FOR THE PURPOSE OF SERVICING

WELL NO. A-1 LEASE Herbert SEC. TWP. RANGE

FIELD wildcat COUNTY Wallace STATE KS OWNED BY Tko Production

THE FOLLOWING INFORMATION WAS FURNISHED BY THE CUSTOMER OR HIS AGENT

FORMATION NAME TYPE FORMATION THICKNESS FROM TO PACKER: TYPE SET AT TOTAL DEPTH MUD WEIGHT BORE HOLE INITIAL PROD: OIL BPD, H2O BPD, GAS MCF PRESENT PROD: OIL BPD, H2O BPD, GAS MCF

Table with columns: NEW USED, WEIGHT, SIZE, FROM, TO, MAX. ALLOW. P.S.I. Rows include CASING, LINER, TUBING, OPEN HOLE, PERFORATIONS.

PREVIOUS TREATMENT: DATE TYPE MATERIALS

TREATMENT INSTRUCTIONS: TREAT THRU TUBING ANNULUS CASING TUBING/ANNULUS HYDRAULIC HORSEPOWER ORDERED Cont Last Circulation zone with pres cont 38 cc 1/2" Floccula

CUSTOMER OR HIS AGENT WARRANTS THE WELL IS IN PROPER CONDITION TO RECEIVE THE PRODUCTS, SUPPLIES, MATERIALS, AND SERVICES

THIS CONTRACT MUST BE SIGNED BEFORE WORK IS COMMENCED

- As consideration, the above-named Customer agrees: (a) To pay Halliburton in accord with the rates and terms stated in Halliburton's current price lists. (b) Halliburton shall not be responsible for and Customer shall secure Halliburton against any liability for damage to property of Customer and of the well owner...

I HAVE READ AND UNDERSTAND THIS CONTRACT AND REPRESENT THAT I AM AUTHORIZED TO SIGN THE SAME AS CUSTOMER'S AGENT SIGN

SIGNED [Signature] CUSTOMER 1987 DATE 7-13-87

We certify that the Fair Labor Standards Act of 1938, as amended, has been complied with in the production of goods and/or with respect to services furnished under this contract.

CUSTOMER

HALLIBURTON SERVICES
JOB LOG

WELL NO. A-1 LEASE H. S. Hart TICKET NO. 153779
 CUSTOMER TXO Production PAGE NO. _____
 JOB TYPE Lost Circulation DATE 7-13-87

FORM 2013 "R"-2

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	1700							on Loc
	1945	3	18.8		1		0	Start Cmt
	1955	3	3		1		0	Start DISP
	1954				1		0	Shut Down
								Wait 2 HRS
	2222	2	9		1		0	Start Cmt
	2224	2	3		1		0	Start DISP.
	2227				1		0	Shut Down
								Wait 3 HRS
	0120		9		1		0	Start Cmt
	0130		3		1		0	Start Disp.
	0133				1		0	Shut Down
	0200							Pull 5 Stands & Load Hole Would not Stand Full Wait 6-8 Hrs & Dlg Out

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STATE CORPORATION COMMISSION

OCT 5 1987

CONSERVATION DIVISION
Wichita, Kansas

CUSTOMER



BULK MATERIALS DELIVERY AND TICKET CONTINUATION

FOR INVOICE AND
TICKET NO. 153279

A Division of Halliburton Company
DUNCAN, OKLAHOMA 73530

DATE 7-13-87	CUSTOMER ORDER NO.	WELL NO. AND FARM A-1 Hibbert	COUNTY Wallace	STATE Ks
CHARGE TO TXO Production Co		OWNER TXO Prod, Co	CONTRACTOR MURKIN #23	
MAILING ADDRESS		DELIVERED FROM LAMAR, Co	LOCATION CODE 50415	PREPARED BY G. D. Moore
CITY & STATE		DELIVERED TO W. Weskan, Ks	TRUCK NO. 0537 5070	RECEIVED BY H. Slatten

PRICE REFERENCE	SECONDARY REF. OR PART NO.	CODE		DESCRIPTION	UNITS 1		UNITS 2		UNIT PRICE	AMOUNT
		L	D		QTY.	MEAS.	QTY.	MEAS.		
504-043				Premium Cement	20	sk			6.85	1370.00
509-406				3% Calcium Chloride	6	sk			25.75	154.50
507-210				Floccule	75	lb			1.21	90.75
THIS IS NOT AN INVOICE										
				Returned Mileage Charge						
				TOTAL WEIGHT		LOADED MILES		TON MILES		
				SERVICE CHARGE ON MATERIALS RETURNED				CU. FEET		
500-207				SERVICE CHARGE				212	.95	201.40
500-306				Mileage Charge	19,327	91		879.38		615.57
				TOTAL WEIGHT		LOADED MILES		TON MILES		
No. B 544632				CARRY FORWARD TO INVOICE		SUB-TOTAL		1987		2432.22

FORM 1911-R5 REV. 9-81

CUSTOMER

CONCRETE DIVISION
Lancas



TICKET NO. **153786-6**

FORM 1906 R9

WELL NO. - FARM OR LEASE NAME <i>1 Hibbert</i>	COUNTY <i>Wallace</i>	STATE <i>Ks</i>	CITY/OFFSHORE LOCATION	DATE <i>7-28-87</i>
CHARGE TO <i>TKO Productions</i>	OWNER <i>Same</i>	TICKET TYPE (CHECK ONE) SERVICE <input type="checkbox"/> SALES <input checked="" type="checkbox"/>		NITROGEN JOB YES <input type="checkbox"/> NO <input type="checkbox"/>
ADDRESS	CONTRACTOR <i>marketing well serv</i>	LOCATION <i>1 Lamar Co</i>		CODE <i>50413</i>
CITY, STATE, ZIP	SHIPPED VIA	FREIGHT CHARGES <input type="checkbox"/> PPD <input type="checkbox"/> COLLECT	LOCATION <i>2</i>	CODE
DUNCAN USE ONLY	DELIVERED TO	LOCATION <i>3</i>		CODE
	ORDER NO.	REFERRAL LOCATION		
	WELL TYPE <i>10 #</i>	WELL CATEGORY <i>05</i>	WELL PERMIT NO.	
	TYPE AND PURPOSE OF JOB <i>475 Prod Tank</i>			

As consideration, the above-named Customer agrees to pay Halliburton in accord with the rates and terms stated in Halliburton's current price lists. Invoices payable NET by the 28th 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. These terms and conditions shall be governed by the law of the state where services are performed or equipment or materials are furnished.

Halliburton warrants only title to the products, supplies and materials and that the same are free from defects in workmanship and materials. THERE ARE NO WARRANTIES, EXPRESS OR IMPLIED, OF MERCHANTABILITY, FITNESS FOR A PARTICULAR PURPOSE OR OTHERWISE WHICH EXTEND BEYOND THOSE STATED IN THE IMMEDIATE PRECEDING SENTENCE. Halliburton's liability and customer's exclusive remedy in any cause of action (whether in contract, tort, product liability, breach of warranty or otherwise) arising out of the sale or use of any products, supplies or materials is expressly limited to the replacement of such products, supplies or materials on their return to Halliburton or, at Halliburton's option, to the allowance to the customer of credit for the cost of such items. In no event shall Halliburton be liable for special, incidental, indirect, punitive or consequential damages.

PRICE REFERENCE	SECONDARY REF OR PART NO.	L O C.	ACCOUNT	DESCRIPTION	UNITS 1		UNITS 2		UNIT PRICE	AMOUNT
					QTY	MEAS	QTY	MEAS		
				MILEAGE						
<i>307-041</i>				<i>Tank Rental</i>	<i>1 ea</i>	<i>500 lbs</i>	<i>34.00</i>			<i>351.00</i>

THIS IS NOT AN INVOICE

AS PER ATTACHED BULK MATERIAL DELIVERY TICKET NO. *B-*

WAS JOB SATISFACTORILY COMPLETED? _____

W/S OPERATION OF EQUIPMENT SATISFACTORY? _____

WAS PERFORMANCE OF PERSONNEL SATISFACTORY? _____

X *W. Neal Schmitt*
CUSTOMER OR HIS AGENT (PLEASE PRINT)

X *William Schmitt*
CUSTOMER OR HIS AGENT (SIGNATURE)

TAX REFERENCES

SUB TOTAL *351.00*

TAX _____

TOTAL _____

RECEIVED _____
STATE CORPORATION COMMISSION

Harmon Slatten
HALLIBURTON OPERATOR

OCT 5 1987

WE CERTIFY THAT THE FAIR LABOR STANDARDS ACT OF 1938, AS AMENDED HAS BEEN COMPLIED WITH IN THE PRODUCTION OF GOODS AND OR WITH RESPECT TO SERVICES FURNISHED UNDER THIS CONTRACT.

CUSTOMER

CONSERVATION DIVISION
Wichita, Kansas

DOWELL SCHLUMBERGER INCORPORATED

OLDFIELD SERVICES
MINING SERVICES
INDUSTRIAL SERVICES

DSI SERVICE ORDER, RECEIPT, AND INVOICE NO. 10-17-87	CORRESPONDENCE: P.O. BOX 4378 HOUSTON, TEXAS 77210	REMITTANCE: P.O. BOX 100344 HOUSTON, TEXAS 77212	DSI SERVICE LOCATION NAME AND NUMBER	
	CUSTOMER NUMBER	CUSTOMER P.O. NUMBER	TYPE SERVICE CODE	BUSINESS CODES

CUSTOMER'S NAME <i>Texas Industries</i>	WORKOVER <input type="checkbox"/> W NEW WELL <input checked="" type="checkbox"/> N OTHER <input type="checkbox"/>	API OR IC NUMBER
--------------------------------------------	-------------------------------------------------------------------------------------------------------------------------	------------------

ADDRESS	ARRIVE LOCATION	MO.	DAY	YR.	TIME
CITY, STATE AND ZIP CODE					

DSI shall furnish and Customer shall purchase materials and services required in the performance of the following SERVICE INSTRUCTIONS or DSI INDUSTRIAL SERVICE CONTRACT NO. _____:

CUSTOMER AUTHORIZED AGENT					
JOB COMPLETION	MO.	DAY	YR.	TIME	

STATE	CODE	COUNTY / PARISH	CODE	CITY	CUSTOMER AUTHORIZED AGENT
<i>K</i>		<i>Orange</i>			

WELL NAME AND NUMBER / JOB SITE	LOCATION AND POOL / PLANT ADDRESS	SHIPPED VIA
<i>10-17-87</i>	<i>10-17-87</i>	

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
<i>0-2-11-041</i>	<i>Concrete</i>		<i>1</i>	<i>10</i>	<i>10</i>
<i>0-2-11-041</i>	<i>Concrete</i>		<i>1</i>	<i>10</i>	<i>10</i>
<i>0-2-11-041</i>	<i>Concrete</i>		<i>1</i>	<i>10</i>	<i>10</i>
<i>0-2-11-041</i>	<i>Concrete</i>		<i>10</i>	<i>10</i>	<i>100</i>
<i>0-2-11-041</i>	<i>Concrete</i>		<i>1</i>	<i>10</i>	<i>10</i>

<i>Field Estimate # 2132</i>		RECEIVED STATE CORPORATION COMMISSION	
LICENSE/REIMBURSEMENT FEE		LICENSE/REIMBURSEMENT FEE	
			<i>100</i>

REMARKS:	STATE	% TAX ON \$	CONSERVATION DIVISION Wichita, Kansas
	COUNTY	% TAX ON \$	
	CITY	% TAX ON \$	
	DSI REPRESENTATIVE	TOTAL	\$

DS 6600

CEMENTING SERVICE REPORT

DS-496 PRINTED IN U.S.A.

DOWELL SCHLUMBERGER INCORPORATED

TREATMENT NUMBER C-12-100	DATE 7/15/87
STAGE 2	DS DISTRICT Oly 25 K

WELL NAME AND NO. **W-1002 A#1**

LOCATION (LEGAL) **1-15-43**

FIELD-POOL

COUNTY/PARISH **WALLACE** STATE **KS** API. NO.

NAME **TEXAS OIL & GAS**

AND

ADDRESS

ZIP CODE

RIG NAME: **MO. FIN # 23**

WELL DATA:	BOTTOM	TOP
BIT SIZE 7 7/8	CSG/Liner Size 4 1/2	
TOTAL DEPTH	WEIGHT	
<input type="checkbox"/> ROT <input type="checkbox"/> CABLE	FOOTAGE	
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		TOTAL

SPECIAL INSTRUCTIONS

TURNED OFF WATER + EQUIPMENT

2 4 12 L.S.

Float	TYPE	OPEN END	TYPE	1 1/2
DEPTH	5215	DEPTH	2116	
SHOE	TYPE	CUT GUIDE	TYPE	
DEPTH	5279	DEPTH		

Head & Plugs TBG D.P. SQUEEZE JOB

Double SIZE

Single WEIGHT

Swage GRADE

Knockoff THREAD

TOOL TYPE DEPTH

TAIL PIPE: SIZE DEPTH

TUBING VOLUME Bbls

CASING VOL. BELOW TOOL Bbls

TOTAL Bbls

ANNUAL VOLUME Bbls

IS CASING/TUBING SECURED? YES NO

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

PRESSURE LIMIT PSI BUMP PLUG TO **2570** PSI

ROTATE RPM RECIPROCATE FT No. of Centralizers

TIME	PRESSURE		VOLUME PUMPED BBL		JOB SCHEDULED FOR			ARRIVE ON LOCATION		LEFT LOCATION	
	TBG OR D.P.	CASING	INCREMENT	CUM	TIME	DATE	TIME	DATE	TIME	DATE	
0001 to 2400											
1712		110	100		4	Can	128				
1736				110	-						
1758				110	-						
1742		100	34	100	4	1100					
1748		710	34	25	3						
1754		2710	34	3	3						

PRE-JOB SAFETY MEETING

1712 - Start Cement

1736 - Cement to 1000 ft depth

1758 - Pump cleanup 1100

1742 - Start displ cement

1748 - Slow rate

1754 - Pump cleanup 1100

Check surface casing for

REMARKS

SYSTEM CODE	NO. OF SACKS	YIELD CU. FT/SK	COMPOSITION OF CEMENTING SYSTEMS				SLURRY MIXED	
							BBLs	DENSITY
1.	350	1.74					110	128
2.								
3.								
4.								
5.								
6.								

RECEIVED

STATE CORPORATION COMMISSION

OCT 5 1987

CONSERVATION DIVISION

Wichita, Kansas

BREAKDOWN FLUID TYPE

HESITATION SQ. RUNNING SQ. CIRCULATION LOST YES NO

Cement Circulated To Surf. YES NO Bbls.

BREAKDOWN PSI FINAL PSI DISPLACEMENT VOL. **34** Bbls

Washed Thru Perfs YES NO TO FT MEASURED DISPLACEMENT WIRELINE

PERFORATIONS

CUSTOMER REPRESENTATIVE

DS/ SUPERVISOR

DOWELL SCHLUMBERGER INCORPORATED

ORDER NO. 100344

OILFIELD SERVICES
MINING SERVICES
INDUSTRIAL SERVICES

DSI SERVICE ORDER, RECEIPT, AND INVOICE NO.
100344-0001

CORRESPONDENCE:
P.O. BOX 4378
HOUSTON, TEXAS 77210

REMITTANCE:
P.O. BOX 100344
HOUSTON, TEXAS 77212

DSI SERVICE LOCATION NAME AND NUMBER
117 113 11-12

CUSTOMER'S NAME: TEXAS ELECTRIC
ADDRESS: _____
CITY, STATE AND ZIP CODE: _____

TYPE SERVICE CODE: 2-5
BUSINESS CODES: _____
WORKOVER W
NEW WELL N
OTHER

DSI shall furnish and Customer shall purchase materials and services required in the performance of the following SERVICE INSTRUCTIONS or DSI INDUSTRIAL SERVICE CONTRACT NO. _____

Service instructions: 412 113 in Title "TAPERS"
117 113 113 113 - 44 "1" 21
312 113 113 113

ARRIVE LOCATION: MO. 7 DAY 12 YR. 1987 TIME 11:00
SERVICE ORDER I authorize work to begin per service instructions in accordance with terms and conditions printed on the reverse side of this form and represent that I have authority to accept and sign this order.

CUSTOMER AUTHORIZED AGENT: [Signature]

JOB COMPLETION: MO. 7 DAY 12 YR. 1987 TIME 11:00

SERVICE RECEIPT I certify that the materials and services listed were received and all services performed in a workmanlike manner.

STATE: Kansas CODE: _____ COUNTY / PARISH: Wichita CODE: _____ CITY: _____

CUSTOMER AUTHORIZED AGENT: [Signature]

WELL NAME AND NUMBER / JOB SITE: Well A-1 LOCATION AND POOL / PLANT ADDRESS: _____

SHIPPED VIA: 11-5

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
017007-011	unloading	HR	2.6	215	559
017007-012	Unloading 40,501' 20m	Ton	1000	1.25	1250
017007-013	unloading	HR	1300	1.15	1485
017007-014	DET. GEAR PUMP 27412	EA	382	11.5	4393
017007-015	665 TIC	2B	1060	3.75	3975
100824-125	2" pipe	3K	1300	6.25	8125
101701-125	2" pipe	3K	2500	3.25	8125
017007-016	Weld Track 24" 10' x 10'	EA	1	1125	1125
017007-017	Welding material 200' 20' 1	EA	279	13	3627
017007-018	MULTIPLE STAGE CEMENTING	EA	1	712	712

RECEIVED STATE CORPORATION COMMISSION
OCT 5 1987
FIELD ESTIMATE 47146

REMARKS: _____
STATE: _____ COUNTY: _____ CITY: _____
DSI REPRESENTATIVE: [Signature] TOTAL \$ _____

DS 6609

CEMENTING SERVICE REPORT



DOWELL SCHLUMBERGER INCORPORATED

TREATMENT NUMBER	DATE
STAGE	DS
DISTRICT	

DS-496 PRINTED IN U.S.A.

WELL NAME AND NO. **MOBERT #1**

LOCATION (LEGAL) **Sec 1-15-5-43W**

FIELD-POOL

COUNTY/PARISH **WILLACE** STATE **KS** API. NO.

NAME **TEXAS OIL & GAS**

AND

ADDRESS

ZIP CODE

RIG NAME: **Miller #3**

WELL DATA:	BOTTOM	TOP
BIT SIZE 7 7/8	CSG/Liner Size 4 1/2	
TOTAL DEPTH	WEIGHT 10.5	
<input checked="" type="checkbox"/> ROT <input type="checkbox"/> CABLE	FOOTAGE 3259	
MUD TYPE	GRADE	
<input type="checkbox"/> BHST <input type="checkbox"/> BHCT	THREAD	
MUD DENSITY	LESS FOOTAGE SHOE JOINT(S) 137	TOTAL
MUD VISC.	Disp. Capacity 527	

SPECIAL INSTRUCTIONS

Furnish Material + Equipment For 4 1/2 L.S.

Float	TYPE	DEPTH	Stage Tool	TYPE	DEPTH
	Surface Mill	5285		1 1/2	200
SHOE	TYPE	DEPTH		TYPE	DEPTH
	Long Guide	5211			

IS CASING/TUBING SECURED? YES NO

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

PRESSURE LIMIT PSI BUMP PLUG TO **1430** PSI

ROTATE RPM RECIPROCATATE FT No. of Centralizers **6**

Head & Plugs TBG D.P. SQUEEZE JOB

Double Single Swage Knockoff

SIZE WEIGHT GRADE THREAD

TOOL TYPE DEPTH

TAIL PIPE: SIZE DEPTH

TUBING VOLUME Bbls

CASING VOL. BELOW TOOL Bbls

TOTAL Bbls

ANNUAL VOLUME Bbls

TIME	PRESSURE		VOLUME PUMPED BBL		JOB SCHEDULED FOR			ARRIVE ON LOCATION		LEFT LOCATION	
	TBG OR D.P.	CASING	INCREMENT	CUM	INJECT RATE	FLUID TYPE	FLUID DENSITY	TIME: 0530	DATE: 7/18	TIME: 1200	DATE: 7/18/87
0001 to 2400											
1300		250	28		4	Cing	11.45				
1306				28							
1307				28							
1314				28							
1314			84	28	3	7/16					
1321		140		29	2						
1327		120	0	34	2						
1323		110		35	3						
1330		100		74	3						
1335		140		84							
1336											
1340											
1342		1200									
1345											
1350		100									
1352											

PRE-JOB SAFETY MEETING

START CEMENT

Cement mixed / checked

Wash thru perfs + bump

Drop plug

START DISPLACEMENT

slow rate

plug at surge cell

increase rate

slow rate

bump plug

CHECK FIGHT - plug at 1100

Drop bump plug

operation - continue

plug at 1100

OPERATE

Wash thru perfs + bump

REMARKS **1155 PM did not bleed**

SYSTEM CODE	NO. OF SACKS	YIELD CU. FT/SK	COMPOSITION OF CEMENTING SYSTEMS				SLURRY MIXED	
			RECEIVED				BBLs	DENSITY
1.	150	103	P. cement + 2.5% 140/150				20	11.45
2.								
3.								
4.								
5.								
6.								

OCT 5 1987

CONSERVATION DIVISION

Wichita, Kansas

BREAKDOWN FLUID TYPE

HESITATION SQ. RUNNING SQ. CIRCULATION LOST YES NO

Cement Circulated To Surf. YES NO Bbls.

BREAKDOWN PSI FINAL PSI DISPLACEMENT VOL. **24** 1 Bbls

Washed Thru Perfs YES NO TO FT MEASURED DISPLACEMENT WIRELINE

PERFORATIONS CUSTOMER REPRESENTATIVE **Allen**

TO TO TO TO

DS SUPERVISOR