

FORM MUST BE TYPED

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

Operator: License # 8061

Name: OIL PRODUCERS, INC. OF KANSAS

Address P.O. BOX 8647

City/State/Zip WICHITA, KANSAS 67208

Purchaser: NA

Operator Contact Person: DIANA RICHECKY

Phone (316) 681-0231

Contractor Name: JMAR DRILLING CO.

License: 31617

Wellsite Geologist: WILLIAM SHEPHERD

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

12/02/95 12/10/95 Plugged
Spud Date Date Reached TD Completion Date

SIDE ONE

API NO. 15- 191-22,257

County SUMNER

- C - NW - SW Sec. 10 Twp. 31 Rge. 1

1980 Feet from S N (circle one) Line of Section

4620 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 BLANKENSHIP Well # 1

Field Name NA

Producing Formation None

Elevation: Ground 1211 KB 1218

Total Depth 3493' PBTB NA

Amount of Surface Pipe Set and Cemented at 275

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 D&A 9/4 6-25-96
(Data must be collected from the Reserve pit)

Chloride content 3500 ppm Fluid volume 400 bbls

Dewatering method used: Evaporation and allow to dry restore
area to near normal

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, 200 Colorado 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 John S. Weir John S. Weir

Title President Date 6/17/96

Subscribed and sworn to before me this 17th of June 1996.

Notary Public Diana L. Richecky

Date Commission Expires Jan. 12, 2000

K.C.C. OFFICE USE ONLY
F Letter of Confidentiality Attached
C Wireline Log Received
C Geologist Report Received
Distribution
 KCC SWD/Rep
 KGS Plug
NGPA
Other
(Specify)

Form ACO-1 (7-91)



RECEIVED
CORP COMM
JUN 20 11:01

SIDE TWO

Operator Name Oil Producers, Inc. of Kansas Lease Name BLANKENSHIP Well # 1
 Sec. 10 Twp. 31S Rge. 1 East West
 County SUMNER

ORIGINAL

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 (Attach Additional Sheets.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Log	Formation (Top), Depth and Datums	<input checked="" type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Name	Top	Datum
Cores Taken	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	IATAN	2423'	-1205
Electric Log Run	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	STANALKER	2435'	-1217
(Submit Copy)		KANSAS CITY	2804'	-1586
List All E.Logs Run: <u>GEOLOGICAL LOG</u>		MISSISSIPPI	3464'	-2246
		RTD	3492'	-2274

CASING RECORD <input type="checkbox"/> New <input checked="" 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
CONDUCTOR/SURFACE	17 3/4"	13 3/8"		275	60 40 POZ	250	2% GEL 3% C

ADDITIONAL CEMENTING/SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	#Sacks Used	Type and Percent Additives
Perforate				
Protect Casing	3493	60 40 POZ	215	HALLIBURTON GEL BLENDED 4% ADD
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 checked="" type="checkbox"/> No
Date of First, Resumed Production, SWD or Inj.	PLUGGED	Producing Method	Estimated Production	Oil <u>N/A</u> Bbls.	Gas <u>N/A</u> Mcf	Flowing Water <u>N/A</u>
						Pumping Gas Lift Other (Explain) Gas-Oil Ratio Gravity

Disposition of Gas: **METHOD OF COMPLETION** Production Interval

Vented Sold Used on Lease Open Hole Perf. Dually Comp. Commingled

(If vented, submit ACO-18.) Other (Specify) _____



HALLIBURTON

TICKET CONTINUATION

FIELD COPY

TICKET No. 8888

HALLIBURTON ENERGY SERVICES

FORM 1911 R-10 Enid 25335 4244-8158

CUSTOMER Oil Prod. Inc. of Kansas

WELL Blankenship 1

DATE 12-02-95

PAGE 2 OF 2

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.		U/M		UNIT PRICE	AMOUNT	
		LOC	ACCT	DF								
504136					40/60 Poz Standard	250	sk			7.16	1790.00	
504406	890.50812				Calcium Chloride 3%	7	sk			36.75	257.25	
500207					SERVICE CHARGE	CUBIC FEET				1.35	356.40	
500306					MILEAGE CHARGE	TOTAL WEIGHT	LOADED MILES	TON MILES		.95	643.39	
						22578	60	677.25				

ORIGINAL

No. B 302549

CONTINUATION TOTAL 3047.04



JOB SUMMARY

HALLIBURTON DIVISION W. COAL
 HALLIBURTON LOCATION 5110

BILLED ON TICKET NO. 10642

WELL DATA

FIELD 1st 2nd 3rd SEC _____ TWP _____ RING _____ COUNTY Sumner STATE MO

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 270

	NEW USED	WEIGHT	SIZE	FROM	TO	MAXIMUM PSI ALLOWABLE
CASING	<u>N</u>	<u>10</u>	<u>10.75</u>	<u>2</u>	<u>270</u>	
LINER						
TUBING						
OPEN HOLE						SHOTS/FT.
PERFORATIONS						
PERFORATIONS						
PERFORATIONS						

JOB DATA

TOOLS AND ACCESSORIES

TYPE AND SIZE	QTY.	MAKE
FLOAT COLLAR		
FLOAT SHOE		
GUIDE SHOE		
CENTRALIZERS		
BOTTOM PLUG		
TOP PLUG <u>C-1220</u>	<u>1</u>	<u>1250</u>
HEAD <u>12-1/2 ROPE</u>	<u>1</u>	
PACKER		
OTHER		

CALLLED OUT	ON LOCATION	JOB STARTED	JOB COMPLETED
DATE <u>12-2-91</u>	DATE <u>12-2-91</u>	DATE <u>12-2-91</u>	DATE <u>12-2-91</u>
TIME <u>10:30</u>	TIME <u>11:15</u>	TIME <u>1:00</u>	TIME <u>3:00</u>

MATERIALS

TREAT. FLUID CMT DENSITY 1.10 LB/GAL. API
 DISPL. FLUID H₂O DENSITY 8.3 LB/GAL. API
 PROP. TYPE _____ SIZE _____ LB.
 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 _____

PERSONNEL AND SERVICE UNITS

NAME	UNIT NO. & TYPE	LOCATION
<u>R.A. PULZA</u>	<u>110020</u>	<u>EXJID</u>
<u>CE222</u>	<u>114</u>	
<u>CONRAD</u>	<u>114401</u>	
<u>31931</u>	<u>75</u>	

DEPARTMENT CMT
 DESCRIPTION OF JOB CMT 1320 Sump Pump
 JOB DONE THRU: TUBING CASING ANNULUS TBG./ANN.
 CUSTOMER REPRESENTATIVE X
 HALLIBURTON OPERATOR Robert Allen COPIES REQUESTED 1

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>1150</u>	<u>1150</u>	<u>1150</u>	<u>1150</u>	<u>130</u>	<u>140</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 _____
 FEET 20' REASON Requested

SUMMARY

PRESLUSH: BBL.-GAL. _____ TYPE _____
 LOAD & BKDN: BBL.-GAL. _____ PAD: BBL.-GAL. _____
 TREATMENT: BBL.-GAL. _____ DISPL. BBL.-GAL. 37.25
 CEMENT SLURRY: BBL.-GAL. 57.9
 TOTAL VOLUME: BBL.-GAL. _____

VOLUMES

REMARKS _____

CUSTOMER: _____ LEAS: _____ WELL NO: _____ JOB TYPE: _____ DATE: 12-2-91



DATE: 12-3-90 PAGE NO. 1

JOB LOG HAL-2013-C

CUSTOMER: O. H. Anderson et al. WELL NO.: 1 LEASE: Blountsville (Int'l) Lease JOB TYPE: TICKET NO.: 886438

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
								On location, Safety Meeting
1		4	0		1			Mix Pump 250 SKS 40/60 PPM
2		4	51		1			Shut Down ORIGINAL
3					1			Drop Plug
4		3	0		1			Supplanted H ₂ O
5		3	39 1/4		1			Shut Down 39 1/4 BBL
6					1			Shut In 40 PL
					1			Washed back up

CUSTOMER



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

DUNCAN COPY

TICKET

No. 886438 - 3
 PAGE 1 OF 2

HAL-1906-N

1. SERVICE LOCATIONS <i>EN/D-15331</i>	WELL/PROJECT NO. <i>1</i>	LEASE <i>Blankenship</i>	COUNTY/PARISH <i>Sumner</i>	STATE <i>KS</i>	CITY/OFFSHORE LOCATION	DATE <i>12/25/01</i>	OWNER <i>Same</i>
2. TICKET TYPE <input checked="" type="checkbox"/> SERVICE <input type="checkbox"/> SALES	NITROGEN JOB? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	CONTRACTOR <i>J. Mar DiMaio</i>	RIG NAME/NO. <i>1</i>	SHIPPED <i>1/15</i>	DELIVERED TO <i>Location</i>	ORDER NO.	
3. WELL TYPE <i>Oil</i>	WELL CATEGORY <i>Oil</i>	JOB PURPOSE <i>Development</i>	WELL PERMIT NO. <i>010</i>	WELL LOCATION <i>S.W. Belle Plaine</i>			
4. REFERRAL LOCATION	INVOICE INSTRUCTIONS <i>Cmt 13 3/4" Surface Pipe</i>						

PRICE REFERENCE	SECONDARY REFERENCE/PART NUMBER	ACCOUNTING	DESCRIPTION	QTY.	U/M	UNIT PRICE	AMOUNT
<i>LD-117</i>			<i>MILEAGE</i>	<i>100</i>	<i>mi</i>	<i>2.75</i>	<i>275.00</i>
<i>001-016</i>			<i>Ramp Charge</i>	<i>1</i>	<i>hr</i>	<i>585.00</i>	<i>585.00</i>
<i>000-016</i>			<i>13 3/4" Top Plug</i>	<i>1</i>	<i>hr</i>	<i>520.00</i>	<i>520.00</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.

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

[Signature]
 DATE SIGNED: *12/25/01* TIME SIGNED: A.M. P.M.

do do not require IPC (Instrument Protection). Not offered

SUB SURFACE SAFETY VALVE WAS: <input type="checkbox"/> PULLED & RETURN <input type="checkbox"/> PULLED <input type="checkbox"/> RUN	WE SURVEY <input type="checkbox"/> AGREE <input type="checkbox"/> UN-DECIDED <input type="checkbox"/> DIS-AGREE	PAGE TOTAL
TYPE LOCK DEPTH	OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN?	FROM CONTINUATION PAGE(S)
BEAN SIZE SPACERS	WE UNDERSTOOD AND MET YOUR NEEDS?	<i>3047.14</i>
TYPE OF EQUALIZING SUB. CASING PRESSURE	OUR SERVICE WAS PERFORMED WITHOUT DELAY?	
TUBING SIZE TUBING PRESSURE WELL DEPTH	WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY?	
TREE CONNECTION TYPE VALVE	ARE YOU SATISFIED WITH OUR SERVICE? <input type="checkbox"/> YES <input type="checkbox"/> NO	
	<input type="checkbox"/> CUSTOMER DID NOT WISH TO RESPOND	SUB-TOTAL APPLICABLE TAXES WILL BE ADDED ON INVOICE

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>Jay McKenzie</i>	CUSTOMER OR CUSTOMER'S AGENT (SIGNATURE) <i>[Signature]</i>	HALLIBURTON OPERATOR/ENGINEER <i>[Signature]</i>	EMP # <i>16202</i>	HALLIBURTON APPROVAL
--	--	---	-----------------------	----------------------

CUSTOMER COPY

REMIT TO:
P.O. BOX 951046
DALLAS, TX 75395-1046

INVOICE



INVOICE NO.	DATE
906919	12/10/1995

WELL LEASE NO./PROJECT	WELL/PROJECT LOCATION	STATE	OWNER
BLANKENSHIP 1	SUMNER	KS	SAME
SERVICE LOCATION	CONTRACTOR	JOB PURPOSE	TICKET, DATE
PRATT	J MAR DRILLING	PLUG TO ABANDON	12/10/1995
ACCT. NO.	CUSTOMER AGENT	VENDOR NO.	CUSTOMER P.O. NUMBER
646989	JAY MCKENZIE		
		SHIPPED VIA	FILE NO.
		COMPANY TRUCK	00704

DIRECT CORRESPONDENCE TO:

OIL PRODUCERS INC. OF KANSAS
BOX 8547
WICHITA, KS 67208

P O BOX 428
HAYS KS 67601
913-625-3431

REFERENCE NO.	DESCRIPTION	QUANTITY	UNIT	PRICE	AMOUNT
PRICING AREA - MID CONTINENT					
000-117	MILEAGE CEMENTING ROUND TRIP	120 MI		2.85	342.00
		1 UNT			
090-910	MISCELLANEOUS PUMPING JOB	1 TRK		395.00	395.00
090-928	MISCELLANEOUS PUMP JOB-ADD HRS	2 HR		130.00	260.00
		1 TRK			
504-136	CEMENT - 40/60 POZMIX STANDARD	115 SR		7.16	823.40
507-277	HALLIBURTON-GEL BENTONITE	4 SK		18.60	74.40
504-136	CEMENT - 40/60 POZMIX STANDARD	100 SR		7.16	716.00
507-277	HALLIBURTON-GEL BENTONITE	4 SK		18.60	74.40
500-207	BULK SERVICE CHARGE	230 CFT		1.35	310.50
500-306	MILEAGE CMTG MAT DEL OR RETURN	571.53 TMI		.95	542.95
INVOICE SUBTOTAL					3,536.65
DISCOUNT (BID)					1,132.34
INVOICE BID AMOUNT					2,406.31
* KANSAS STATE SALES TAX					117.92
* PRATT COUNTY SALES TAX					24.08
INVOICE TOTAL - PLEASE PAY THIS AMOUNT					\$2,548.31

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

HALLIBURTON ENERGY SERVICES

HAL-1906-N

32

CHARGE TO: **Oil Producers of KS Inc**
 ADDRESS: **Box 8647**
 CITY, STATE, ZIP CODE: **Wichita, KS 67208**

DUNCAN COPY

TICKET No. **906919 - 2**
 PAGE 1 OF 2

SERVICE LOCATIONS: 1. **Wichita KS**
 WELL/PROJECT NO.: **#1**
 LEASE: **Blankenship**
 COUNTY/PARISH: **Sumner**
 STATE: **KS**
 CITY/OFFSHORE LOCATION: **1210.95**
 OWNER: **Same**
 TICKET TYPE: SERVICE SALES
 NITROGEN JOB? YES NO
 CONTRACTOR: **J Mac Dalg**
 RIG NAME/NO.: **Howe**
 SHIPPED VIA: **Howe**
 DELIVERED TO: **Loc**
 ORDER NO.: **Land**
 WELL TYPE: **01**
 WELL CATEGORY: **06**
 JOB PURPOSE: **115**
 WELL PERMIT NO.: **API# 1519122570000**

PRICE REFERENCE	SECONDARY REFERENCE / PART NUMBER	ACCOUNTING LOC	ACCT	DF	DESCRIPTION	QTY.	U/M	QTY.	U/M	UNIT PRICE	AMOUNT
000.117		1			MILEAGE	120	mi			2.8	342
090.910		1			Pump Charge	2	hrs			395	395
090.928		1			Additional Hrs	2	hrs			130	260
ORIGINAL											

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

Survey **Agree** **Un-Decided** **Disagree**

OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN? **Agree**

WE UNDERSTOOD AND MET YOUR NEEDS? **Agree**

OUR SERVICE WAS PERFORMED WITHOUT DELAY? **Agree**

WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY? **Agree**

ARE YOU SATISFIED WITH OUR SERVICE? YES NO

CUSTOMER DID NOT WISH TO RESPOND

PAGE TOTAL: **997**

FROM CONTINUATION PAGE(S): **Bulk Trk**

SUB-TOTAL APPLICABLE TAXES WILL BE ADDED ON INVOICE: **2541.6**

TOTAL: **3,938.6**

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): **Jay McKenzie**

CUSTOMER/OR CUSTOMER'S AGENT (SIGNATURE): **Jay McKenzie**

HALLIBURTON OPERATOR/ENGINEER: **David L Scott**

EMP #: **B9475**

HALLIBURTON APPROVAL: **D.L. Scott**



HALLIBURTON

HALLIBURTON ENERGY SERVICES

TICKET CONTINUATION

FIELD COPY

TICKET No. 906919

CUSTOMER OIL PRODUCERS OF KS INC

WELL BLANKENSHIP 1

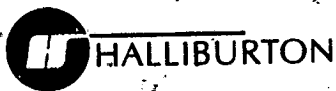
DATE 12-10-95 PAGE 2 OF 2

FORM 1911 R-10

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.		U/M		UNIT PRICE	AMOUNT	
		LOC	ACCT	DF								
504-136		1			40/60 POZMIX W2% GEL	115		sk		7 86	823	40
507-277	516.00259	1			HALLIBURTON GEL BLENDED 4% ADD	4		sk		18 60	74	40
LOADED ON TRUCK #4413-FRONT												
504-136		1			40/60 POZMIX W2% GEL	100		sk		7 16	716	00
507-277	516.00259	1			HALLIBURTON GEL BLENDED 4% ADD	4		sk		18 60	74	40
LOADED ON TRUCK #4413-BACK												
ORIGINAL												
					SERVICE CHARGE							
500-207		1								1 35	310	50
500-306		1			MILEAGE CHARGE	TOTAL WEIGHT	LOADED MILES	TON MILES		95	542	90
					19,051		60	571.53				

CONTINUATION TOTAL 2541.65

No. B 325507



JOB SUMMARY

HALLIBURTON DIVISION
HALLIBURTON LOCATION

Mid Cont
Pratt KS

BILLED ON TICKET NO.

906916

WELL DATA
FIELD _____ SEC 10 TWP. 31 RING. 1 COUNTY Sumner 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	48	13 3/8	0	270	
LINER						
TUBING						
OPEN HOLE			7 7/8	270	3493	SHOTS/FT.
PERFORATIONS						
PERFORATIONS						
PERFORATIONS						

TOOLS AND ACCESSORIES

TYPE AND SIZE	QTY.	MAKE
FLOAT COLLAR		
FLOAT SHOE		
GUIDE SHOE		
CENTRALIZERS		
BOTTOM PLUG		
TOP PLUG		
HEAD		
PACKER		
OTHER <u>3 1/2 VH DP</u>	<u>1</u>	<u>Howco</u>

JOB DATA

CALLED OUT	ON LOCATION	JOB STARTED	JOB COMPLETED
DATE <u>12.10</u> TIME <u>1000</u>	DATE <u>12.10</u> TIME <u>1400</u>	DATE <u>12.10</u> TIME <u>1430</u>	DATE <u>12.10</u> TIME <u>1550</u>

PERSONNEL AND SERVICE UNITS

NAME	UNIT NO. & TYPE	LOCATION
<u>D. Scott</u>	<u>B9475</u> <u>PIV</u>	<u>Pratt KS</u>
<u>T Seba</u>	<u>50120</u> <u>Comb</u>	<u>11 11</u>
<u>K. Nash</u>	<u>4413</u> <u>Bulk</u>	<u>11 11</u>

ORIGINAL

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 PTA

JOB DONE THRU: TUBING CASING ANNULUS TBG/ANN.

CUSTOMER REPRESENTATIVE X
HALLIBURTON OPERATOR D. Scott

COPIES REQUESTED _____

CEMENT DATA

STAGE	NUMBER OF SACKS	CEMENT	BRAND	BULK SACKED	ADDITIVES	YIELD CU.FT./SK.	MIXED LBS./GAL.
	<u>115</u>	<u>40-60</u>	<u>Poz</u>	<u>B</u>	<u>6% Total Gel</u>	<u>1.67</u>	<u>12.8</u>
	<u>100</u>	<u>40-60</u>	<u>Poz</u>	<u>B</u>	<u>6% Total Gel - Dugan Farms</u>	<u>1.67</u>	<u>12.8</u>

SUMMARY

CIRCULATING _____ DISPLACEMENT _____ PRESLUSH: 20 GAL. TYPE H2O
BREAKDOWN _____ MAXIMUM _____ LOAD & BKDN: BBL-GAL. PAD: BBL-GAL.
AVERAGE _____ FRACTURE GRADIENT _____ TREATMENT: BBL-GAL. DISPL: BBL-GAL.
SHUT-IN: INSTANT _____ 5-MIN _____ 15-MIN _____ CEMENT SLURRY: 63.9 GAL.
HYDRAULIC HORSEPOWER _____ TOTAL VOLUME: BBL-GAL. _____

ORDERED _____ AVAILABLE _____ USED _____
AVERAGE RATES IN BPM _____

TREATING _____ DISPL. _____ OVERALL _____
CEMENT LEFT IN PIPE _____

FEET _____ REASON _____

REMARKS
See Job Log

FIELD OFFICE

CUSTOMER: O.I. Producers
LEASE: Blankenship
WELL NO.:
JOB TYPE: PTA
DATE: 12



DATE 12.10.95 PAGE NO. 1

JOB LOG HAL-2013-C

CUSTOMER Oil Producers WELL NO. 1 LEASE Blankenship JOB TYPE PTA TICKET NO. 906919

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	1000							Called Out
	1400							On loc w/Trk's Safety Mtg
	1430	5	30	✓		200		D.P. @ 320' Break Circ w/H ₂ O
	1440	5	17.8	✓		150		Mix + pump 60sk's Cmt @ 12.8ppg
	1450	5	1.5	✓		150		Disp + Balance
	1530	5	11.8	✓		100		Mix + pump 40sk's @ 60' @ 12.8ppg
	1540							Plug R.H. w/15 sk's @ 12.8ppg 110sk's Total pumped
								move over & Top off Dugan Farms
								T.O.C. Down 50'
	1730	4	14.8					Mix + pump 50sk's Down 13 3/8 Csg @ 12.8ppg 50 sk's Total pumped
								Job Complete Thank you D. Scott

ORIGINAL