

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

API NO. 15- 135-23,799-00 **COPY**
 County Ness

ORIGINAL

Operator: License # 4058
 Name: American Warrior, Inc.
 Address Box 399
Garden City, KS 67846
 City/State/Zip _____

NW-SW - SW - Sec. 30 Twp 19S Rge. 21 X
2310 Feet from S (circle one) Line of Section
330 Feet from E (circle one) Line of Section

Purchaser: Texaco
 Operator Contact Person: Scott Corsair
 Phone (913) 398-2270

Footages Calculated from Nearest Outside Section Corner:
 NE, SE, NW or S (circle one)

Contractor: Name: Emphasis Oil Operations
 License: 8241
 Wellsite Geologist: Scott Corsair

Lease Name Moore Well # 1-30
 Field Name Schaben
 Producing Formation Ft. Scott

Designate Type of Completion
 New Well Re-Entry Workover
 Oil SWD S10W Temp. Abd.
 Gas ENHR SIGW
 Dry Other (Core, VSW, Expl., Cathodic, etc)

Elevation: Ground 2297' KB 2302'
 =
 Total Depth 4421' PBDT 4410'
 Amount of Surface Pipe Set and Cemented at 309 Feet

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 _____ PBDT _____
 Commingled _____ Docket No. _____
 Dual Completion _____ Docket No. _____
 Other (SWD or Inj?) _____ Docket No. _____
12-17-93 12-27-93 3-22-94
 Spud Date Date Reached TD Completion Date

Multiple Stage Cementing Collar Used? Yes _____
 If yes, show depth set 1508 Feet
 If Alternate II completion, cement circulated from 1508
 feet depth to surface w/ 250 ex cm

Drilling Fluid Management Plan ALT 2 JK 9-2-97
 (Data must be collected from the Reserve Pit)

Chloride content 48,000 ppm Fluid volume 225 bb
 Dewatering method used evaporation

Location of fluid disposal if hauled offsite:
07-10-1997
 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 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 Scott Corsair
 Title Agent Date 7-15-94
 Subscribed and sworn to before me this 15th day of July,
 19 94.
 Notary Public Bernice Moore
 Date Commission Expires 2/7/98

K.C.C. OFFICE USE ONLY		
F	<input checked="" type="checkbox"/>	Letter of Confidentiality Attached
C	<input checked="" type="checkbox"/>	Wireline Log Received
C	<input type="checkbox"/>	Geologist Report Received
<input checked="" type="checkbox"/>	KCC	Distribution
<input type="checkbox"/>	XGS	<input type="checkbox"/> SWD/Rep <input type="checkbox"/> NGPA
		<input type="checkbox"/> Plug <input type="checkbox"/> Other
		(Specify)

NOTARY PUBLIC STATE OF KANSAS
 BERNICE MOORE
 My Appt. Exp. 2/7/98

SIDE TWO

Operator Name American Warrior, Inc. Lease Name Moore Well # 1-30
 Sec. 30 Twp. 19S Rge. 21 East West County, Ness

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 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: **DUAL-SPACED NEUTRON**

Name	Formation (Top), Depth and Datum	Sample
Anhydrite	Top 1512	Datum +790
Heebner	3768	-1466
Lansing	3918	-1516
BKC	4160	-1858
Pawnee	4238	-1936
Ft.Scott	4321	-2019
Cherokee	4394	-2042
Mississippian	4412	-2110

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
Surface	12 1/4	8 5/8	20#	309	40/60 poz	180	2% gel, 3% cc
Production	7 7/8	5 1/2	15.5	4416	EA-2	75	

ADDITIONAL CEMENTING/SQUEEZE RECORD				
Purposes	Depth Top Bottom	Type of Cement	#Sacks Used	Type and Percent Additives
<input type="checkbox"/> Perforate				
<input type="checkbox"/> Protect Casing				
<input type="checkbox"/> Plug Back TD				
<input type="checkbox"/> Plug Off Zone				

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used)	Depth
4	4327-4330	500 gal 15% MCA	4327-30

TUBING RECORD							
Size	Set At	Packer At	Liner Run				
2 7/8	4400		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Date of First, Resumed Production, SMD or Inj.		Producing Method <input type="checkbox"/> Flowing <input checked="" type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)					
4-1-94							
Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity		
	5				40		

Disposition of Gas: Vented Sold Used on Lease (if vented, submit ACO-10.)

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

Production Interval 4327-4330
Ft.Scott

ORIGINAL

COPY

EMPHASIS OIL OPERATIONS
A Division of N-B Company, Inc.
P. O. BOX 506
RUSSELL, KS 67665

DRILLERS LOG

15-135-23799-00-00

OPERATOR: American Warrior, Inc.
P. O. Box 399
Garden city, Kansas 67846

CONTRACTOR: Emphasis Oil Operations
Box 506
Russell, KS 67665

LEASE: Moore

WELL #1-30

LOCATION: NW SW SW
Section 30-19S-21W
Ness County, Kansas

ROTARY TOTAL DEPTH: 4421'

ELEVATION: 2302' K.B.

COMMENCED: 12/17/93

COMPLETED: 12/27/93

CASING: 8-5/8" @ 309' w/180 sks cement
5-1/2" @ 4416' w/125 sks cement
10 sks in Mousehole, 15 sks in Rathole

STATUS: Oil Well

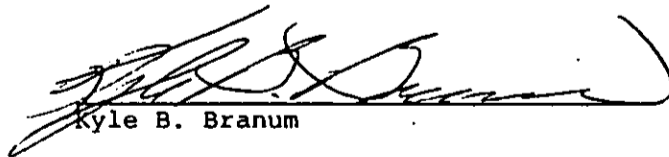
DEPTHS & FORMATIONS

(All measurements from K.B.)

Sand & Shale	220'	Shale	3510'
Anhydrite	1516'	Lime & Shale	3760'
Shale	1549'	Lansing-Kansas City	4160'
Lime & Shale	3120'	Ft. Scott	4317'
Shale	3170'	Mississippi	4350'
Lime & Shale	3350'	R.T.D.	4421'

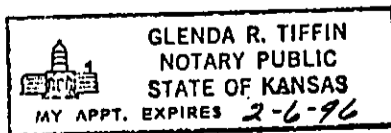
STATE OF KANSAS)
) ss
COUNTY OF RUSSELL)

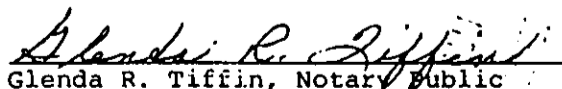
Kyle B. Branum, of Emphasis Oil Operations, states that the above and foregoing is a true and correct log of the above captioned well, to the best of his knowledge.


Kyle B. Branum

Subscribed and sworn to before me on December 29, 1993.

My commission expires: February 6, 1996.


GLENDA R. TIFFIN
NOTARY PUBLIC
STATE OF KANSAS
MY APPT. EXPIRES 2-6-96


Glenda R. Tiffin, Notary Public



JOB SUMMARY

HALLIBURTON LOCATION

Hays

BILLED ON TICKET NO. 621705

WELL DATA

FIELD _____ COUNTY Wess STATE Ks

FORMATION NAME _____ **ORIGINAL**

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 <u>6-18-94</u>	ON LOCATION DATE <u>6-18-94</u>	JOB STARTED DATE <u>6-18-94</u>	JOB COMPLETED DATE <u>6-18-94</u>
TIME <u>6:00</u>	TIME <u>07:45</u>	TIME <u>08:30</u>	TIME <u>13:00</u>

PERSONNEL AND SERVICE UNITS

NAME	UNIT NO. & TYPE	LOCATION
<u>Roger L. Bonin</u>	<u>40022</u>	<u>Hays</u>
<u>T. Henry</u>	<u>-71010</u>	<u>Hays</u>
<u>Mal. Kalin</u>	<u>61511</u>	<u>IL</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. _____

PERFPAC BALLS TYPE _____ QTY. _____

OTHER _____

OTHER _____

DEPARTMENT Cement

DESCRIPTION OF JOB _____

Cement top stage

JOB DONE THRU: TURING CASING ANNULUS TBG/ANN.

CUSTOMER REPRESENTATIVE Roy B. [Signature]

HALLIBURTON OPERATOR [Signature] COPIES REQUESTED _____

CEMENT DATA

STAGE	NUMBER OF SACKS	CEMENT	BRAND	BULK SACKED	ADDITIVES	YIELD CU.FT./BK.	MIXED LBS./GAL.
	<u>250</u>	<u>HLC</u>			<u>1/2 lb Flocebe</u>	<u>1.84</u>	<u>12.7</u>

PRESSURES IN PSI

SUMMARY

VOLUMES

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

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

AVERAGE _____ FRACTURE GRADIENT _____ TREATMENT: BBL.-GAL. _____ DISPL: BBL.-GAL. 8.7

SHUT-IN: INSTANT _____ 0-MIN _____ 10-MIN _____ CEMENT: BLURRY: BBL.-GAL. 82

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

ORDERED _____ AVAILABLE _____ USED _____

TREATING _____ DISPL. _____ CEMENT LEFT IN PIPE _____

FEET _____ REASON _____

REMARKS

2 SKI sand 20/40

PC 1508

CUSTOMER: American Wellco LEASE: 1-30-94 WELL NO. 1-30-94 JOB TIME

JOB LOG FORM 2013 R-3

CUSTOMER		WELL NO.		LEASE		JOB TYPE		TICKET NO.	
American Whorl		1-30		Moore		Crt. Top Stage		621705	
CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS	
				T	C	TUBING	CASING		
	0600							Called out	
	0800							on loc. Set up stand	
	0830					1,000		Load Hole 205 ^{ss} test Plug Holding 1,000 psi	
								Wait on water	
								CER. oil out of hole	
	0915							spot 2 ^{ss} sand 21 ^{ss}	
	10:40	3				200		open Port Collar pump 3 BPM 200 psi Good Blow on	
								Breaker Head	
	10:45	3				200		Start Mixing Crt. 250 ^{ss} H ₂ O	
								Pump 2 ^{ss} got circulation to pit	
	11:00		60					Pumped 60 ^{ss} crt circulated	
								to surface	
		n	7 3/4					Dis. 7 3/4 BBL H ₂ O	
	11:10					1,000		Close Port collar pres. to 1,000 psi	
	11:20							Run 1 stand tubing + Reverse out	
								short way	
	11:25							Pumped 15 ^{ss} Hole clean	
								wash up truck Run tubing in	
								to wash sand off Plug	
	12:00							Wash sand off air short way	
	12:15							Pumped 32 ^{ss} Hole clean	
								Roll up truck	
	1300							Job Complete	

*Thank You
Boyer*



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

TICKET No. **568095 - 0**

PAGE 1 OF 2

FORM 1508 R-12

SERVICE LOCATIONS: **Ness City** 025533
Hayes 025525

WELL/PROJECT NO.: **1-231-30**

LEASE: **moore**

COUNTY/PARISH: **Napa** STATE: **Ks**

CITY/OFFSHORE LOCATION: **Location**

DATE: **12-27-99** OWNER: **Same**

TICKET TYPE: SERVICE SALES

NITROGEN JOB? YES NO

CONTRACTOR: **Euphrasis**

RIG MAKE/NO.: **Euphrasis 405**

SHIPPED VIA: **Location**

DELIVERED TO: **Location**

ORDER NO.: **30-193-21W**

WELL TYPE: **01**

WELL CATEGORY: **01**

JOB PURPOSE: **035**

WELL PERMIT NO.: **APP 135-232-99**

WELL LOCATION: **30-193-21W**

REFERRAL LOCATION: **035**

INVOICE INSTRUCTIONS: **APP 135-232-99**

PRICE REFERENCE	SECONDARY REFERENCE/PART NUMBER	ACCOUNTING			TIME	DESCRIPTION	QTY.		UNIT PRICE		AMOUNT
		LOG	ADCT	DF			QTY.	UM	QTY.	UM	
000-117		1				MILEAGE	32	mi	2.75		88
001-014		1	5096			Pump chgs	6	hr	4421.15		1545
40	807.910282	1	3008			Centralizer 5-4	4	EA	94.00		126
80	855.137	1	97			Packerhead cap	1	EA	5.00		2504
82	855.02545	1	98			Fill up unit	1	EA	5.00		59
320	800.8883	1	97			Cement Baskets	2	ea	5.00		700
018-317	516.00114	1	5100			Sepu flush	7	sls	100.00		700

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.

CUSTOMER OR CUSTOMER'S AGENT SIGNATURE: **Scott Corsair**

DATE SIGNED: **12-27-93** TIME SIGNED: **1900**

AM P.M.

de do not require IPO (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: _____

THREE CONNECTION: _____ TYPE VALVE: _____

CUSTOMER DID NOT WANT TO RESPOND

SURVEY: AGREE UN-DECIDED DIS-AGREE

PAGE TOTAL: **5798**

FROM CONTINUATION PAGE(S): **1277**

SUB-TOTAL APPLICABLE TAXES WILL BE ADDED ON INVOICE: **700.5**

CUSTOMER ACCEPTANCE OF MATERIALS AND SERVICES

CUSTOMER OR CUSTOMER'S AGENT (PLEASE PRINT): **Scott Corsair**

CUSTOMER OR CUSTOMER'S AGENT (SIGNATURE): **Scott Corsair**

HALLIBURTON OPERATOR/ENGINEER: **T. Henry** EMP # **21010**

HALLIBURTON APPROVAL: **Scott Corsair**

252. Pat. Rev. E6

P.1

JAN 20 '94 12:49PM HALLIBURTON SERVICES HAYS KS TO HAYS MISSOURI CITY KS



HALLIBURTON **SUMMIT**

HALLIBURTON LOCATION *Nass City*

BILLED ON TICKET NO. *568055*

WELL DATA

FIELD _____ SEC. *30* TWP. *19* RNS. *21* COUNTY. *Nass* 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 PER ALLOWABLE
CASING	<i>4</i>	<i>15'</i>	<i>5 1/2"</i>	<i>0</i>	<i>4410</i>	<i>2.15</i>
LINER						
TUBING						
OPEN HOLE PERFORATIONS				<i>4410</i>	<i>4411</i>	SHOTS/FT.
PERFORATIONS				<i>Port collar at 1508 FT.</i>		
PERFORATIONS				<i>26 3/4 in</i>		

ORIGINAL

JOB DATA

TOOLS AND ACCESSORIES

TYPE AND SIZE	QTY.	MAKE
FLOAT COLLAR		
FLOAT SHOE		
GUIDE SHOE		
CENTRALIZERS	<i>4</i>	
BOTTOM PLUG		
TOP PLUG	<i>1</i>	
HEAD		
PACKER		
OTHER		

CALLED OUT DATE	ON LOCATION DATE	JOB STARTED DATE	JOB COMPLETED DATE
<i>12-27-93</i>	<i>12-27</i>	<i>12-27</i>	<i>12-27-93</i>
TIME <i>5:00</i>	TIME <i>1:40</i>	TIME <i>2:40</i>	TIME <i>1:20</i>

PERSONNEL AND SERVICE UNITS

NAME	UNIT NO. & TYPE	LOCATION
<i>T. Henry</i>	<i>41004</i>	<i>025553</i>
<i>B. Cross White</i>	<i>57257</i>	<i>11</i>
<i>M. Cadin</i>	<i>Andy Lad Hay</i>	

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 *Consent*

DESCRIPTION OF JOB *See Job Log*

JOB DONE THRU: TUBING CASING ANNULUS TEG/ANN.

CUSTOMER REPRESENTATIVE *X*

HALLIBURTON OPERATOR *TH*

COPIES REQUESTED *1*

CEMENT DATA

STAGE	NUMBER OF BAGS	CEMENT	BRAND	BULK BAGGED	ADDITIVES	YIELD CU.FT./BK.	MIXED LB./GAL.
	<i>50</i>	<i>40/60</i>		<i>B</i>		<i>1.30</i>	<i>13.96</i>
	<i>25</i>	<i>EA-7</i>		<i>B</i>		<i>1.26</i>	<i>13.52</i>

PRESSURES IN PSI

CIRCULATING _____ DISPLACEMENT _____

BREAKDOWN _____ MAXIMUM _____

AVERAGE _____ FRACTURE GRADIENT _____

SHUT-IN: INSTANT _____ 5-MIN _____ 15-MIN _____

HYDRAULIC HORSEPOWER *501*

ORDERED _____ AVAILABLE _____ USED _____

AVERAGE RATES IN BPM _____

TREATING _____ DISPL. _____ OVERALL _____

CEMENT LEFT IN PIPE _____

FEET _____ REASON _____

SUMMARY

VOLUMES

PREFLUSH: BBL.-GAL. _____ TYPE _____

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

TREATMENT: BBL.-GAL. _____ DISPL: BBL.-GAL. *1066*

CEMENT SLURRY: BBL.-GAL. _____

TOTAL VOLUME: BBL.-GAL. _____

REMARKS

Centralizer on 1st 2nd 3rd

Basket on 4th collar

Centralizer on 25 collar

Basket on 26 Tube Port collar 26 collar



DATE 12-22-93 PAGE 1

JOB LOG FORM 2013 R-4

CUSTOMER		WELL NO.	LEASE	JOB TYPE		TICKET NO.
American Waterworks		1-27	moore	Cement Redrilling		568695
CHART NO.	TIME	RATE (BPM)	VOLUME (GAL)	PUMPS		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	
	18:40					on loc
						ORIGINAL 4421 TD Parker 1500 FT Parker shoe 4416
						Drop 1st Ball Hook up Circulate 20 min Drop 2nd Ball wait 15 min Pressure up to set
	10:52	2 1/2			1400	Parker shoe Start Super Flush
						Mix cement 529K Plug Rat Hole 153K Plug mouse hole 105K Hook up to well Start cement down well Start mix 2 1/2 cement wash out 1 1/2
	11:10	12				Release plug Start disp.
	11:25	30				Plug down Release P. Plug 118K
	11:45	106			1200	wash up on back up job complete Thank you Acc.



COPY

TICKET

No.

568093 - 9

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

PAGE 1 OF 2

FORM 1906 R-12

1. SERVICE LOCATIONS Dress City	WELL/PROJECT NO. 1-30	LEASE MOOR	COUNTY/PARISH Ness	STATE	CITY/OFFSHORE LOCATION Dress	DATE Ks	OWNER Sum
2.	TICKET TYPE <input type="checkbox"/> SERVICE <input type="checkbox"/> SALES	NITROGEN JOB? <input type="checkbox"/> YES <input type="checkbox"/> NO	CONTRACTOR Emphasis	RIG NAME/NO. #7	SHIPPED VIA LUC	DELIVERED TO	ORDER NO.
3.	WELL TYPE	WELL CATEGORY	JOB PURPOSE	WELL PERMIT NO.	WELL LOCATION		
4.	REFERRAL LOCATION	INVOICE INSTRUCTIONS					

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			TIME	DESCRIPTION	QTY.		U/M		UNIT PRICE	AMOUNT
		LOC	ACCT	DF								
000-117		1				MILEAGE	10		mi/hr		2.25	45
001-01L		1				Pump C/Lg	1		6 Hr	310 FT.		620
030-503		1				TOP Plug LAll	1		85		9500	95
							1					95

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. CUSTOMER OR CUSTOMER'S AGENT SIGNATURE X <i>Tom Alms</i> DATE SIGNED 12-17-99 TIME SIGNED 4:10 <input checked="" type="checkbox"/> A.M. <input type="checkbox"/> P.M. <input type="checkbox"/> do <input type="checkbox"/> do not require IPC (Instrument Protection). <input type="checkbox"/> Not offered	SUB SURFACE SAFETY VALVE WAS: <input type="checkbox"/> PULLED & RETURN <input type="checkbox"/> PULLED <input type="checkbox"/> RUN	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? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> CUSTOMER DID NOT WISH TO RESPOND	PAGE TOTAL FROM CONTINUATION PAGE(S) 1,539.87	SUB-TOTAL APPLICABLE TAXES WILL BE ADDED ON INVOICE	
	TYPE LOCK DEPTH BEAN SIZE SPACERS TYPE OF EQUALIZING SUB. CASING PRESSURE	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)	CUSTOMER OR CUSTOMER'S AGENT (SIGNATURE)	HALLIBURTON OPERATOR/ENGINEER	EMP #	HALLIBURTON APPROVAL
	X <i>Tom Alms</i>	<i>T. H.</i>	71010	<i>[Signature]</i>



HALLIBURTON ENERGY SERVICES

TICKET CONTINUATION

COPY

TICKET No. 568093 (9)

FORM 1911 R-9

#3860

CUSTOMER American Warrior

WELL 1-30 Moore

DATE 12-17-93

PAGE OF

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.		U/M		UNIT PRICE	AMOUNT
		LOC	ACCT	DF							
504-136		2		B	40/60 Pozmix Standard	180				5.68	1,022.40
509-406		2		B	Calcium Chloride Blended	5				28.25	141.25
500-207		2		B	SERVICE CHARGE					1.35	256.50
500-306		2		B	MILEAGE CHARGE					1.95	1191.69
					TOTAL WEIGHT						
					LOADED MILES						
					TON MILES						

ORIGINAL

568093 (9)

CONTINUATION TOTAL 1,539.84

WELL DATA

FIELD SEC TWP RNG COUNTY WESS STATE KS FORMATION NAME TYPE 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

Table with columns: NEW USED, WEIGHT, SIZE, FROM, TO, MAXIMUM PSI ALLOWABLE. Rows: CASING, LINER, TUBING, OPEN HOLE, PERFORATIONS. Includes handwritten 'ORIGINAL' in the PERFORATIONS section.

JOB DATA

TOOLS AND ACCESSORIES table with columns: TYPE AND SIZE, QTY., MAKE. Rows: FLOAT COLLAR, FLOAT SHOE, GUIDE SHOE, CENTRALIZERS, BOTTOM PLUG, TOP PLUG, HEAD, PACKER, OTHER.

Table with columns: CALLED OUT DATE, ON LOCATION DATE, JOB STARTED DATE, JOB COMPLETED DATE. Includes handwritten times: 7:30, 10:45, 1:24, 8:30.

MATERIALS section with fields for TREAT. FLUID, DISPL. FLUID, PROP. TYPE, ACID TYPE, SURFACTANT TYPE, NE AGENT TYPE, FLUID LOSS ADD. TYPE, GELLING AGENT TYPE, FRIC. RED. AGENT TYPE, BREAKER TYPE, BLOCKING AGENT TYPE, PERFPAC BALLS TYPE, OTHER.

PERSONNEL AND SERVICE UNITS table with columns: NAME, UNIT NO. & TYPE, LOCATION. Includes handwritten entries: T Henry 71016, B. C. R. S. 89547.

DEPARTMENT: Cement DESCRIPTION OF JOB: see Job Log JOB DONE THRU: TUBING CASING ANNULUS TBG/ANN. CUSTOMER REPRESENTATIVE: X Tom Al... HALLIBURTON OPERATOR: T Henry COPIES REQUESTED: 1

CEMENT DATA

CEMENT DATA table with columns: STAGE, NUMBER OF SACKS, CEMENT, BRAND, BULK SACKED, ADDITIVES, YIELD CU.FT./SK., MIXED LBS./GAL. Includes handwritten values: 180, 60-70, 2% Sol, 3% CC, 1.30, 13.96.

SUMMARY section with fields: PRESSURES IN PSI, CIRCULATING, BREAKDOWN, AVERAGE, SHUT-IN, HYDRAULIC HORSEPOWER, ORDERED, AVAILABLE, USED, AVERAGE RATES IN BPM, TREATING, DISPL., OVERALL, CEMENT LEFT IN PIPE, FEET, REASON. Includes VOLUMES and REMARKS fields.

CUSTOMER: HALLIBURTON... WELL NO.: 1-27 JOB TYPE: 2111... DATE: 12-17-93

