

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

Operator: License # 31389
Name: Noble Petroleum, Inc.
Address 3101 North Rock Road
Wichita, KS 67226
City/State/Zip
Purchaser: N/A
Operator Contact Person: Jay Ablah
Phone (316) 636-2222
Contractor: Name: Duke Drilling Co., Inc.
License: 5929
Wellsite Geologist: JERRY HONAS
Designate Type of Completion
 New Well Re-Entry Workover
 Oil SWD S10W Temp. Abd.
 Gas ENHR S1GW
 Dry Other (Core, WSW, Expl., Cathodic, etc.)

If Workover/Re-Entry: old well info as follows:
Operator: _____
Well Name: _____
Comp. Date _____ Old Total Depth _____
 Deepening Re-perf. Conv. to Inj/SWD
 Plug Back PBSD
 Commingled Docket No. _____
 Dual Completion Docket No. _____
 Other (SWD or Inj?) Docket No. _____
02-08-94 02-15-94 2-18-94 ^{KCC}
Spud Date Date Reached TD Completion Date _{JH}

API NO. 15- 165-216500000
County Rush
SW SE SW _____ Sec. 3 Twp. 16 Rge. 18 E W
1650 Feet from S/M (circle one) Line of Section
3630 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 Grabbe Well # 1
Field Name WILDCAT
Producing Formation PENNSYLVANIAN CONGLOMERATE
Elevation: Ground 1943 KB 1952
Total Depth 3641' PBSD 3540'
Amount of Surface Pipe Set and Cemented at 1101 Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set _____ Feet
If Alternate II completion, cement circulated from _____
feet depth to _____ w/ _____ sx cat.
Drilling Fluid Management Plan ALT 1 JH 1-5-96
(Data must be collected from the Reserve Pit)
Chloride content 72,000 ppm Fluid volume 1340 bbls
Dewatering method used evaporation
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 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 [Signature]
Title Dres Date 3/22/95
Subscribed and sworn to before me this 22 day of March, 19 95.
Notary Public [Signature]
Date Commission Expires _____
VIRGINIA L. ABLAH
NOTARY PUBLIC
STATE OF KANSAS
My Appt. Exp. 12-8-97

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 checked="" type="checkbox"/>	Geologist Report Received
Distribution		
<input checked="" type="checkbox"/>	KCC	<input type="checkbox"/> SWD/Rep <input type="checkbox"/> NGPA
<input type="checkbox"/>	KGS	<input type="checkbox"/> Plug <input type="checkbox"/> Other (Specify)

SIDE TWO

Operator Name Noble Petroleum, Inc. Lease Name Grabbe Well # 1
 Sec. 3 Twp. 16 Rge. 18 East County Rush
 West

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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Name	Top	Datum
Cores Taken	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	TOPEKA	2907	-955
Electric Log Run (Submit Copy.)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	HEEBNER	3181	-1229
List All E.Logs Run:		TORONTO	3199	-1247
DUAL INDUCTION		LANSING	3230	-1278
SPECTRAL DENSITY		BASE RC	3461	-1508
		PENN SD	3512	-1560
		ARBUCKLE	3526	-1574
		REAGANSS	3613	-1661

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 1/4"	8-5/8"	23#	1101	HLC Common	340 160	3%cc #Flo Seal 3%cc
Production	7-7/8"	5 1/2"	14#	3640	Common	110	10% salt 5% Cal Seal

ADDITIONAL CEMENTING/SQUEEZE RECORD				
Purpose:	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	Acid, Fracture, Shot, Cement Squeeze Record	
	Specify Footage of Each Interval Perforated	(Amount and Kind of Material Used)	Depth
2	3560'-3568'		
2	3546-3550		
	CIBP @ 3540'		
2	3512'-3514'		

TUBING RECORD	Size <u>2 3/8"</u>	Set At <u>3511'</u>	Packer At	Liner Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date of First, Resumed Production, SWD or Inj.	<u>None as yet</u>			
Producing Method	<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 <u>11</u> Bbls.	Gas <u>0</u> Mcf	Water <u>349</u> Bbls.	Gas-Oil Ratio
Gravity				

Disposition of Gas:	<input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease (If vented, submit ACO-18.)	METHOD OF COMPLETION	Production Interval
		<input type="checkbox"/> Open Hole <input checked="" type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled	<u>3512'-3514'</u>
		<input type="checkbox"/> Other (Specify) _____	

K-1165-21658-0000

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

ORIGINAL



HALLIBURTON

ORIGINAL

INVOICE

INVOICE NO.	DATE
663909	02/09/199

WELL LEASE NO./PROJECT	WELL/PROJECT LOCATION	STATE	OWNER		
GRABBE 1	RUSH	KS	SAME		
SERVICE LOCATION	CONTRACTOR	JOB PURPOSE	TICKET DATE		
HAYS	DUKE DRILLING #4	CEMENT SURFACE CASING	02/09/199		
ACCT. NO.	CUSTOMER AGENT	VENDOR NO.	CUSTOMER P.O. NUMBER	SHIPPED VIA	FILE NO.
	RICH WHEELER			COMPANY TRUCK	6426

NOBLE PETROLEUM, INC.
3101 N. ROCK ROAD
SUITE 125
WICHITA, KS 67226

DIRECT CORRESPONDENCE TO:
OKLAHOMA TOWER
210 WEST PARK AVENUE
SUITE 2000
OKLAHOMA CITY, OK 73102-5601

REFERENCE NO.	DESCRIPTION	QUANTITY	UM	UNIT PRICE	AMOUNT
PRICING AREA - MID CONTINENT					
000-117	MILEAGE CEMENTING ROUND TRIP	26	MI	2.75	71.50
		1	UNT		
001-016	CEMENTING CASING	1102	FT	1,060.00	1,060.00
		1	UNT		
030-016	CEMENTING PLUG 5W ALUM TOP	8 5/8	IN	120.00	120.00
		1	EA		
16A	CASING SHOE - 8 5/8" 8RD THD.	1	EA	161.00	161.00
830.2171					
24A	INSERT FLOAT VALVE - 8 5/8" 8RD	1	EA	171.00	171.00
815.19502					
27	FILL-UP UNIT 7"- 8 5/8"	1	EA	55.00	55.00
815.19415					
40	CENTRALIZER 8-5/8" X 12.25"	2	EA	72.00	144.00
807.93059					
504-316	CEMENT - HALL. LIGHT STANDARD	340	SK	6.43	2,186.20
504-308	CEMENT - STANDARD	160	SK	6.96	1,113.60
507-210	FLOCELE	85	LB	1.40	119.00
509-406	ANHYDROUS CALCIUM CHLORIDE	13	SK	28.25	367.25
500-207	BULK SERVICE CHARGE	532	CFT	1.35	718.20
500-306	MILEAGE CMTG MAT DEL OR RETURN	303.973	TMI	.95	288.77

INVOICE SUBTOTAL

DISCOUNT-(BID)
INVOICE BID AMOUNT

*-KANSAS STATE SALES TAX
*-HAYS CITY SALES TAX

INVOICE TOTAL - PLEASE PAY THIS AMOUNT =====>

6,575.52
1,643.87-
4,931.65
200.05
40.83

2-24-99
CK# 1015
\$5,172.53

RECEIVED
STATE CORPORATION COMMISSION
NOV 14 1995
WICHITA, KANSAS

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



HALLIBURTON

HALLIBURTON ENERGY SERVICES

FORM 1906 R-13

CHARGE TO:

Noble Petroleum Co. Inc

ADDRESS

CITY, STATE, ZIP CODE

COPY

TICKET

No.

663909 - 4

PAGE 1 OF 2

SERVICE LOCATIONS 1. Hay-K- 025505	WELL/PROJECT NO. 1	LEASE Grabbee	COUNTY/PARISH Rush	STATE Kc	CITY/OFFSHORE LOCATION	DATE 2-9-94	OWNER Same
2.	TICKET TYPE <input checked="" type="checkbox"/> SERVICE <input type="checkbox"/> SALES	NITROGEN JOB? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	CONTRACTOR	RIG NAME/NO. 4	SHIPPED VIA CT	DELIVERED TO Well Site	ORDER NO.
3.	WELL TYPE	WELL CATEGORY	WELL PURPOSE	WELL PERMIT NO.	WELL LOCATION		
4.	WELL TYPE	WELL CATEGORY	WELL PURPOSE	WELL PERMIT NO.	WELL LOCATION		
REFERRAL LOCATION 257	INVOICE INSTRUCTIONS						

15-165-21650-0000

PRICE REFERENCE	SECONDARY REFERENCE PART NUMBER	ACCOUNTING LOC ACCT DF	DESCRIPTION	QTY	U/M	QTY	U/M	UNIT PRICE	AMOUNT
000-117		1	MILEAGE on PT (3244) RT	26				2.75	71
001-011		1	Pump Chg	11025				1060	1060
030-114		1	5W Top Plug	1	ea	85		120	120
8-16A	830-2171	1	Csg Shoe Type M	1	ea	85		161	161
24A	815-19502	1	Insert Floor Valve	1	ea	85		171	171
27	815-19415	1	Fill-up Unit	1	ea	53		55	55
4D	807-93059	1	S-4 Centralizer	2	ea	85		72	144

LEGAL TERMS: Customer hereby acknowledges and agrees to the terms and conditions on the reverse side hereof which include, but are not limited to, PAYMENT, RELEASE, INDEMNITY, and LIMITED WARRANTY provisions.			SUB SURFACE SAFETY VALVE WAS: <input type="checkbox"/> PULLED & RETURN <input type="checkbox"/> PULLED <input type="checkbox"/> RUN			SURVEY		UN-DECIDED		DIS-AGREE		PAGE TOTAL		1752			
CUSTOMER OR CUSTOMER'S AGENT SIGNATURE X <i>Rob Wheeler</i>			TYPE OF EQUALIZING SUB.			CASING PRESSURE			OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN?		FROM CONTINUATION PAGE(S)		4793				
DATE SIGNED 2-9-94			TIME SIGNED 0800			<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.			WE UNDERSTOOD AND MET YOUR NEEDS?		OUR SERVICE WAS PERFORMED WITHOUT DELAY?		WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY?				
<input type="checkbox"/> do <input type="checkbox"/> do not require IPC (Instrument Protection). <input type="checkbox"/> Not offered			TUBING SIZE			TUBING PRESSURE			WELL DEPTH			ARE YOU SATISFIED WITH OUR SERVICE? <input type="checkbox"/> YES <input type="checkbox"/> NO		SUB-TOTAL APPLICABLE TAXES WILL BE ADDED ON INVOICE		6575	
			TREE CONNECTION			TYPE VALVE			<input type="checkbox"/> CUSTOMER DID NOT WISH TO RESPOND								

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		HALLIBURTON APPROVAL	
		X <i>Rob Wheeler</i>		<i>John Smith</i>		EMP # 43800 20	



HALLIBURTON ENERGY SERVICES

CHARGE TO:

North Pointe New Co T

ADDRESS

CITY, STATE, ZIP CODE

COPY

No.

663909 - 4

PAGE 1 OF 1

FORM 1906 R-13

SERVICE LOCATIONS	WELL/PROJECT NO.	LEASE	COUNTY/PARISH	STATE	CITY/OFFSHORE LOCATION	DATE	OWNER
1. Hwy 6	M 1	Green	Red	K			
2.	TICKET TYPE <input type="checkbox"/> SERVICE <input type="checkbox"/> SALES	NITROGEN JOB? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	CONTRACTOR	RIG NAME/NO.	SHIPPED VIA	DELIVERED TO	ORDER NO.
3.	WELL TYPE	WELL CATEGORY	JOB PURPOSE	WELL PERMIT NO.	WELL LOCATION		
4.	REFERRAL LOCATION	INVOICE INSTRUCTIONS					

RECEIVED STATE COMMISSION NOV 1 1995

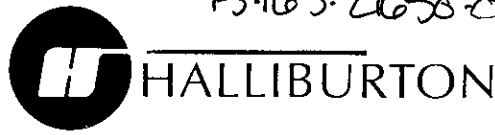
15-165-2650-0008

PRICE REFERENCE	SECONDARY REFERENCE PART NUMBER	ACCOUNTING LOC ACCT DF	DESCRIPTION	QTY	U/M	QTY	U/M	UNIT PRICE	AMOUNT
000-111		1	MILEAGE (PT 1 1/4) RT	21				2.15	45
000-111		1	Pump Chg	110				1.10	121
000-111		1	500 Top Plug	1	50			1.10	1.10
16A	515.193	1	ORIGINAL	1	50			1.10	1.10
17A	515.193	1	ORIGINAL	1	50			1.10	1.10
17	515.19415	1	ORIGINAL	1	50			1.10	1.10
41	502.50019	1	ORIGINAL	1	50			1.10	1.10

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>[Signature]</i>	SUB SURFACE SAFETY VALVE WAS: <input type="checkbox"/> PULLED & RETURN <input type="checkbox"/> PULLED <input type="checkbox"/> RUN		<input checked="" type="checkbox"/> SURVEY <input type="checkbox"/> AGREE <input type="checkbox"/> UN-DECIDED <input type="checkbox"/> DIS-AGREE		PAGE TOTAL FROM CONTINUATION PAGE(S) 479
	TYPE LOCK	DEPTH	OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN?		
	BEAN SIZE	SPACERS	WE UNDERSTOOD AND MET YOUR NEEDS?		
	TYPE OF EQUALIZING SUB.	CASING PRESSURE	OUR SERVICE WAS PERFORMED WITHOUT DELAY?		
DATE SIGNED	TIME SIGNED	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	TUBING SIZE	TUBING PRESSURE	WELL DEPTH
<input type="checkbox"/> do <input type="checkbox"/> do not require IPC (Instrument Protection). <input type="checkbox"/> Not offered		TREE CONNECTION	TYPE VALVE		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					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)	CUSTOMER OR CUSTOMER'S AGENT (SIGNATURE)	HALLIBURTON OPERATOR/ENGINEER	EMP #	HALLIBURTON APPROVAL	
	X <i>[Signature]</i>				

ORIGINAL



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

INVOICE

INVOICE NO.	DATE
663910	02/15/1994

WELL LEASE NO./PROJECT		WELL/PROJECT LOCATION		STATE	OWNER
BRABBE #1		RUSH		KS	SAME
SERVICE LOCATION		CONTRACTOR	JOB PURPOSE		TICKET DATE
DAYS		DUKE DRILLING #4	CEMENT PRODUCTION CASING		02/15/1994
ACCT. NO.	CUSTOMER AGENT	VENDOR NO.	CUSTOMER P.O. NUMBER	SHIPPED VIA	FILE NO.
	GARY SHARP			COMPANY TRUCK	64266

NOBLE PETROLEUM, INC.
3101 N. ROCK ROAD
SUITE 125
WICHITA, KS 67226

DIRECT CORRESPONDENCE TO:
OKLAHOMA TOWER
210 WEST PARK AVENUE
SUITE 2000
OKLAHOMA CITY, OK 73102-5601

REFERENCE NO.	DESCRIPTION	QUANTITY	UM	UNIT PRICE	AMOUNT
PRICING AREA - MID CONTINENT					
000-117	MILEAGE CEMENTING ROUND TRIP	24	MI	2.75	66.00
		1	UNT		
001-016	CEMENTING CASING	3640	FT	1,455.00	1,455.00
		1	UNT		
030-016	CEMENTING PLUG SW ALUM TOP	5 1/2	IN	60.00	60.00
		1	EA		
018-317	SUPER FLUSH	8	SK	100.00	800.00
019-241	CASING SWIVEL W/O WALL CLEANER	1	JOB	185.00	185.00
12A	GUIDE SHOE - 5 1/2" 8RD THD.	1	EA	121.00	121.00
825.205					
24A	INSERT FLOAT VALVE - 5 1/2" 8RD	1	EA	110.00	110.00
815.19251					
27	FILL-UP UNIT 5 1/2"-6 5/8"	1	EA	55.00	55.00
815.19311					
50	FLUIDMASTER CENT 5 1/2 S-4	4	EA	63.00	252.00
807.93522					
66	FASGRIP LIMIT CLAMP 5 1/2"	1	EA	12.00	12.00
807.64031					
504-308	CEMENT - STANDARD	125	SK	6.96	870.00
509-968	SALT	500	LB	.13	65.00
508-127	CAL SEAL 60	5	SK	20.70	103.50
508-291	GILSONITE BULK	660	LB	.40	264.00
507-775	HALAD-322	52	LB	7.00	364.00
500-207	BULK SERVICE CHARGE	153	CFT	1.35	206.55
500-306	MILEAGE CMTG MAT DEL OR RETURN	87.503	TMI	.95	83.13

INVOICE SUBTOTAL

DISCOUNT- (BID)
INVOICE BID AMOUNT

RECEIVED
STATE CORPORATION COMMISSION

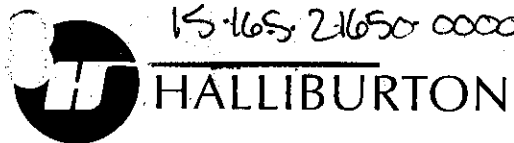
JAN 19 1994

5,072.18

1,268.03-
3,804.15

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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 amount, Customer



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

INVOICE

INVOICE NO.	DATE
572309	02/17/1994

WELL LEASE NO./PROJECT	WELL/PROJECT LOCATION	STATE	OWNER		
BRABBE 1	RUSH	KS	SANE		
SERVICE LOCATION	CONTRACTOR	JOB PURPOSE	TICKET DATE		
CREAT BEND		CEMENT/CASING EVALUATION	02/17/1994		
ACCOUNT NO.	CUSTOMER AGENT	VENDOR NO.	CUSTOMER P.O. NUMBER	SHIPPED VIA	FILE NO.
631091	GARY SHARP			COMPANY TRUCK	64853

NOBLE PETROLEUM, INC.
3101 N. ROCK ROAD
SUITE 125
WICHITA, KS 67226

ORIGINAL

DIRECT CORRESPONDENCE TO:
OKLAHOMA TOWER
210 WEST PARK AVENUE
SUITE 2000
OKLAHOMA CITY, OK 73102-5601

REFERENCE	DESCRIPTION	QUANTITY	UM	UNIT PRICE	AMOUNT
PRICING AREA - MID CONTINENT					
750-500	SERVICE CHARGE-CASED HOLE-LAND	1	EA	900.00	900.00
754-790	MSG CEMENT BOND LOG	3616	FT	.35	1,265.60
754-791	MSG CEMENT BOND LOG OPER	968	FT	.35	350.00
752-330	GAMMA RAY IN COMBINATION	3616	FT	.11	397.76
752-331	GAMMA RAY IN COMBINATION	968	FT	.11	110.00
757-320	STAND SHOT DENSITIES 2" TO 5"	3568	FT	.22	784.96
757-324	EXP CASING GUNS STD SHOT 2SPF	3560	FT	110.00	880.00
		8	IVL		

INVOICE SUBTOTAL	4,688.32
DISCOUNT-(BID)	2,344.16-
INVOICE BID AMOUNT	2,344.16

*3-15-94
CK# 1021
\$ 2,344.16*

AIP

INVOICE TOTAL - PLEASE PAY THIS AMOUNT =====> \$2,344.16

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 agrees to pay attorney fees of 20% of the unpaid account, plus all collection and court costs.