

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

Operator: License # 5144
Name: Mull Drilling Company, Inc.
Address P.O. Box 2758

City/State/Zip Wichita, KS 67201

Purchaser: N/A

Operator Contact Person: Mark A. Shreve
Phone (316) 264-6366

Contractor: Name: Cheyenne Well Service
License: 6454

Wellsite Geologist: _____

Designate Type of Completion
 New Well Re-Entry Workover

Oil SWD SIOW Temp. Abd.
 Gas ENHR SIGW
 Dry Other (Core, WSW, Expl., Cathodic, etc)

If Workover/Reentry: Old Well Info as follows:

Operator: Mull Drilling Company, Inc.
Well Name: James A #4
Comp. Date 7-7-85 Old Total Depth 4625

Deepening Re-perf. Conv. to Inj/SWD
 Plug Back PBSD
 Commingled Docket No. _____
 Dual Completion Docket No. _____
 Other (SWD or Inj?) Docket No. D 24,100

8-30-99 Spud Date 10-13-99 Date Reached TD 10-13-99 Completion Date
Workover

API NO. 15- 101-20350-0001 ⁰⁰⁰²

County Lane
-N/2-NE-SE Sec. 36 Twp. 16 Rge. 29 ^E W

1980 Feet from (S) (circle one) Line of Section
660 Feet from (E) (circle one) Line of Section

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

Lease Name Terwilliger NE Unit Well # 4

Field Name Terwilliger East

Producing Formation Lansing KC + Marmaton

Elevation: Ground 2793 KB 2800

Total Depth 4625 PBSD 4506

Amount of Surface Pipe Set and Cemented at 325 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 cmt.

Drilling Fluid Management Plan Re-work, 10-27-99 UC
(Data must be collected from the Reserve Pit)

Chloride content _____ ppm Fluid volume _____ bbls

Dewatering method used _____

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, 130 S. Market - Room 2078, 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 President Date 10-18-99

Subscribed and sworn to before me this 18th day of October, 19 99.

Notary Public Maria R. Olmstead

Date Commission Expires October 14, 2002

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

MARIA R. OLMSTEAD
Notary Public - State of Kansas
My Appt. Expires 10-14-2002

Operator Name Mull Drilling Company, Inc. Lease Name Terwilliger NE Unit Well # 4

Sec. 36 Twp. 16S Rge. 29 East West
 County Lane

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 Samples Sent to Geological Survey <input type="checkbox"/> Yes <input type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Electric Log Run (Submit Copy.) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No List All E.Logs Run: RA Guard - <i>run 10-28-75</i>	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datums <input type="checkbox"/> Sample <table border="1"> <thead> <tr> <th>Name</th> <th>Top</th> <th>Datum</th> </tr> </thead> <tbody> <tr><td>Anhydrite</td><td>2204</td><td></td></tr> <tr><td>Heebner</td><td>3954</td><td></td></tr> <tr><td>Toronto</td><td>3978</td><td></td></tr> <tr><td>Lansing</td><td>3996</td><td></td></tr> <tr><td>Stark</td><td>4242</td><td></td></tr> <tr><td>B/KC</td><td>4320</td><td></td></tr> <tr><td>Marmaton</td><td>4329</td><td></td></tr> <tr><td>Ft Scott</td><td>4489</td><td></td></tr> <tr><td>Cherokee</td><td>4512</td><td></td></tr> <tr><td>Solid Miss</td><td>4585</td><td></td></tr> <tr><td>LFD</td><td>4625</td><td></td></tr> </tbody> </table>	Name	Top	Datum	Anhydrite	2204		Heebner	3954		Toronto	3978		Lansing	3996		Stark	4242		B/KC	4320		Marmaton	4329		Ft Scott	4489		Cherokee	4512		Solid Miss	4585		LFD	4625	
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CASING RECORD

New 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#	323	Common	200	3%cc 2%Gel
Production	7 7/8	5 1/2		4623	Common Poz 50-50	50 100	2% Gel 10% Salt 3/4 of 1% CFB2
Liner	N/A	4 1/2	10.5#	4172	Mid Con II	70	

ADDITIONAL CEMENTING/SQUEEZE RECORD SEE ATTACHED

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 Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used) Depth
SEE ATTACHED		

TUBING RECORD	Size 2 3/8"	Set At 4145	Packer At 4145	Liner Run <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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Date of First, Resumed Production, SWD or Inj. _____ Producing Method Flowing Pumping Gas Lift Other (Explain) _____

Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
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Disposition of Gas: METHOD OF COMPLETION Production Interval

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

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

ORIGINAL

ACO-1 Supplemental Information
Terwilliger NE Unit #4

ADDITIONAL CEMENTING/SQUEEZE RECORD							
Date	Purpose	Depth		Type of Cement	# Sacks Used	Type and Percent Additives	Comment
		Top	Bottom				
8/31/99	Plug off zone	1790'	1800'				Squeeze Cedar Hills Perfs
9/9/99	Plug off zone	1633'	1800'	Common	100	2% Calcium Chloride	Squeeze Cedar Hills Perfs
9/17/99	Protect Casing	1810'	1850'	Common	100	2% Calcium Chloride	Squeeze 5-1/2" Casing Leak
9/21/99	Protect Casing	1810'	1850'	Micro-Matrix/Common	25/50	2% Calcium Chloride	Squeeze 5-1/2" Casing Leak
10/6/99	Protect Casing	Surface	4182'	Mid Con II	70		Cement 4-1/2" Liner
PERFORATION RECORD							
Shots Per Foot	Perforated Interval		Zone				
	Top	Bottom					
4	4255'	4259'	Lansing KC 'K'				
4	4278'	4284'	Lansing KC 'L'				
4	4340'	4345'	Marmaton				
4	4393'	4398'	Marmaton				
4	4402'	4410'	Marmaton				
4	4419'	4427'	Marmaton				

RECEIVED
STATE GEOLOGICAL COMMISSION

OCT 1 1999

ORIGINAL
OIL & GAS DIVISION
TOLSON, KANSAS



CHARGE TO: **MULL DRUG**
 ADDRESS:
 CITY, STATE, ZIP CODE:

TICKET No. **1675** ORIGINAL

15-101-20350-0001

PAGE 1 OF 1

SERVICE LOCATIONS: **Area C75 16**

WELL/PROJECT NO. 4	LEASE Tneu	COUNTY/PARISH Lane	STATE KS	CITY	DATE 10-6-99	OWNER Same
TICKET TYPE <input checked="" type="checkbox"/> SERVICE <input type="checkbox"/> SALES	CONTRACTOR	RIG NAME/NO.	SHIPPED VIA 104	DELIVERED TO Shields	ORDER NO.	
WELL TYPE SWD	WELL CATEGORY workover	JOB PURPOSE Liner	WELL PERMIT NO.		WELL LOCATION	
REFERRAL LOCATION	INVOICE INSTRUCTIONS					

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.		UNIT PRICE	AMOUNT	
		LOC	ACCT	DF		UM	UM			
575		1			MILEAGE	40	mi	2.00	80.00	
578					Pump Charge	1	EA	4182.00	1200.00	
400					Guide shoe	1	EA	4 1/2 IN	65.00	
401					Insert w/o Fill Tube	1	EA	4 1/2 IN	95.00	
410					TOP PLUG	1	EA	4 1/2 IN	35.00	
330					SMDS Cement	70	SKS		9.50	665.00
286					Halod-1	24	LBS		5.25	126.00
285					CFR-2	50	LBS		2.75	137.50
290					D-AIR	24	LBS		2.75	66.00
581					BULK SERVICE Chg	70			1.00	70.00
583					DRAYAGE	140.16	Ton Mi		.75	105.12
					Adjustment FOR WATER TX + RIG TIME					-500.00

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 PART OF WORK OR DELIVERY OF GOODS

Michael Kelly
 DATE SIGNED: **10-6-99** TIME SIGNED: **1000** A.M. P.M.

REMIT PAYMENT TO:
SWIFT SERVICES, INC.
P.O. BOX 466
NESS CITY, KS 67560
785-798-2300

SURVEY	AGREE	UN-DECIDED	DIS-AGREE	PAGE TOTAL	2144 62
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?				TAX	
ARE YOU SATISFIED WITH OUR SERVICE?	<input type="checkbox"/> YES <input type="checkbox"/> NO			TOTAL	
<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

SWIFT OPERATOR: *Denny* APPROVAL:

Thank You!

ORIGINAL



CHARGE TO: *Mull. Delg. Co. Tax.*
 ADDRESS:
 CITY, STATE, ZIP CODE:

TICKET ORIGINAL
 No 1551
 PAGE 1 OF 1

SERVICE LOCATIONS: *Ness City, Ks.*
 WELL/PROJECT NO.: *214*
 LEASE: *Truv*
 COUNTY/PARISH: *Lane*
 STATE: *Ks.*
 CITY:
 DATE: *8-31-99*
 OWNER: *Same*
 TICKET TYPE: SERVICE SALES
 CONTRACTOR: *Chryseum Well Serv.*
 RIG NAME/NO.:
 SHIPPED VIA: *CT*
 DELIVERED TO:
 ORDER NO.:
 WELL TYPE: *Drill*
 WELL CATEGORY: *Workover*
 JOB PURPOSE: *Squeeze Poffs*
 WELL PERMIT NO.:
 WELL LOCATION:
 REFERRAL LOCATION:
 INVOICE INSTRUCTIONS:

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.		UNIT PRICE		AMOUNT
		LOC	ACCT	DF		QTY.	UM	QTY.	UM	
575		1			MILEAGE "103	45	mil	2	00	90
578		1			Pump Service 9-1	1790	ft.	1,200	00	1,200
505		1			Pump Service 2-31	5	hr.	500	00	500
575		1			Mileage "103	45	mil	2	00	90
581		1			Service Charge	250	sk.	1	00	250
583		1			Drayage	532.5	Trk/lt.	175		399
325		1			Standard Cement	130	sk.	6	75	1,215
298		1			Calcium Chloride	1	sk.	25	00	25

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

[Signature]
 DATE SIGNED: TIME SIGNED: A.M. P.M.

REMIT PAYMENT TO:
 SWIFT SERVICES, INC.
 P.O. BOX 466
 NESS CITY, KS 67560
 785-798-2300

SURVEY	AGREE	UN-DECIDED	DIS-AGREE	PAGE TOTAL
OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN?				3769
WE UNDERSTOOD AND MET YOUR NEEDS?				
OUR SERVICE WAS PERFORMED WITHOUT DELAY?				
WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY?				TAX
ARE YOU SATISFIED WITH OUR SERVICE? <input type="checkbox"/> YES <input type="checkbox"/> NO				TOTAL
<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.

SWIFT OPERATOR: *[Signature]* APPROVAL: _____

Thank You!



CHARGE TO: Mull Drtg.
 ADDRESS:
 CITY, STATE, ZIP CODE:

TICKET No 1543 ORIGINAL
 PAGE 1 OF 1

SERVICE LOCATIONS: Ness City KS
 WELL/PROJECT NO.: SWP 4 LEASE: TNEU COUNTY/PARISH: Lane STATE: KS CITY: DATE: 9-9-99 OWNER: Same
 TICKET TYPE: SERVICE SALES CONTRACTOR: RIG NAME/NO.: Cheyenne Well SHIPPED VIA: 103 DELIVERED TO: W. Shields ORDER NO.:
 WELL TYPE: Disposal WELL CATEGORY: workover JOB PURPOSE: SO2 CSG LEAK WELL PERMIT NO.: WELL LOCATION:
 REFERRAL LOCATION: INVOICE INSTRUCTIONS:

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.		U/M		UNT PRICE	AMOUNT
		LOC	ACCT	DF							
<u>575</u>		<u>1</u>			<u>MILEAGE 103</u>	<u>45</u>	<u>mi</u>			<u>2.00</u>	<u>9000</u>
<u>78 325</u>		<u>1</u>			<u>Pump Charge</u>	<u>1</u>	<u>EA</u>	<u>1633</u>	<u>FT</u>		<u>1200.00</u>
<u>325</u>		<u>1</u>			<u>STANDARD Cement</u>	<u>100</u>	<u>SK</u>			<u>6.75</u>	<u>675.00</u>
<u>278</u>		<u>1</u>			<u>Calcium Chloride</u>	<u>2</u>	<u>SK</u>			<u>25.00</u>	<u>50.00</u>
<u>581</u>		<u>1</u>			<u>BULK SERVICE CHARGE</u>	<u>100</u>	<u>EA</u>			<u>1.00</u>	<u>100.00</u>
		<u>1</u>			<u>DRAINAGE</u>	<u>215</u>	<u>10</u>	<u>Ton</u>	<u>Mi</u>		<u>161.33</u>

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 MUST BE SIGNED BY CUSTOMER OR CUSTOMER'S AGENT PRIOR TO START OF WORK OR DELIVERY OF GOODS
 DATE SIGNED: 9-9-99 TIME SIGNED: 2:00 A.M. P.M.

REMIT PAYMENT TO:
SWIFT SERVICES, INC.
P.O. BOX 466
NESS CITY, KS 67560
785-798-2300

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 checked="" type="checkbox"/> YES <input type="checkbox"/> NO		
<input type="checkbox"/> CUSTOMER DID NOT WISH TO RESPOND			

PAGE TOTAL: 2276.33
 TAX: 100
 TOTAL: 2276.33

CUSTOMER ACCEPTANCE OF MATERIALS AND SERVICES The customer hereby acknowledges receipt of the materials and services listed on this ticket
 SWIFT OPERATOR: Granny APPROVAL: [Signature]
 Thank You!

ORIGINAL

ALLIED CEMENTING CO., INC. 1709

Federal Tax I.D.# 48-0727860

REMIT TO P.O. BOX 31
RUSSELL, KANSAS 67665.

SERVICE POINT: Oakley

DATE <u>9-17-99</u>	SEC <u>36</u>	TWP <u>16</u>	RANGE <u>29</u>	CALLED OUT	ON LOCATION <u>9:00 AM</u>	JOB START	JOB FINISH <u>11:45 AM</u>
LEASE <u>TNEU</u>	WELL # <u>4</u>	LOCATION <u>Shields 1/4 W - 1/2 N - W 1/4</u>			COUNTY <u>Lane</u>	STATE <u>Kan</u>	
<u>OLD OR NEW (Circle one)</u>							

CONTRACTOR Cheyenne Well Service
 TYPE OF JOB Squeeze
 HOLE SIZE _____ T.D. _____
 CASING SIZE 5 1/2 DEPTH _____
 TUBING SIZE 2 1/2 DEPTH _____
 DRILL PIPE _____ DEPTH _____
 TOOL Midcom DEPTH 1613'
 PRES. MAX _____ MINIMUM _____
 MEAS. LINE _____ SHOE JOINT _____
 CEMENT LEFT IN CSG. _____
~~FEES~~ Plug @ 2274 Hole @ 1800'
 DISPLACEMENT _____

OWNER Same
 CEMENT
 AMOUNT ORDERED 100 SKS COM, 2% CC
 COMMON 100 SKS @ 7.55 755.00
 POZMIX _____ @ _____
 GEL _____ @ _____
 CHLORIDE 2 SKS @ 28.00 56.00
 _____ @ _____
 _____ @ _____
 _____ @ _____
 HANDLING 100 SKS @ 1.05 105.00
 MILEAGE 40 / SK / mile 160.00
 TOTAL 1,076.00

EQUIPMENT

PUMP TRUCK CEMENTER Walt
 # 102 HELPER Terry
 BULK TRUCK
 # 282 DRIVER Rick
 BULK TRUCK
 # _____ DRIVER _____

REMARKS:

Test Plug @ 1000' Hold
Spotted sand on Plug. Took rate
down tubing above Hole! 5 BPM @ 2000'
Mixed 100 SKS COM, Pressured to
1500' cleared tubing, circ. came out
out, Pressured Squeeze to 1000' Hold

SERVICE

DEPTH OF JOB _____
 PUMP TRUCK CHARGE _____ 470.00
 EXTRA FOOTAGE _____ @ _____
 MILEAGE 40 miles @ 2.85 114.00
 PLUG _____ @ _____
 _____ @ _____
 _____ @ _____

TOTAL 470.00

CHARGE TO: Mull Dels Co.
 STREET _____
 CITY _____ STATE _____ ZIP _____

FLOAT EQUIPMENT

_____ @ _____
 _____ @ _____
 _____ @ _____
 _____ @ _____
 _____ @ _____

TOTAL _____

To Allied Cementing Co., Inc.
 You are hereby requested to rent cementing equipment and furnish cementer and helper to assist owner or contractor to do work as is listed. The above work was done to satisfaction and supervision of owner agent or contractor. I have read & understand the "TERMS AND CONDITIONS" listed on the reverse side.

TAX _____
 TOTAL CHARGE 1,546.00
 DISCOUNT _____ IF PAID IN 30 DAYS

SIGNATURE Jay Boone

RECEIVED _____
 PRINTED NAME _____

OCT 19 1999

ALLIED CEMENTING CO., INC. 1713

Federal Tax I.D.# 48-0727860

REMIT TO P.O. BOX 31
RUSSELL, KANSAS 67665

SERVICE POINT
Oakley

DATE <u>9-21-99</u>	SEC. <u>36</u>	TWP. <u>16^S</u>	RANGE <u>29^W</u>	CALLED OUT	ON LOCATION <u>2:30 PM</u>	JOB START	JOB FINISH <u>4:30 PM</u>
LEASE <u>TNEU</u>	WELL# <u>4</u>	LOCATION <u>Shields 1/4 W-1/4 N-16 S</u>			COUNTY <u>Lane</u>	STATE <u>Kan</u>	
OLD OR NEW (Circle one)							

CONTRACTOR Cheyenne Well Service OWNER Same
 TYPE OF JOB Squeeze
 HOLE SIZE _____ T.D. _____
 CASING SIZE 5 1/2" DEPTH _____
 TUBING SIZE 2 7/8" DEPTH _____
 DRILL PIPE _____ DEPTH _____
 TOOL Packer (midcom) DEPTH 1616'
 PRES. MAX _____ MINIMUM _____
 MEAS. LINE _____ SHOE JOINT _____
 CEMENT LEFT IN CSG. _____
 PERFS. 21810'
 DISPLACEMENT _____

CEMENT

AMOUNT ORDERED	<u>50 sks com</u>		
	<u>25 sks micro matrix, 2-CC</u>		
COMMON	<u>50 sks</u>	@ <u>7.95</u>	<u>377.50</u>
POZMIX		@	
GEL		@	
CHLORIDE	<u>2 sks</u>	@ <u>28.00</u>	<u>56.00</u>
	<u>Micro-matrix - 25 sks</u>	@ <u>85.00</u>	<u>2,125.00</u>
HANDLING	<u>50 sks</u>	@ <u>1.05</u>	<u>52.50</u>
MILEAGE	<u>4¢ per sk/mile</u>		<u>100.00</u>
			TOTAL <u>2,711.00</u>

EQUIPMENT

PUMP TRUCK CEMENTER Walt
 # 102 HELPER Tony
 BULK TRUCK
 # 218 DRIVER Lannie
 BULK TRUCK
 # _____ DRIVER _____

REMARKS:

Put 500 psi on backside
Took rate down tubing 2' 4 BPM
200 psi, mixed 25 sks micro-
matrix, tail in w/ 150 sks com, 2-CC
Displaced 36 DBL. Pressured to
1500 psi, cleared tubing. Pulled
2 Jts, set Packer pressure to 1000
held. Shut in

SERVICE

DEPTH OF JOB		
PUMP TRUCK CHARGE		<u>580.00</u>
EXTRA FOOTAGE	@	
MILEAGE	<u>40 miles</u>	@ <u>2.50</u> <u>nic</u>
PLUG	@	
TOTAL <u>580.00</u>		

CHARGE TO: Mull Dels Co
 STREET _____
 CITY _____ STATE _____ ZIP _____

FLOAT EQUIPMENT

TOTAL		
TAX		
TOTAL CHARGE	<u>3,291.00</u>	
DISCOUNT	<u>- 658.00</u>	IF PAID IN 30 DAYS
Total = <u>2,633.00</u>		

To Allied Cementing Co., Inc.
 You are hereby requested to rent cementing equipment and furnish cementer and helper to assist owner or contractor to do work as is listed. The above work was done to satisfaction and supervision of owner agent or contractor. I have read & understand the "TERMS AND CONDITIONS" listed on the reverse side.

SIGNATURE [Signature]

STATE REGISTRATION COMMISSION PRINTED NAME

OCT 16 1999