

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

Operator: License # 5447

Name: OXY USA Inc.

Address P. O. Box 300

City/State/Zip Tulsa, OK 74102

Purchaser: \_\_\_\_\_

Operator Contact Person: David D. Juby

Phone 918/561-3564

Contractor: Name: Duke Drilling

License: \_\_\_\_\_

Wellsite Geologist: Douglas H. McGinness

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:

Operator: \_\_\_\_\_

Well Name: \_\_\_\_\_

Comp. Date \_\_\_\_\_ Old Total Depth \_\_\_\_\_

Deepening  Re-perf.  Conv. to Inj/SWD  
 Plug Back  PBD  
 Commingled  Docket No. \_\_\_\_\_  
 Dual Completion  Docket No. \_\_\_\_\_  
 Other (SWD or Inj?)  Docket No. \_\_\_\_\_

10/2/96 10/9/96 10/25/96  
Spud Date Date Reached TD Completion Date

API NO. 15- 007-22521 <sup>00-00</sup>

County Barber

APP - NE - SW - NE Sec. 6 Twp. 34S Rge. 13 X <sup>E</sup> X <sup>W</sup>

1860 Feet from S/N (circle one) Line of Section

1650 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 Ott B Well # 4

Field Name Aetna

Producing Formation Mississippian

Elevation: Ground 1854' KB 1865'

Total Depth 5200' PBDT 5141'

Amount of Surface Pipe Set and Cemented at 428 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 ALT I 10-20-97 JK  
(Data must be collected from the Reserve Pit)

Chloride content \_\_\_\_\_ ppm Fluid volume \_\_\_\_\_ 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. \_\_\_\_\_

**RECEIVED**  
KANSAS CORPORATION COMMISSION  
3-24-97  
MAR 24 1997  
CONSERVATION DIVISION  
WICHITA, KS

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 David D. Juby David D. Juby

Title Senior Engineering Technician Date 3/19/97

Subscribed and sworn to before me this 19th day of March, 19 97

Notary Public Quetta J. Schwadlenak  
Quetta J. Schwadlenak

Date Commission Expires August 24, 1996 July 23, 1998

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

Operator Name OXY USA Inc. Lease Name Ott B Well # 4

Sec. 6 Twp. 34 Rge. 13  East  West County Barber

**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 Datum <input checked="" type="checkbox"/> Sample <table border="1"> <thead> <tr> <th>Name</th> <th>Top</th> <th>Datum</th> </tr> </thead> <tbody> <tr> <td>Hebner</td> <td>4728'</td> <td>-2863</td> </tr> <tr> <td>Kinderhook</td> <td>5090'</td> <td>-3225</td> </tr> <tr> <td>Lansing</td> <td>4294'</td> <td>-2429</td> </tr> <tr> <td>Miss.</td> <td>4856'</td> <td>-2991</td> </tr> <tr> <td>Viola</td> <td>5181'</td> <td>-1316</td> </tr> </tbody> </table>	Name	Top	Datum	Hebner	4728'	-2863	Kinderhook	5090'	-3225	Lansing	4294'	-2429	Miss.	4856'	-2991	Viola	5181'	-1316
Name	Top		Datum																	
Hebner	4728'		-2863																	
Kinderhook	5090'		-3225																	
Lansing	4294'	-2429																		
Miss.	4856'	-2991																		
Viola	5181'	-1316																		
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:	Dual Induction w/GR & SP Comp. Neutron Lisodensity w/GR, Pe, Cal. Microlog Acoustic Cement Bond																			

CASING RECORD <input checked="" 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"	24#	428	65/35 Poz Class A	250	6% Gel .25# 3% CC
Production	7 7/8"	5 1/2"	15.5	5197	65/35 Poz Class A	120	6% Gel .25# PPS
					50/50 Poz Class A	190	2% Gel, 12% Salt .5% Halid 1% CC .25# PPS

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				

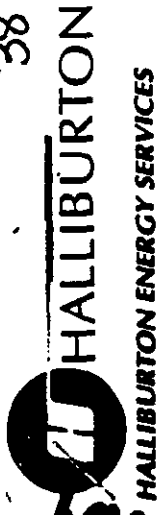
Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used) Depth	
		3 SP 2 Feet	4862-92' w/ 3SP 2'
		Frac miss. w/8000 gals 25# Frac gel & 23,200# sand (12/20)	4862-92'

<b>TUBING RECORD</b>	Size <u>2 3/8"</u>	Set At <u>4928'</u>	Packer At <u>None</u>	Liner Run <input type="checkbox"/> Yes <input type="checkbox"/> No
Date of First, Resumed Production, SWD or Inj. Production <u>10/30/96</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>0</u>	Bbls. <u>15</u>	Gas <u>330</u>	Mcf <u>330</u>
	Water <u>22,000</u>	Bbls. <u>1</u>	Gas-Oil Ratio <u>22,000:1</u>	Gravity

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

Vented  Sold  Used on Lease  Open Hole  Perf.  Dually Comp.  Conmingled  
 (If vented, submit ACO-18.)  other (Specify) \_\_\_\_\_

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HALLIBURTON ENERGY SERVICES  
HAL-1908-P

SERVICE LOCATIONS

1. *Pratt KS*
2. *INAL*
3. *INAL*
4. *INAL*

WELL PROJECT NO.  
#4

TICKET TYPE | NITROGEN SERVICE JOB?  YES  
 SALES  NO

LEASE

*OTT B*

COUNTY/PARISH

*Barber*

STATE

*KS*

CITY/OFFSHORE LOCATION

*Delivered to LCC*

DATE

*10.2.96*

OWNER

*Same*

CHARGE TO

*Oxy USA*

ORIGINAL - DUNCAN COPY

No.

*104544 -*

TICKET

CITY STATE ZIP CODE

PAGE *1* OF *2*

WELL LOCATION  
*land*

WELL PERMIT NO.

JOB PURPOSE  
*01*

RIG NAME/NO  
*#4*

WELL CATEGORY  
*Duke Drily*

JOB PURPOSE  
*010*

WELL TYPE

*02*

WELL PERMIT NO.

*010*

CONTRACTOR

*Duke Drily*

RIG NAME/NO

*#4*

SHIPPED

*Yes*

DELIVERED TO

*LCC*

WELL LOCATION

*land*

ORDER NO.

*10.2.96*

INVOICE INSTRUCTIONS

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING		DESCRIPTION	QTY.	U/M	QTY.	U/M	UNIT PRICE	AMOUNT
		LOC	ACCT							

<i>800-117</i>			<i>316</i>	<i>MILEAGE 53387 # RD 7P</i>	<i>104</i>	<i>m</i>			<i>2.99</i>	<i>310</i>
<i>001-016</i>			<i>318</i>	<i>Pump Change / Trk</i>	<i>463</i>	<i>ft</i>	<i>6</i>	<i>h/s</i>	<i>650</i>	<i>650</i>
<i>030-503</i>			<i>322</i>	<i>Top wooden Plug</i>	<i>1</i>	<i>sq</i>	<i>8</i>	<i>sq</i>	<i>95</i>	<i>95</i>
<i>12-A</i>	<i>825.217</i>		<i>1</i>	<i>Guide Shoe</i>	<i>1</i>	<i>sq</i>	<i>"</i>	<i>"</i>	<i>216</i>	<i>216</i>
<i>24-A</i>	<i>815.19502</i>	<i>NIS</i>	<i>1</i>	<i>Insert Float Valve</i>	<i>1</i>	<i>sq</i>	<i>"</i>	<i>"</i>	<i>221</i>	<i>221</i>
<i>27</i>	<i>815.19415</i>	<i>NIS</i>	<i>1</i>	<i>Auto Fill Assy</i>	<i>1</i>	<i>sq</i>	<i>8</i>	<i>sq</i>	<i>64</i>	<i>64</i>
<i>40</i>	<i>806.60059</i>		<i>1</i>	<i>Centralizer S-4</i>	<i>1</i>	<i>sq</i>	<i>8</i>	<i>sq</i>	<i>80</i>	<i>80</i>
<i>350</i>	<i>890.10802</i>		<i>1</i>	<i>Weld-A</i>	<i>1</i>	<i>sq</i>	<i>1</i>	<i>lb</i>	<i>16</i>	<i>16</i>

SURVEY		AGREE	UN-DECIDED	DIS-AGREE	PAGE TOTAL
OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN?					<i>1653</i>
WE UNDERSTOOD AND MET YOUR NEEDS?					
OUR SERVICE WAS PERFORMED WITHOUT DELAY?					
WE OPERATED THE EQUIPMENT AND PERFORMED THE JOB CALCULATIONS SATISFACTORILY?					
ARE YOU SATISFIED WITH OUR SERVICE?		<input type="checkbox"/> YES	<input type="checkbox"/> NO		

**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

*x D Hertel*  
 DATE SIGNED  
*10.2.96*  
 TIME SIGNED  
*0930*

do not require IPC (Instrument Protection).  Not offered

CUSTOMER ACCEPTANCE OF MATERIALS AND SERVICES  
 CUSTOMER OR CUSTOMER'S AGENT (PLEASE PRINT)  
*Dennis Hertel*

CUSTOMER OR CUSTOMER'S AGENT (SIGNATURE)  
*x D Hertel*

EMP #  
*09475*

EMPLOYEE APPROVAL  
*David L Scott*

HALLIBURTON APPROVAL  
*D L Scott*

R10

CUSTOMER *Dry USA*

WELL *OH-8"*

DATE *10-2-96* PAGE *2* OF *2*

LINE	OFFICE	SECONDARY REFERENCE/ PART NUMBER	LOC	ACCOUNTING		DESCRIPTION	QTY.	U/M	QTY.	U/M	UNIT PRICE	AMOUNT
				ACCT	DF							
4-316			1			Hal/co lgh STB	150	US			9.11	1366.50
406		890.50812	1			Calcium Chloride Bld 3%	5	SK			40.85	203.25
210		890.50071	1			Flocelc Bld 4%	38	KS			1.65	62.70
Loaded on TRK # 52530 - Front												
<b>ORIGIN</b>												
4-308		516.00261	1			Standard Cement	100	SK			10.05	1005.00
9-406		890.50812	1			Calcium Chloride	4	SK			40.85	163.40
9-210		890.50071	1			Flocelc Bld 4%	25	KS			1.65	41.25
Loaded on TRK # 52530 - Back												
RECEIVED KANSAS CORP COMM 1997 APR 10 A 11:17												
500-207				SERVICE CHARGE								
500-506				MILEAGE CHARGE		TOTAL WEIGHT	LOADED MILES	CUBIC FEET	TON MILES			
						23,682	52	274	615,732			135 369.99
												105 646.99
CONTINUATION TOTAL												3858.60



**HALLIBURTON ENERGY SERVICES**

CHARGE TO: **USA**  
 ADDRESS: **USA**  
 CITY, STATE, ZIP CODE: **USA**

CUSTOMER COPY  
 No. **104546 - 2**  
 DATE: **10.9.96**  
 ORDER NO. **Same**

SERVICE LOCATIONS: **Prof KS**  
 WELL/PROJECT NO.: **44**  
 TICKET TYPE:  SERVICE JOB  
 SALES:  NO  
 WELL TYPE: **Duke DLS**  
 WELL CATEGORY: **035**  
 LEASE: **OTT B**  
 CONTRACTOR: **Raber**  
 RIG NAME: **#5**  
 STATE: **KS**  
 CITY/OFFSHORE LOCATION: **Los**  
 DATE: **10.9.96**  
 OWNER: **Same**

PRICE REFERENCE	SECONDARY REFERENCE / PART NUMBER	LOC	ACCOUNTING	DESCRIPTION	QTY	UM	QTY	UM	UNIT PRICE	AMOUNT
09-016	825.205			MILEAGE	104	mi	1		2.99	310.44
09-016	806.60022			PUMP Charge / Trk	5201	ft	1		1950	1950
09-016	825.205			Top Swiper Plug	1	ea	1		60	60
09-016	825.205			Guide Shoe 8rd	1	ea	1		121	121
09-016	825.205			Centralizer's S-Y	6	ea	6		60	360
09-016	825.205			Tensert Float Valve	1	ea	1		131	131
09-016	825.205			Assy Fill-up Assy	1	ea	1		69	69
09-016	825.205			500 gal	500	gal	1		325	325
09-016	825.205			Ass Swivel	1	ea	1		185	185
09-016	825.205			Bulk Trk # B-338466						
LEGAL TERMS: Customer hereby acknowledges and agrees to the terms and conditions on the reverse side herof which include, but are not limited to: <b>PAYMENT, RELEASE, INDEMNITY, and LIMITED WARRANTY</b> provisions.					SUB TOTAL		PAGE TOTAL		FROM CONTINUATION PAGE(S)	
CUSTOMER ACKNOWLEDGEMENT: I, <b>David L Scott</b> , Halliburton Operator/Engineer, acknowledge receipt of the materials and services listed on this ticket.					SUB-TOTAL APPLICABLE TAXES WILL BE ADDED ON INVOICE		PAGE TOTAL		FROM CONTINUATION PAGE(S)	

CUSTOMER OR CUSTOMER'S AGENT (PLEASE PRINT) **David L Scott**  
 CUSTOMER OR CUSTOMER'S AGENT (SIGN) **DL Scott**  
 DATE SIGNED **10.9.96**  
 TIME SIGNED **0900**  
 CUSTOMER OR CUSTOMER'S AGENT (PRINT) **David L Scott**  
 CUSTOMER OR CUSTOMER'S AGENT (SIGN) **DL Scott**  
 DATE SIGNED **10.9.96**  
 TIME SIGNED **0900**



HALLIBURTON

HALLIBURTON ENERGY SERVICES

TICKET CONTINUATION

CUSTOMER COPY

TICKET No. 104544

FORM 1911 B-10

CUSTOMER Oxy USA

WELL OTT "P" 4

DATE 10-1-96 PAGE 2 OF 2

PRICE REFERENCE	SECONDARY REFERENCE PART NUMBER	ACCOUNTING LOC	ACCT	DF	DESCRIPTION	QTY.	UM	QTY.	UM	UNIT PRICE	AMOUNT
504-316		1			Halo Light Cement	145	SKT			9.11	1320.15
507-210	890.50011	1			Flare RIG #	36	MS				59.44
					Loaded on TRAIL # 7488-FLUAT						
ORIGINAL											
504-130		1			50/50 Perm L 2% Gel	190	SKT			7.69	1461.10
509-968	516.00158	1			Salt 1361	1050	155			15	15750.00
507-775	516.00144	1			Halo 1-322 RML 5%	777	145			7.00	5439.00
509-406	800.50812	1			Electric Alkoxide RML 1%	2	585			40.95	81.90
507-210	890.50071	1			Flare RIG #	48					79.33
					Loaded on TRAIL # 7488-TRAIL						
SERVICE CHARGE											
500-207		1								1.55	493.35
500-306		1								1.05	822.00
MILEAGE CHANGE											
TOTAL WEIGHT 3.111											
LOADED MILES 52											
CUBIC FEET 358											
TON MILES 755.912											
CONTINUATION TOTAL 4774.54											

No. B 338466

5/22/01



CUSTOMER Oxy USA	WELL NO. # 4	LEASE OTT "B"	JOB TYPE 5 1/2" Prod String	TICKET NO. 104546
---------------------	-----------------	------------------	--------------------------------	----------------------

CHART NO.	TIME	RATE (BPM)	VOLUME (GAL)	PUMPS (A, B, C)	PRESSURE (PSI) (TUBING, CASING)	DESCRIPTION OF OPERATION AND MATERIALS
	0330					Called Out
	0600					On loc w/ Trks Safety mtg
						Run F.E. Cent. 3, 4, 5, 8, 9, 10
						Original Csg on Bottom
						Drop Ball & Break Circ w/ Rig for 1 hr
	1156	6	12	✓	300	Pump Dressco Flush
	1159	6	12	✓	300	Pump mud Flush
	1201	6	3	✓	300	H2O Spacer
	1205					Plug Rat hole & mouse Hole w/ 25stk Lead Cmt @ 12.2 ppg
	1208	6		✓	350	St mixing Cmt @ 12.2 ppg
	1219	6	50.8	✓	300	St mixing Tail Cmt @ 14.4 ppg
	1227	Ø	89 Total	SL	Ø	Finish mixing Cmt
	1228	6	10			Close In & wash pump & line Release Plug
	1231	8		✓	150	St Disp w/ H2O
	1242	5	80	✓	200	Lifting Cmt Decrease Rate
	1248	3	90	✓	350	Decrease Rate
	1252	2	98	✓	475	" "
	1258	Ø	122.7	✓	1250	Plug Down LI: 11.11.96
						Release psi Flow
						Job Complete
						Thank you D Scott

WELL DATA  
 FIELD \_\_\_\_\_ SEC 6 TWP 34 RING 13 COUNTY Barber 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 LOG	WEIGHT	SIZE	FROM	TO	MAXIMUM PSI ALLOWABLE
CASING	15.5	5 1/2	KB	5201	
LINER					
TUBING					
OPEN HOLE		7 7/8	5201	5202	SHOTS/FT.
PERFORATIONS					
PERFORATIONS					
PERFORATIONS					

JOB DATA  
 TOOLS AND ACCESSORIES

TYPE AND SIZE	QTY.	MAKE
FLOAT COLLAR		
FLOAT SHOE		
GUIDE SHOE 8rd	1	Hanna
CENTRALIZERS S-4	6	"
BOTTOM PLUG		
TOP PLUG 5 Super	1	"
HEAD Csg Swivel	1	"
PACKER TSV/FII	1	"
OTHER		

CALLED OUT	ON LOCATION	JOB STARTED	JOB COMPLETED
DATE 10.9 TIME 0330	DATE 10.9 TIME 0600	DATE 10.9 TIME 1156	DATE 10.9 TIME 1300

PERSONNEL AND SERVICE UNITS

NAME	UNIT NO. & TYPE	LOCATION

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 100 Lbs MF-1 5 gal marfloc		
OTHER 50 Lbs Diresco		

DEPARTMENT: Cmt  
 DESCRIPTION OF JOB: 5 1/2 Prod string  
 JOB DONE THRU: TUBING  CASING  ANNULUS  TBG/ANN.   
 CUSTOMER REPRESENTATIVE: [Signature]  
 HALLIBURTON OPERATOR: DScott  
 COPIES REQUESTED: \_\_\_\_\_

CEMENT DATA

STAGE	NUMBER OF SACKS	CEMENT	BRAND	BULK SACKED	ADDITIVES	YIELD CU.FT./SK.	MIXED LBS./GAL.
Lead	145	HLC		B	6% Gel 1/4 #/Flocele	1.97	12.2
Tail	190	50-50	poz	B	2% Gel 12% Salt 5% Halad-322 1% CC 1/4 #/Flocele	1.25	14.6

PRESSURES IN PSI: \_\_\_\_\_  
 SUMMARY: \_\_\_\_\_  
 VOLUMES: \_\_\_\_\_  
 CIRCULATING: \_\_\_\_\_ DISPLACEMENT: \_\_\_\_\_ PRESLUSH: BBL-GAL. 12+12 TYPE Diresco + M.F.  
 BREAKDOWN: \_\_\_\_\_ MAXIMUM 4,000 LOAD & BKDN: BBL-GAL. \_\_\_\_\_ PAD: BBL-GAL. \_\_\_\_\_  
 AVERAGE: \_\_\_\_\_ FRACTURE GRADIENT: \_\_\_\_\_ TREATMENT: BBL-GAL. \_\_\_\_\_ DISPL: BBL-GAL. 122.7  
 SHUT-IN: INSTANT \_\_\_\_\_ 5-MIN \_\_\_\_\_ 15-MIN \_\_\_\_\_ CEMENT SLURRY: BBL-GAL. 50.8 + 42.2 = 93  
 HYDRAULIC HORSEPOWER: \_\_\_\_\_ TOTAL VOLUME: BBL-GAL. \_\_\_\_\_  
 ORDERED: \_\_\_\_\_ AVAILABLE: \_\_\_\_\_ REASON: Insert  
 AVERAGE RATES IN BPM: \_\_\_\_\_  
 TREATING: \_\_\_\_\_ DISPL. \_\_\_\_\_ OVERALL: \_\_\_\_\_  
 FEET 44.53 REASON: Insert  
 REMARKS: Plug Rat Hole w/ 15 scks HLC  
 Plug Mouse Hole w/ 10 scks HLC

CUSTOMER: Oxy USA  
 LEASE: DTI B  
 WELL NO: 4  
 JOB TYPE: 5 1/2 Prod string  
 DATE: 10.9.96

ORIGINAL

RECEIVED  
 KANSAS CORP COMM