

ORIGINAL

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

Operator: License # 5447

Name: OXY USA Inc.

Address P. O. Box 26100

City/State/Zip Oklahoma City, Ok 73126-0100

Purchaser: Kansas Gas Supply

Operator Contact Person: Jerry Ledlow

Phone (405) 749-2309

Contractor: Name: Brandt Drilling Co

License: 3840

Wellsite Geologist: _____

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. _____

2/15/95 2/26/95 4/27/95
Spud Date Date Reached TD Completion Date

API NO. 007-22469-0000

County Barber

C - W/2 - NW - NW Sec. 35 Twp. 34S Rge. 14 X W E

660 Feet from X/N (circle one) Line of Section

330 Feet from X/W (circle one) Line of Section

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

Lease Name Baier A Well # 2

Field Name Aetna

Producing Formation Mississippi

Elevation: Ground 1586 KB 1599

Total Depth 5495 PBTB 5442

Amount of Surface Pipe Set and Cemented at 480 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 5-9-95
(Data must be collected from the Reserve Pit) Lu

Chloride content 1200 ppm Fluid volume 500 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, 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 Staff Analyst Date 6/8/95

Subscribed and sworn to before me this 8th day of June, 19 95.

Notary Public Kay Ann Kilmer

Date Commission Expires 5-2-98

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)

RECEIVED Form ACO-1 (7-91)
STATE CORPORATION COMMISSION

JUN 1 1995
6-12-95
CONSERVATION DIVISION
WICHITA, KANSAS

IAMGARD

SIDE TWO

Operator Name OXY-USA Inc.

Lease Name Baier A

Well # 2

Sec. 35 Twp. 34S Rge. 14

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 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 Induction Focused Log Gamma Ray Caliper
Z-Densilog Compensated Neutron Gamma Ray
Minilog

Log Sample

Name	Top	Datum
Howard	3338	- 1739
Topeka	3452	- 1853
Heebner	3986	- 2387
Lansing	4179	- 2580
Hertha	4634	- 3035
Miss	4796	- 3197
Kinderhook	5136	- 3537
Chattanooga	5164	- 3565
Viola	5211	- 3612
Simpson Shale	5362	- 3763
Simpson Sand	5406	- 3809
Lower Simpson	5482	- 3883

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"	24	480	65/35 Poz A	250	3%cc
Production	7 7/8"	5 1/2"	14	5495	65/35 Poz H	310	1%cc

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)	
		Amount	Depth
1	4796-4870	Acidize w/2000 gal 7.5% FE	
		Frac w/75,420 gal 70 quality foam & 12/20 sand	

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. 4/27/95 Producing Method Flowing Pumping Gas Lift Other (Explain)

Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
		675			

Disposition of Gas: **METHOD OF COMPLETION** Production Interval 4796-4870

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

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



HAL-1906-N

CHARGE TO: **OXY USA**
 ADDRESS: **Box 24100**
 CITY, STATE, ZIP CODE: **OKlahoma City, OK 73120**

DUNCAN COPY

TICKET No. **741514 - 4**
 PAGE 1 OF 2

ORIGINAL

1. SERVICE LOCATIONS: PRAT KS	WELL/PROJECT NO.: A 2	LEASE: FATER	COUNTY/PARISH: BARBER	STATE: KS	CITY/OFFSHORE LOCATION: HALLIBURTON	DATE: 2-16-95	OWNER: SHINE
2. TICKET TYPE: <input checked="" type="checkbox"/> SERVICE	NITROGEN JOB? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	CONTRACTOR: BRANDT DRILLING	RIG NAME/NO.: 1	SHIPPED VIA: CT	DELIVERED TO: WELLSITE	ORDER NO.:	
3. WELL TYPE: 02	WELL CATEGORY: 01	JOB PURPOSE: 010	WELL PERMIT NO.: 15-0072469	WELL LOCATION: LAUD			
4. REFERRAL LOCATION:	INVOICE INSTRUCTIONS: 40.5% FLAT EQUIP - 32%						

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING LOC ACCT DF	DESCRIPTION	QTY.	UM	QTY.	UM	UNIT PRICE	AMOUNT
000117			MILEAGE	100	MILES	1	UNIT	2.75	275.00
001-016			PUMP CHARGE	480	FT	6	WKS	105.00	630.00
030-016			TOP PLUG 5W	1	EA	8 7/8 IN		120.00	120.00
34 A	815-195012		INSERT ELUATE VALVE	1	EA	8 1/2 IN		171.00	171.00
37	815-19415		FILL UP VALVE	1	EA	1 1/2 IN		55.00	55.00
40	806-60059		CENTRALIZER	1	EA	8 7/8 IN		80.00	80.00
14 A	830-2171		GUIDE SHOES M	1	EA	8 1/2 IN		161.00	161.00

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 START OF WORK OR DELIVERY OF GOODS

DATE SIGNED: **2-16-95** TIME SIGNED: **100** A.M. P.M.

do do not require IPC (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: _____

TREE CONNECTION: _____ TYPE VALVE: _____

CUSTOMER DID NOT WISH TO RESPOND

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? YES NO

PAGE TOTAL: **1492.00**

FROM CONTINUATION PAGE(S): **3147.44**

SUB-TOTAL APPLICABLE TAXES WILL BE ADDED ON INVOICE: **4657.44**

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): **Don Harwood**

CUSTOMER OR CUSTOMER'S AGENT SIGNATURE: *[Signature]*

HALLIBURTON OPERATOR/ENGINEER: **Mary Ziffer** EMP # **C1690**

HALLIBURTON APPROVAL: *[Signature]*



TICKET CONTINUATION

DUNCAN COPY

TICKET No. 77154

HALLIBURTON ENERGY SERVICES

CUSTOMER OXY USA INC WELL BATER A-2 DATE 02-15-95 PAGE 2 OF 2

FORM 1911 R-10

ORIGINAL

Table with columns: PRICE REFERENCE, SECONDARY REFERENCE/PART NUMBER, ACCOUNTING (LOC, ACCT, DF), DESCRIPTION, QTY, U/M, UNIT PRICE, AMOUNT. Rows include items like HALLIBURTON LIGHT CEMENT, CALCIUM CHLORIDE BLENDED 3%, FLOCELE BLENDED 1/4#, STANDARD CEMENT, and SERVICE CHARGE.

No. B 281160

CONTINUATION TOTAL 3167.47



JOB SUMMARY

HALLIBURTON DIVISION *MID CONT*
HALLIBURTON LOCATION *PRM KS*

BILLED ON TICKET NO. *741514*

WELL DATA

FIELD _____ SEC. *35* TWP. *34* RING. *14* 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 *481*

	NEW USED	WEIGHT	SIZE	FROM	TO	MAXIMUM PSI ALLOWABLE
CASING	<i>N</i>	<i>24</i>	<i>8 5/8</i>	<i>KS</i>	<i>480</i>	
LINER						
TUBING						
OPEN HOLE						SHOTS/FT.
PERFORATIONS						
PERFORATIONS						
PERFORATIONS						

ORIGINAL

JOB DATA

TOOLS AND ACCESSORIES

TYPE AND SIZE	QTY.	MAKE
FLOAT COLLAR		
FLOAT SHOE <i>A3.6</i>	<i>1</i>	<i>Howco</i>
GUIDE SHOE <i>TEMA</i>	<i>1</i>	<i>"</i>
CENTRALIZERS <i>5-4</i>	<i>1</i>	<i>"</i>
BOTTOM PLUG		
TOP PLUG <i>S.W.</i>	<i>1</i>	<i>"</i>
HEAD <i>P.C.</i>	<i>1</i>	<i>"</i>
PACKER		
OTHER		

CALLLED OUT	ON LOCATION	JOB STARTED	JOB COMPLETED
DATE <i>2-15</i>	DATE <i>2-15</i>	DATE <i>2-16</i>	DATE <i>2-16</i>
TIME <i>2015</i>	TIME <i>2250</i>	TIME <i>0330</i>	TIME <i>0430</i>

PERSONNEL AND SERVICE UNITS

NAME	UNIT NO. & TYPE	LOCATION
<i>D. Bigler 61690</i>	<i>Howco 40033</i>	<i>Perm KS</i>
<i>K. Duffair 86160</i>	<i>Howco 50112</i>	<i>" "</i>
<i>M. Elementary 67909</i>	<i>Howco 4142-5621</i>	<i>" "</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 *Cement*
 DESCRIPTION OF JOB *Cement 8 5/8 Sucker*

JOB DONE THRU: TUBING CASING ANNULUS TBG./ANN.

CUSTOMER REPRESENTATIVE *X Donald Norman*

HALLIBURTON OPERATOR *Sperry Bigler* COPIES REQUESTED _____

CEMENT DATA

STAGE	NUMBER OF SACKS	CEMENT	BRAND	BULK SACKED	ADDITIVES	YIELD CU.FT./SK.	MIXED LBS./GAL.
	<i>150</i>	<i>HLC</i>	<i>Howco</i>	<i>B</i>	<i>3% CC - 1/4" FLOCCEL</i>	<i>1.69</i>	<i>13.1</i>
	<i>100</i>	<i>STD</i>	<i>Howco</i>	<i>B</i>	<i>3% CC - 1/4" FLOCCEL</i>	<i>1.18</i>	<i>15.6</i>

PRESSURES IN PSI

SUMMARY

VOLUMES

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 *42.75* REASON *A.T.U.*

PRESLUSH: BBL.-GAL. *5* TYPE *How spacer*
 LOAD & BKDN: BBL.-GAL. _____ PAD: BBL.-GAL. _____
 TREATMENT: BBL.-GAL. _____ DISPL: BBL.-GAL. *27.9*
 CEMENT SLURRY: BBL.-GAL. *45.1 + 21.0 = 66.1 TOTAL*
 TOTAL VOLUME: BBL.-GAL. _____

REMARKS

See Job Log
THANKS DAVE

CUSTOMER *OKU USA*
 LEASE *RAIER*
 WELL NO. *A-2*
 JOB TYPE *8 5/8 Sucker*
 DATE *2-16-95*

JOB LOG HAL-2013-C

CUSTOMER: OXY USA	WELL NO: A-2	LEASE: BATER	JOB TYPE: P 1/2 SURFACE	TICKET NO: 741514
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CHART NO.	TIME	RATE (PPM)	VOLUME (BBL) (GAL)	PUMPS (CY) (C)	PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
					TUBING	CASING	
	2015						CALLED OUT READY NOW
	2250						ON LOC - DISCUSS JOB
							HAVE SAFETY MEETING - SET UP
	0020						Rig Cutting Hole @ 369'
	0100						HALE MADE - 4 81' - CIRCULATE HOLE -
	0130						START OUT W/ DRILL PIPE
	0145						DRILL ALL OUT 1 HOLE
							Rig up to RW 8 3/8 24" CASING
							CASING IN HOLE - DROP BALL
	0310						BREAK CIRCULATION
	0328						FINISH CIRCULATION
							HOOK TO HOWE!
							CEMENT AS FOLLOWS!
	0330	5.0	5.0	✓	100		Pump FRESH H2O SPACER
	0330	5.0	0	-	200		START MIXING CEMENT (HLC)
	0345	5.0	66.1	-	200		FINISH MIXING CEMENT
							RELEASE PLUG
	0348	5.5	0	✓	100		START DISPLACEMENT
	0353	5.5	21.9	✓	150		PLUG DOWN 150 > 1000
	0430						JOB COMPLETE
							NOTE: HAD GOOD RETURNS OF CEMENT

ORIGINAL



HALLIBURTON ENERGY SERVICES

HAL-1906-N

CHARGE TO:
OXY USA INC
 ADDRESS:
Box 26100
 CITY, STATE, ZIP CODE:
OKLAHOMA CITY OK 73126-0100

DUNCAN COPY

TICKET

No. **741661 - 8**

PAGE **1** OF **2**

SERVICE LOCATIONS 1. KRATT 25555	WELL/PROJECT NO. 2	LEASE Baier A	COUNTY/PARISH Barber	STATE KS	CITY/OFFSHORE LOCATION	DATE 2-25-95	OWNER Same
2.	TICKET TYPE <input checked="" type="checkbox"/> SERVICE	NITROGEN JOB? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	CONTRACTOR Brault Dalg	RIG NAME/NO. -	SHIPPED VIA CT	DELIVERED TO Location	ORDER NO.
3.	<input type="checkbox"/> SALES	WELL TYPE 6.5	WELL CATEGORY 02 DLW	JOB PURPOSE 01 L-String	WELL PERMIT NO. 0.35	WELL LOCATION 150072246/0000	Land
4.	REFERRAL LOCATION INVOICE INSTRUCTIONS TICKET - 4080 Equipment 82%						

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.	U/M	QTY.	U/M	UNIT PRICE	AMOUNT
		LOC	ACCT	DF							
000-117		1			MILEAGE	100	mi			2.75	275.00
001-016		1			Pump Charge	6	hrs	5495	ft		1895.00
030-016		1			5W Plug	1	ea	5 1/2	in		6000
12A	825-205	1			Guide Shoe	1	ea	5 1/2	in		12100
24A	815-19251	1			Insert Float Valve	1	ea	5 1/2	in		11000
27	815-19313	1			Anti-Fillup Tube	1	ea	5 1/2	in		5500
40	806-60122	1			Centralizers	12	ea	5 1/2	in	1000	72000
019-241		1			Rotating Head	1	ea	5 1/2	in		18500
019-315		1			Mod Flush	500	gal			65	32500

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 *Donald Heman*

DATE SIGNED: **2-25-95** TIME SIGNED: **11:00** 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		SURVEY		AGREE	UN-DECIDED	DIS-AGREE	PAGE TOTAL 3946.00
TYPE LOCK	DEPTH	OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN?				FROM CONTINUATION PAGE(S) 468639	
BEAN SIZE	SPACERS	WE UNDERSTOOD AND MET YOUR NEEDS?					SUB-TOTAL APPLICABLE TAXES WILL BE ADDED ON INVOICE 2432.39
TYPE OF EQUALIZING SUB.	CASING PRESSURE	OUR SERVICE WAS PERFORMED WITHOUT DELAY?					
TUBING SIZE	TUBING PRESSURE	WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY?					
WELL DEPTH		ARE YOU SATISFIED WITH OUR SERVICE?	<input type="checkbox"/> YES <input type="checkbox"/> NO				
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) <i>Donald Heman</i>	CUSTOMER OR CUSTOMER'S AGENT (SIGNATURE) <i>Donald Heman</i>	HALLIBURTON OPERATOR/ENGINEER <i>Allen Byah</i>	EMP # 85826	HALLIBURTON APPROVAL
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TICKET CONTINUATION

DUNCAN COPY

TICKET No. 7911661

HALLIBURTON ENERGY SERVICES

FORM 1911 R-10

CUSTOMER OXY USA INC	WELL BAIER 2	DATE 02-25-95	PAGE 2	OF 2
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PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.		UNIT PRICE	AMOUNT	
		LOC	ACCT	DF		U/M	U/M			
504-316		1			HALLIBURTON LIGHT CEMENT	110	sk	7.38	810	70
509-210	890.50071	1			FLOCELE BLENDED 1/4#	28	lb	1.65	46	20
LEAD CEMENT LOADED ON TRUCK #4142/7488-FRONT										
504-131		1			50/50 PREMIUM POZMIX W2% GEL	225	sk	7.02	1579	50
509-406	890.50812	1			CALCIUM CHLORIDE BLENDED 1%	2	sk	36.75	73	50
509-968	516.00158	1			SALT BLENDED 12%	1350	lb	15	202	50
507-775	516.00144	1			HALAD-322 BLENDED .5%	91	lb	7.00	637	00
507-210	890.50071	1			FLOCELE BLENDED 1/8#	56	lb	1.65	92	40
TAIL CEMENT LOADED ON TRUCK #4142/7488-BACK										
ORIGINAL										
500-207		1			SERVICE CHARGE	CUBIC FEET				
					MILEAGE CHARGE	TOTAL WEIGHT	LOADED MILES			
500-306		1				31,827	50			
								362	1.35	488.70
								95		755.89

No. B 281145

CONTINUATION TOTAL 4685.37

WELL DATA

FIELD _____ SEC. 35 TWP. 34s RNG. 19w COUNTY Barber STATE KS

FORMATION NAME _____ TYPE _____
 FORMATION THICKNESS _____ FROM _____ TO _____
 INITIAL PROD. OIL _____ BPD. WATER _____ BPD. GAS _____ MCF/D
 PRESENT PROD. OIL _____ BPD. WATER _____ BPD. GAS _____ MCF/D
 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			5 1/2	KB	5415	
LINER						
TUBING						
OPEN HOLE			7 7/8	5495	5499	SHOTS/FT.
PERFORATIONS						
PERFORATIONS						
PERFORATIONS						

JOB DATA

TOOLS AND ACCESSORIES

TYPE AND SIZE	QTY.	MAKE
FLOAT COLLAR <u>INSERT 5 1/2</u>	<u>1</u>	<u>HES</u>
FLOAT SHOE		
GUIDE SHOE <u>Reg 5 1/2</u>	<u>1</u>	
CENTRALIZERS <u>5-4 5 1/2</u>	<u>12</u>	
BOTTOM PLUG		
TOP PLUG <u>5W 1/2 5 1/2</u>	<u>1</u>	
HEAD <u>Rotating 5 1/2</u>	<u>1</u>	
PACKER		
OTHER		

CALLED OUT DATE	ON LOCATION DATE	JOB STARTED DATE	JOB COMPLETED DATE
<u>2-25-95</u>	<u>2-25-95</u>	<u>2-25-95</u>	<u>2-25-95</u>
TIME <u>04:00</u>	TIME <u>06:45</u>	TIME <u>07:30</u>	TIME <u>14:30</u>

PERSONNEL AND SERVICE UNITS

NAME	UNIT NO. & TYPE	LOCATION
<u>6 Bycell 85826</u>	<u>39601 P.U.</u>	<u>PRATT KS</u>
<u>1 Garner 62723</u>	<u>52504 RCM</u>	<u>"</u>
<u>L. Baker 69447</u>	<u>4112 Bulk 7488</u>	<u>"</u>

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 5 1/2" long string
 JOB DONE THRU: TUBING CASING SWELLUS TBG./ANN.
 CUSTOMER REPRESENTATIVE X
 HALLIBURTON OPERATOR Allen Bycell COPIES REQUESTED _____

CEMENT DATA

STAGE	NUMBER OF SACKS	CEMENT	BRAND	BULK SACKED	ADDITIVES	YIELD CU.FT./SK.	MIXED LBS./GAL.
	<u>110</u>	<u>Howe Lite</u>		<u>B</u>	<u>1/4" Flo Gate</u>	<u>1.07</u>	<u>12.45</u>
	<u>225</u>	<u>50/50 P2</u>	<u>PRCm</u>	<u>B</u>	<u>206L, 12CC, 122SHE, 52Hhd 322, 1/4" Flo Gate</u>	<u>1.26</u>	<u>14.3</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 44.0 REASON Shoe + T

SUMMARY

PRESLUSH: BBL-GAL 124.25 TYPE Desca - Mud Flush
 LOAD & BKDN: BBL-GAL _____ PAD: BBL-GAL _____
 TREATMENT: BBL-GAL _____ DISPL: BBL-GAL 133.0
 CEMENT SLURRY: BBL-GAL 89.1
 TOTAL VOLUME: BBL-GAL _____

REMARKS

3 bbl SPACER - Fresh H2O
Cent - 1-10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20
Rotgate Pipe

CUSTOMER OXY 45A
 CASE BAICKER A
 WELL NO. 2
 JOB TYPE Longstring
 DATE 2-25-95



JOB LOG HAL-2013-C

CUSTOMER: TX Y. USA WELL NO: #2 LEASE: Baice A JOB TYPE: Longstring TICKET NO: 741661

START NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS	PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
					TUBING	CASING	
	04:00						Called out
	06:45						Float Equipment on Location
	07:50						Run Float Equipment Guide shoe Insert float/collar 1-10, 11, 12, 13, 14, 15, 16, 17, 18, 19
	10:30						Casing on Bottom 15005 to Custom
	10:40						Break Circulation Rig Pump
	10:45						Circulate (Rotate Pipe)
	12:20						Hook up To Well
	12:30	6	12				300 Pump Descend Flush
	12:33	6	12				300 Pump Mud Flush
	12:36	6	3				300 Pump SPACER
	12:37						Shut Down
	12:39	6					- Start Mixing lead cmt 12:44 #
	12:40	3	5.3				- Plug Rathole 15 SKS
	12:43	3	8.8				- Plug Mousehole 10 SKS
	12:46	6					250 Start Rest of Cmt Downhole
	12:52	6	38.6				250 Start MIXING Tail Cmt
	13:09	5	89.1				250 Finish Mixing
	13:04						- Wash out Pump & lines
	13:05						- Release plug
	13:11	8	0				150 Start Displacement
	13:17	8	4.3				200 CEMENT on Bottom
	13:26	6.5	12.0				500 Decrease Rate
	13	5.0	12.4				650 " "
	13:30	4.0	12.8				750 Shut down Rotation
	13:30	2.0	12.9				800 Decrease Rate
	13:31		13.3				900 Land Plug
	13:32						1500 PSI up on Plug
	13:37						Release PSI
	13:38						Hold
	13:40						WASH UP
	14:30						Job Complete
							Thanks
							Glen, Larry, Cedrick

ORIGINAL