

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 110 S. Main #800

City/State/Zip Wichita, KS 67202

Purchaser: _____

Operator Contact Person: Steve Darwin

Phone (316) 265-5624

Contractor: Name: Duke Drilling Co.,

License: #5929

Wellsite Geologist: Harold Trapp

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 _____ PBDT

Commingled _____ Docket No. _____

Dual Completion _____ Docket No. _____

Other (SWD or Inj?) _____ Docket No. _____

02/24/97 03/05/97 03/08/97
Spud Date Date Reached TD Completion Date

API NO. 15-007-22531-00-CC

County Barber

SE-NW-SE Sec. 27 Twn. 33S Rge. 14 XW^E

1750 Feet from SN (circle one) Line of Section

1730 Feet from EW (circle one) Line of Section

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

Lease Name Harbaugh "H" Well # 2

Field Name Aetna

Producing Formation None

Elevation: Ground 1709' KB 1709'

Total Depth 5220' PBDT 5220'

Amount of Surface Pipe Set and Cemented at 429 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 D&A, 4-2-98 v.c.
(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. 12

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 E. Heibel

Title Technical Assistant Date 07/29/97

Subscribed and sworn to before me this 6th day of August, 1997

Notary Public Stephen E. Darwin

Date Commission Expires 3/9/99

STEPHEN E. DARWIN
NOTARY PUBLIC
STATE OF KANSAS
My Appt. Exp. 3/9/99

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 Harbaugh "H" Well # 2

Sec. 27 Twp. 33S Rge. 14
 East
 West

County Barber

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.) See Attached

Samples Sent to Geological Survey Yes No

Cores Taken Yes No

Electric Log Run Yes No
 (Submit Copy.)

List All E.Logs Run:

CNL

DIFL W/GR

Log Formation (Top), Depth and Datums Sample

Name Top Datum

See Logs

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	429'	CLASS A	282	3% CACL, 1/4 #FLOCELE
Production	7 7/8"						

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 Specified Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Materials Used)	Depth

TUBING RECORD Size Set At Packer At Liner Run Yes No

Date of First, Resumed Production, SWD or Inj. Pump Testing Producing Method Flowing Pumping Gas Lift Other (Explain)

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

Disposition of Gas: Vented Sold Used on Lease (If vented, submit ACO-18.) METHOD OF COMPLETION Open Hole Perf. Dually Comp. Commingled Production Interval Other (Specify) _____

ORIGINAL

DST REPORT

15-007-22531

GENERAL INFORMATION

DATE	: 3/3/97	TICKET	: 21815
CUSTOMER	: OXY USA INC	LEASE	: HARBAUGH H
WELL	: #2	TEST: 1	GEOLOGIST: TRAPP
ELEVATION	: 1718 KB	FORMATION	: MISSISSIPPI
SECTION	: 27	TOWNSHIP	: 33S
RANGE	: 14W	COUNTY: BARBER	STATE : KS
GAUGE SN#	: 3027	RANGE : 5000	CLOCK : 12

WELL INFORMATION

PERFORATION INTERVAL FROM:	4644.00 ft	TO:	4850.00 ft	TVD:	4850.0 ft
DEPTH OF SELECTIVE ZONE:				TEST TYPE:	OIL
DEPTH OF RECORDERS:	4647.0 ft		4652.0 ft		
TEMPERATURE:	115.0				
DRILL COLLAR LENGTH:	480.0 ft	I.D.:	2.200 in		
WEIGHT PIPE LENGTH :	0.0 ft	I.D.:	0.000 in		
DRILL PIPE LENGTH :	4138.0 ft	I.D.:	3.800 in		
TEST TOOL LENGTH :	26.0 ft	TOOL SIZE :	5.500 in		
ANCHOR LENGTH :	206.0 ft	ANCHOR SIZE:	5.500 in		
SURFACE CHOKE SIZE :	0.750 in	BOTTOM CHOKE SIZE:	0.750 in		
MAIN HOLE SIZE :	7.875 in	TOOL JOINT SIZE :	4.5XH		
PACKER DEPTH:	4639.0 ft	SIZE:	6.630 in		
PACKER DEPTH:	4644.0 ft	SIZE:	6.630 in		
PACKER DEPTH:	0.0 ft	SIZE:	0.000 in		
PACKER DEPTH:	0.0 ft	SIZE:	0.000 in		

MUD INFORMATION

DRILLING CON. :	DUKE DRLG RIG 5	VISCOSITY :	62.00 cp
MUD TYPE :	CHEMICAL	WATER LOSS:	13.500 cc
WEIGHT :	9.200 ppg	SERIAL NUMBER:	12369
CHLORIDES :	3500 ppm	REVERSED OUT?:	NO
JARS-MAKE :	WTC		
DID WELL FLOW?:	NO		

COMMENTS

Comment

INITIAL FLOW PERIOD FAIR BLOW - SLOWLY BUILDING TO 6 INCHES. FINAL FLOW PERIOD FAIR BLOW - SLOWLY BUILDING TO 5 INCHES.

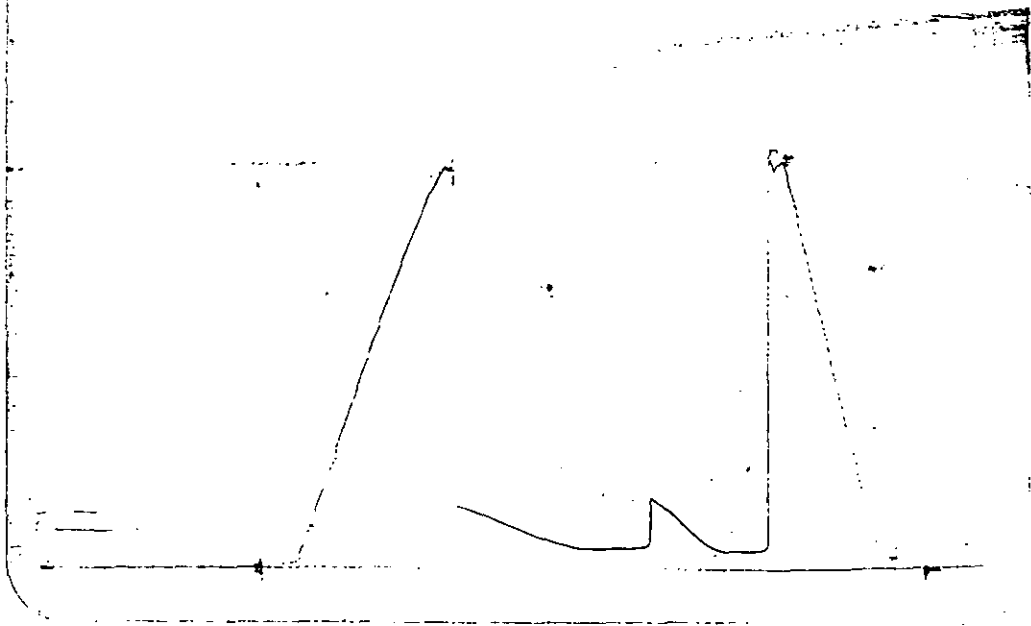
RECEIVED
KANSAS CORP COMM
1997 AUG - 8 P 11: 12

ORIGINAL

Inside Recorder

PST #
RECH 11018
INSID

KT 21825



1744-120-
1045 5-11-ED
1997 AUG-8 P 11: 12
CCT 25 CEN 1

Outside Recorder



HALLIBURTON DIVISION *Mid Cont*
 HALLIBURTON LOCATION *Pratt KS*

WELL NO. *218992*

WELL DATA
 FIELD *27-33-14* COUNTY *Barber* STATE *KS*

FORMATION NAME TYPE
 FORMATION THICKNESS FROM TO
 INITIAL PROD. OIL SPQ. WATER SPQ. GAS MCFD
 PRESENT PROD. OIL SPQ. WATER SPQ. GAS MCFD
 COMPLETION DATE MUD TYPE MUD WT.
 PACKER TYPE SET AT
 BOTTOM HOLE TEMP PRESSURE
 MISC DATA TOTAL DEPTH

FROM	TO	MAXIMUM PD ALLOWABLE
CASING <i>24</i>	<i>428</i>	<i>12 3/4 H/L</i>
LINER		
TUBING		
OPEN HOLE <i>R.H.</i>	<i>778</i>	<i>430</i>
PERFORATIONS		<i>1148</i>
PERFORATIONS		
PERFORATIONS		

JOB DATA

TOOLS AND ACCESSORIES

TYPE AND SIZE	QTY	MAKE
FLLOAT COLLAR		
FLLOAT SHOE		
GUIDE SHOE <i>8 1/2"</i>	<i>1</i>	<i>Howco</i>
CENTRALIZERS		
BOTTOM FLUG		
TOP FLUG <i>Singer</i>	<i>1</i>	<i>"</i>
HEAD <i>+ main sold</i>	<i>1</i>	<i>"</i>
RICKER <i>TSEV 4 1/2" H</i>	<i>1</i>	<i>"</i>
OTHER <i>Weld-A</i>	<i>1</i>	<i>"</i>

DATE	TIME	DATE	TIME	DATE	TIME	DATE	TIME
<i>2-24</i>	<i>0900</i>	<i>2-24</i>	<i>1130</i>	<i>2-24</i>	<i>1900</i>	<i>2-24</i>	<i>2030</i>

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
 OTHER

DEPARTMENT *CMF*
 DESCRIPTION OF JOB *8 3/4" Surface*

JOB DONE THRU TUBING CASING ANNULUS TEO/ANN

CUSTOMER REPRESENTATIVE *X. D. Hestel*
 HALLIBURTON OPERATOR *D. Scott*
 COPIES REQUESTED

CEMENT DATA

STAGE	NUMBER OF BAGS	CEMENT	BRAND	BULK SACKED	ADDITIONS	YIELD CU FT/100YD	MIXED LB/CAL
<i>1st</i>	<i>105</i>	<i>HLC</i>		<i>B</i>	<i>3% CC 40# Floeole</i>	<i>1.69</i>	<i>75.4</i>
<i>2nd</i>	<i>100</i>	<i>Standard</i>		<i>B</i>	<i>3% CC 40# Floeole</i>	<i>1.18</i>	<i>75.6</i>

PRESSURES IN PSI
 CIRCULATING DISPLACEMENT
 BREAKDOWN MAXIMUM *1500*
 AVERAGE FRACTURE GRADIENT
 SHUT-IN INSTANT 5-MIN 15-MIN
 HYDRAULIC HORSEPOWER
 ORDERED AVAILABLE USED
 AVERAGE RATED IN BPM

SUMMARY
 PRESLUSH LB-GAL *2*
 LOAD & BOND BBL-GAL
 TREATMENT BBL-GAL
 CEMENT SLURRY BBL-GAL *52.6 + 21 = 73.6*
 TOTAL VOLUME BBL-GAL

ORDERED AVAILABLE USED
 AVERAGE RATED IN BPM
 TREATING DISPL OVERALL
 CEMENT LEFT IN PIPE REASON
 REASON *IRSOFT*

REMARKS
See Job Log

CUSTOMER

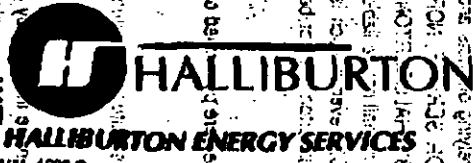


JOB LOG HAL 2013-C

DATE 2-24-97 PAGE NO. #1

CUSTOMER OXY USA Inc WELL NO. 2 LEASE Harbaugh JOB TYPE 8 1/2 Surface MISC NO. 218992

CHART NO.	TIME	RATE (GPM)	VOLUME (BBL)	PUMPS		PRESSURE (PSI)	REMARKS
				T	C		
#	0900						Called Out
	1100						On Loc w/ F.E. & TRKS
							Csg on Bottom
							Drop Ball & Circ w/ Pig
							& PSI Test Iron OK
	1900		1			1500	Rig up flowco & psi Test Iron OK
	1905	6			✓	100	St mixing Lead Cmt @ 13.1 ppg
	1917	6	52.6		✓	75	St mixing Tail Cmt @ 15.6 ppg
	1923	0	73.6		✓	0	Finish mixing Cmt
	1924				✓	0	Release Top Swiper Plug
	1925	5			✓	50	St Disp w/ H ₂ O
	1928	2	15		✓	100	15 Bbl's Disp Out Cmt Circ Decrease Rate
	1931	0	20		✓	130	20 Bbl's Out shut Down & Stage Cmt
	1936	1	24.5		✓	170	Plug Down & Release psi. Flag Held Cellar Staying Full Cmt
							Circ 9.5 Bbl's Cmt = 31.5 SK's HLC @ 13.1 ppg
							Job Complete Thank you Scotty



CHARGE TO: **Oxy USA Inc**
 ADDRESS: **2215 W. 10th St, Bartlesville, OK 74650**
 CITY, STATE, ZIP CODE: **BARTLESVILLE, OK 74650**

CUSTOMER COPY No. **2215**

TICKET No. **218992**

PAGE **2**

SERVICE LOCATIONS: **Pratt KS**

WELL PROJECT NO: **#2**

LEASE: **Harbaugh**

COUNTY/PARISH: **Barber**

STATE: **KS**

CITY/OFFSHORE LOCATION: **Loc**

DATE: **2-24-97**

OWNER: **Same**

TICKET TYPE: SERVICE SALES

NITROGEN JOB? YES NO

CONTRACTOR: **Duke Drlg**

RIG NAME NO: **#5**

SHIPPED: **Howe**

DELIVERED TO: **Loc**

ORDER NO:

WELL TYPE: **010**

WELL CATEGORY: **02**

JOB PURPOSE: **01**

WELL PERMIT NO:

WELL LOCATION: **band**

REFERRAL LOCATION:

INVOICE INSTRUCTIONS: **API# 1500 7225310000**

PRICE REFERENCE	SECONDARY REFERENCE PART NUMBER	ACCOUNTING LOC ACCT DF	DESCRIPTION	QTY	UOM	UNIT PRICE	AMOUNT
000/117			MILEAGE 53387# RD TP	120	mi	2.99	478
000/019			Crew Mileage 40042# RD TP	120	mi	1.60	192
001/016			Pump Change / Trk	428	ft	650	650
030/016			Top Swiper Plug	1	ea	120	120
24-A	815.19502		Insert Float Valve	1	ea	221	221
27	815.19415		Auto Fill-up Assy	1	ea	64	64
350	890.10802		Weld-A	1	ea	16.75	16.75
12-A	825.217		Guide Shoe 8rd	8	ea	216	216
			Bulk Trk # B-338127				4285

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: **2-24-97** TIME SIGNED: **1300**

SUB SURFACE SAFETY VALVE WAS: PULLED & RETURN PULLED RUN

TYPE LOCK: DEAN SIZE:

DEPTH: SPACERS:

TYPE OF EQUALIZING SUD: CASING PRESSURE:

TUBING SIZE: TUBING PRESSURE: WELL DEPTH:

TRIBE CONNECTION: TYPE VALVE:

ARE YOU SATISFIED WITH OUR SERVICE? YES NO

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): **D. Hertel**

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

HALLIBURTON OPERATOR (SIGNATURE): **David L. Scott**

EMP ID: **B9475**

HALLIBURTON APPROVAL: **DL Scott**



HALLIBURTON ENERGY SERVICES

TICKET CONTINUATION CUSTOMER COPY

TICKET No. 218992

FORM 1011 R-40

CUSTOMER OXY USA INC.

WELL HARBAUGH "H" #2

DATE 02-24-97

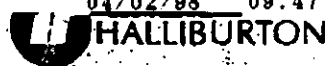
PAGE 2 OF 2

PRICE REFERENCE	SECONDARY REFERENCE PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.		UNIT		PRICE	AMOUNT
		LOC	ACCT	OF		QTY.	U/M	QTY.	U/M		
504-316		1			HALCO LIGHT CEMENT	175	SKS			10.83	1,594.25
509-406	890.50812	1			CALCIUM CHLORIDE BLD 3%	4	SKS			40.75	163.00
507-210	890.50071	1			FLOCELE BLD 1/4#	44	LBS			1.65	72.60
					LOADED ON TRL#5621-3249-FRONT						
504-308	516.00261	1			STANDARB CEMENT	100	SKS			10.83	1,083.00
509-406	890.50812	1			CALCIUM CHLORIDE BLD 3%	3	SKS			40.75	122.25
507-210	890.50071	1			FLOCELE BLD 1/4#	25	LBS			1.65	41.25
					LOADED ON TRL#5621-3249-BACK						
500-207		1			SERVICE CHARGE					1.35	396.90
500-306		1			MILEAGE CHARGE					1.05	812.20
					TOTAL WEIGHT	25,784					
					LOADED MILES	60					
					CUBIC FEET	294					
					TON MILES	773.52					

CONTINUATION TOTAL 4285.45

No. B 338127

04/02/98 10:32 003



SUM ARY

HALLIBURTON LOCATION

Drath KS

BILLED ON TICKET NO 218998

WELL DATA

FIELD sec 27 TWP. 33 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 _____

	NEW USED	WEIGHT	SIZE	FROM	TO	MAXIMUM PSI ALLOWABLE
CASING	1	24	8 5/8	61	429	
LINER						
TUBING	D.P.		4 1/2	KB	660	Open End
OPEN HOLE				485	570	1 SHOTS/FT
PERFORATIONS						
PERFORATIONS						
PERFORATIONS						

JOB DATA

TOOLS AND ACCESSORIES

TYPE AND SIZE	QTY.	MAKE
FLOAT COLLAR		
FLOAT SHOE		
GUIDE SHOE		
CENTRALIZERS		
BOTTOM PLUG		
TOP PLUG		
HEAD		
PACKER		
OTHER <u>4 1/2 XH D.P.</u>	<u>1</u>	<u>Hawco</u>

CALLED OUT	ON LOCATION	JOB STARTED	JOB COMPLETED
DATE <u>3-7</u> TIME <u>1300</u>	DATE <u>3-7</u> TIME <u>1600</u>	DATE <u>3-7</u> TIME <u>1800</u>	DATE <u>3-7</u> TIME <u>1830</u>

PERSONNEL AND SERVICE UNITS

NAME	UNIT NO. & TYPE	LOCATION
<u>D Scott</u>	<u>R9475</u>	<u>40042</u>
	<u>PIU</u>	<u>Drath KS</u>
<u>C. Brown</u>	<u>H1660</u>	<u>53387</u>
	<u>PTAR</u>	<u>" "</u>
<u>Raymond Cox</u>	<u>H4990</u>	<u>50530</u>
	<u>BLIK</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. _____

PERFRAC BALLS TYPE _____ QTY. _____

OTHER _____

OTHER _____

DEPARTMENT Plant

DESCRIPTION OF JOB PTA

JOB DONE THRU: TUBING CASING ANNULUS TBG/ANN

CUSTOMER REPRESENTATIVE X Joe Livingston

HALLIBURTON OPERATOR D Scott COPIES REQUESTED _____

CEMENT DATA

STAGE	NUMBER OF SACKS	CEMENT	BRAND	BULK SACKED	ADDTIVES	YIELD CU.FT./BK.	MIXED LBS./GAL.
	<u>125</u>	<u>40/60</u>	<u>Porz</u>	<u>13</u>	<u>6% Total Cel</u>	<u>148</u>	<u>131</u>

PRESSURES IN PSI

SUMMARY

VOLUMES

CIRCULATING _____ DISPLACEMENT _____ FRESHISH: BBL-GAL _____ TYPE _____

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

AVERAGE _____ FRACTURE GRADIENT _____ TREATMENT: OIL-GAL _____ DISPL: BBL-GAL _____

GRUT-IN: INSTANT _____ 5-MIN _____ 15-MIN _____ CEMENT SLURRY: BBL-GAL 40.0

HYDRAULIC HORSEPOWER _____ TOTAL VOLUME: BBL-GAL _____

ORDERED _____ AVAILABLE _____ USED _____ REMARKS See Job Log

AVERAGE RATES IN BPM _____

STARTING _____ DISPL. _____ OVERALL _____

CEMENT LEFT IN PIPE _____

FEET _____ REASON _____



JOB LOG - IAL-2013-C

DATE: 3-7-97 PAGE NO: 1

CUSTOMER		WELL NO.		LEASE		JOB TYPE		TICKET NO.	
Oxy USA		#2		Harbaugh		PTA		218998	
TIME	RATE (GPM)	VOLUME (BBL/GAL)	PUMPS T-C	PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS			
				TUBING	CASING				
1300									Called Out
1600									On loc w/ Trk's Safety mtg
									1st Plug @ 660' 40 sks / mt
1820	6	10.3	✓	200					10.3 Bbl's H ₂ O Ahead
1824	6	10.5	✓	150					mix + pump 40sk @ 13.1 ppg
1830	6	3.6	✓	100					H ₂ O Spacer + Disp Cmt
									2nd Plug @ 460' 50 sks / mt
1850	6	20	✓	150					Pvc w/ H ₂ O
1854	5	13.1	✓	100					mix + Pump Cmt @ 13.1 ppg 50 sks
1900	4	3	✓	100					Disp + Balance Cmt
1915	3	2.6	✓	50					3rd Plug @ 40' 10 sks @ 13.1 ppg
1920	3	4.0							Plug R.H. w/ 15 sks Cmt @ 13.1 ppg
1930	3	2.6							Plug M.H. w/ 10 sks Cmt @ 13.1 ppg
									Total Cmt pumped ✓
									125 sks Cmt = 40.0 Bbl's Cmt
									@ 13.1 ppg
									Job Complete
									Thank you
									Scotty

CUSTOMER

002



CHANGE TO: Oxy USA
 ADDRESS:
 CITY, STATE, ZIP CODE:

CUSTOMER COPY
 No. 218998 - X

HALLIBURTON ENERGY SERVICES
 HAL-1006-F

PAGE 1 OF 2

1. SERVICE LOCATION: <u>Pratt KS</u>	WELL PROJECT NO.: <u>#2</u>	LEASE: <u>Harbaugh H</u>	COUNTY/PARISH: <u>Barber</u>	STATE:	CITY/DEPT/PHONE LOCATION:	DATE: <u>3.7.97</u>	OWNER: <u>Same</u>
2. TICKET TYPE: <input checked="" type="checkbox"/> SERVICE <input type="checkbox"/> SALES	NITROGEN JOB? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	CONTRACTOR: <u>Duke Drilg</u>	HIG NAME NO.: <u>#5</u>	SHIPPED: <u>Flowed</u>	DELIVERED TO: <u>hcc</u>	ORDER NO.:	
3. WELL TYPE: <u>02</u>	WELL CATEGORY: <u>026</u>	JOB PURPOSE: <u>115</u>	WELL DEPTH: <u>hcc</u>	WELL LOCATION: <u>land</u>			
4. REFERRAL LOCATION:	INVOICE INSTRUCTIONS:						

PRICE REFERENCE	SECONDARY REFERENCE PART NUMBER	ACCOUNTING LOG ACCT OF	DESCRIPTION	QTY	UOM	QTY	UOM	UNIT PRICE	AMT
<u>000.117</u>		<u>1</u>	<u>MILEAGE 53387 # RD</u>	<u>120</u>	<u>mi</u>	<u>1</u>		<u>2.99</u>	<u>358.80</u>
<u>009.019</u>		<u>1</u>	<u>Pump Charge 1st</u>	<u>660</u>	<u>ft</u>	<u>6</u>	<u>hrs</u>	<u>9.05</u>	<u>905.-</u>
		<u>1</u>	<u>Bulk TK1 # B-338134</u>						<u>1620.41</u>

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

SUB SURFACE SAFETY VALVE WAS:
 PULLED & RETURN PULLED RAMP

TYPE LOCK	DEPTH	
BEAN SIZE	SPACERS	
TYPE OF EQUALIZING SUB.	CASING PRESSURE	
TUBING SIZE	TUBING PRESSURE	WELL DEPTH
TREE CONNECTION	TYPE VALVE	

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: 2884.21

FROM CONTINUATION PAGE(S):

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): <u>[Signature]</u>	CUSTOMER OR CUSTOMER'S AGENT (SIGNATURE): <u>X JOR Livingston</u>	HALLIBURTON OPERATOR/ENGINEER: <u>David L Scott</u>	EMP # <u>B9475</u>	HALLIBURTON APPROVAL: <u>D L Scott</u>
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04/02/98 09:46

003



HALLIBURTON ENERGY SERVICES

TICKET CONTINUATION

CUSTOMER COPY

TICKET No. 218998

FORM 1911 (7-82)

CUSTOMER OXY USA, INC.

WELL HARBAUGH "H" #2

DATE 03-07-97

PAGE 2 OF 2

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.		UNIT PRICE	AMOUNT	
		LOC	ACCT	DF		U/M	U/M			
504-136		1			4/60 POZMIX WQ% GEL	125	SKS	8.14	1,017.50	
507-2777	516.00259	1			HALGO GEL BLD 4%	4	SKS	18.160	74.40	
					LOADED ON TRK#52530-FRONT					
500-207		1			SERVICE CHARGE		CUBIC FEET 133	1.35	179.55	
500-306		1			MILEAGE CHARGE	TOTAL WEIGHT 11,077	LOADED MILES 60	TON MILES 332.34	1.05	348.96

No. B 338134

CONTINUATION TOTAL

1620.41

04/02/98 09:47



WESTERN TESTING CO., INC.
FORMATION TESTING

TICKET No 21815

P. O. BOX 1599 PHONE (316) 262-5861

Elevation 1713 K.G. Formation 1111 Eff. Pay Ft.

WICHITA, KANSAS 67201

TOLL #1-800-937-8837

District GREAT BEND Date 3-3-97

Customer Order No.

COMPANY NAME OXY USA

ADDRESS 110 S MAIN WICHITA KS 67202

ORIGINAL

LEASE AND WELL NO. HARKBAUGH H-2 COUNTY BARBER STATE KS Sec 27 Twp 33S Rge 14W

Mail Invoice To Co. Name Address No. Copies Requested

Mail Charts To Address No. Copies Requested

Formation Test No. 1 Interval Tested From 4644 ft. to 4850 ft. Total Depth 4850 ft.

Packer Depth 4639 ft. Size 6 5/8 in. Packer Depth - ft. Size - in.

Packer Depth 4644 ft. Size 6 7/8 in. Packer Depth - ft. Size - in.

Depth of Selective Zone Set

Top Recorder Depth (Inside) 4647 ft. Recorder Number 3027 Cap.

Bottom Recorder Depth (Outside) 4652 ft. Recorder Number 11012 Cap. 4425 PSI

Below-Straddle-Recorder-Depth OUTSIDE 4844 ft. Recorder Number 10335 Cap. 4000 PSI

Drilling Contractor DUKE DRILLING R165 Drill Collar Length 480 I. D. 2.2 in.

Mud Type CHEMICAL Viscosity 62 Weight Pipe Length 0 I. D. - in.

Weight 9.2 Water Loss 13.5 cc. Drill Pipe Length 4138 I. D. 3.8 in.

Chlorides 3500 P.P.M. Test Tool Length 26 ft. Tool Size 5 1/2 in.

Jars: Make WESTERN Serial Number 12369 Anchor Length 206 ft. Size 5 1/2 in.

Did Well Flow? NO Reversed Out NO Surface Choke Size 3/4 in. Bottom Choke Size 3/4 in.

Main Hole Size 7 7/8 in. Tool Joint Size 4 1/2 in.

Blow: 1ST FLOW: FAIR BLOW; SLOW BUILD TO 6"

2ND FLOW: FAIR BLOW; SLOW BUILD TO 5"

Recovered 125 ft. of DRILLING MUD (100%)

Recovered ft. of

Recovered ft. of

Recovered ft. of

Recovered ft. of

Chlorides P.P.M. Sample Jars used Remarks:

Time On Location 12:00 A.M. P.M. Time Pick Up Tool 10:00 A.M. P.M. Time Off Location 8:00 A.M. P.M.

Time Set Packer(s) 12:00 A.M. P.M. Time Started Off Bottom 3:45 A.M. P.M. Maximum Temperature 125°

Initial Hydrostatic Pressure (A) 2230 P.S.I.

Initial Flow Period Minutes 30 (B) 70 P.S.I. to (C) 73 P.S.I.

Initial Closed In Period Minutes 60 (D) 400 P.S.I.

Final Flow Period Minutes 45 (E) 81 P.S.I. to (F) 81 P.S.I.

Final Closed In Period Minutes 90 (G) 345 P.S.I.

Final Hydrostatic Pressure (H) 2190 P.S.I.

COMPANY TERMS

Western Testing Co., Inc. shall not be liable for damages of any kind to the property or personnel of the one for whom a test is made or for any loss suffered or sustained directly or indirectly through the use of its equipment, of its statements or opinion concerning the results of any test. Tools lost or damaged in the hole shall be paid at cost by the party for whom the test is made.

All charges subject to 12% interest after 60 days from date of invoice. Any expense incurred for collection will be added to the original amount.

Test Approved By [Signature] Signature of Customer or his authorized representative

Western Representative [Signature]

FIELD INVOICE

Open Hole Test \$ V
Misrun \$
Straddle Test \$
Jars \$ V
Selective Zone \$
Safety Joint \$ V
Standby \$
Evaluation \$
Extra Packer \$
Circ. Sub. \$
Mileage \$
Fluid Sampler \$
Extra Charts \$
Insurance \$
Telecopier \$ V
TOTAL \$