

0000 ORIGINAL

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

API NO. 15- _____ 189-21,778-
County STEVENS
_____ - W/2 - SE Sec. 1 Twp. 33S Rge. 38 X W
E

Operator: License # 4549

1320 Feet from (S)X (circle one) Line of Section

Name: ANADARKO PETROLEUM CORPORATION

1470 Feet from (E)X (circle one) Line of Section

Address P. O. BOX 351

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

City/State/Zip LIBERAL, KANSAS 67905-0351

Lease Name LOFLIN "A" Well # 2

Purchaser: TO BE DETERMINED

Field Name GENTZLER

Operator Contact Person: J. L. ASHTON

Producing Formation L. MORROW

Phone (316) 624-6253

Elevation: Ground 3150.5 KB 3161

Contractor: Name: GABBERT-JONES, INC.

Total Depth 6270 PBDT 6135

License: 5842

Amount of Surface Pipe Set and Cemented at 1706 Feet

Wellsite Geologist: NA

Multiple Stage Cementing Collar Used? X Yes _____ No

Designate Type of Completion
X New Well _____ Re-Entry _____ Workover

If yes, show depth set 3363 Feet

_____ Oil _____ SWD _____ S1OW _____ Temp. Abd.
_____ Gas _____ ENHR X SIGW
_____ Dry _____ Other (Core, WSW, Expl., Cathodic, etc)

If Alternate II completion, cement circulated from _____
feet depth to _____ w/ _____ sx cmt.

If Workover:

Drilling Fluid Management Plan ALT I 12-18-95 JK
(Data must be collected from the Reserve Pit)

Operator: _____

Chloride content 87,133 ppm Fluid volume 5000 bbls

Well Name: _____

Dewatering method used NATURAL EVAPORATION

Comp. Date _____ Old Total Depth _____

Location of fluid disposal if hauled offsite:
RELEASED

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

Operator Name _____

Lease Name _____ License No. _____

9/3/94 _____ 9/15/94 _____ 11/22/94
Spud Date _____ Date Reached TD _____ Completion Date _____

_____ Quarter _____ Sec. _____ Twp. _____ Rge. _____ E/W
County _____ Docket No. _____
FROM CONFIDENTIAL

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.

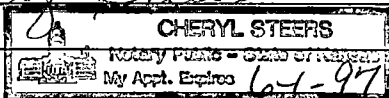
Signature Leslie I. Barnes

Title SR. TECHNICAL ASSISTANT Date 12/12/94

Subscribed and sworn to before me this 12 day of December 1994.

Notary Public C Cheryl Steers

Date Commission Expires _____



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)

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

DEC 15 1994

CONSERVATION DIVISION
WICHITA, KANSAS

Operator Name ANADARKO PETROLEUM CORPORATION Lease Name LOFLIN "A" Well # 2

Sec. 1 Twp. 33S Rge. 38 East West County STEVENS

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:

Log Formation (Top), Depth and Datums Sample
 Name Top Datum
 SEE ATTACHMENT

11779007402

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	1706	50/50 POZMIX/ COMMON	600/200	4% GEL, 2%CC, 1/4#/ SX FLOC/2%CC
PRODUCTION	7 7/8	5 1/2	15.5	6195	65/35 POZMIX/ THIXSET	50/190	5% KCL, 1/4#/ SX FLOCELE
		DV TOOL @		3363	CLASS "C"/ CLASS "C"	50/50	20%DCD, 1/4#/ SX FLOC/10%DCD, 1/4#/ SX FLOCELE

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
1	5978-5982, 5994-6076	ACIDIZE W/71 BBLS 7-1/2% HCL ACID & 140 B.S. (1.3 SG) 5978-6076 FRAC W/66,900 GALS 40# GELLED 2% KCL WTR AND 250,000# 20/40 SAND 5978-6076

TUBING RECORD Size 2 3/8 Set At 5964 Packer At _____ Liner Run Yes No

Date of First, Resumed Production, SWD or Inj. SI WO PIPELINE _____ Producing Method Flowing Pumping Gas Lift Other (Explain)

Estimated Production Per 24 Hours Oil -- Bbls. Gas 344 Mcf Water 36 Bbls. Gas-Oil Ratio -- Gravity --

Disposition of Gas: METHOD OF COMPLETION Production Interval
 Vented Sold Used on Lease Open Hole Perf. Dually Comp. Commingled 5978-6076 OA
 (If vented, submit ACO-18.) Other (Specify) _____



JOB LOG FORM 2013 R-4

CUSTOMER: AMARCO WELL NO: Loford LEASE: A-2 JOB TYPE: 85/8 SURFACE PIPE TICKET NO: 677675

Table with columns: CHART NO., TIME, RATE (BPM), VOLUME (BBL/GAL), PUMPS (T, C), PRESSURE (PSI) (TUBING, CASING), DESCRIPTION OF OPERATION AND MATERIALS. Includes entries for 0430-1214 and summary totals for cement.

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Total LEAD CEMENT 152.8 Bbl 600 SKS
Total TRAIL CEMENT 37.7 Bbl 200 SKS
CEMENT CIRCULATED - TRACE IN CELLAR

Plug Landing PST - 520 PSI
Bump TO - 1020 PSI

Thanks FOR CALLING
HALLIBURTON ENERGY SERVICES
WES + CREW

RECEIVED
STATE COMMISSION

DEC 15 1994



JOB SUMMARY

HALLIBURTON DIVISION Mid Cont.
 HALLIBURTON LOCATION Liberal, KS

BILLED ON TICKET NO. 677675

WELL DATA
 FIELD _____ SEC. 1 TWP. 33S RNG. 38W COUNTY STEVENS 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 1707

	NEW USED	WEIGHT	SIZE	FROM	TO	MAXIMUM PSI ALLOWABLE
CASING	<u>N</u>	<u>24</u>	<u>85/8</u>	<u>96</u>	<u>1707</u>	
LINER						
TUBING						
OPEN HOLE						SHOTS/FT.
PERFORATIONS						
PERFORATIONS						
PERFORATIONS						

JOB DATA

CALLER OUT	ON LOCATION	JOB STARTED	JOB COMPLETED
DATE <u>9-4-94</u>	DATE <u>9-4-94</u>	DATE <u>9-4-94</u>	DATE <u>9-4-94</u>
TIME <u>0430</u>	TIME <u>0730</u>	TIME <u>1118</u>	TIME <u>1214</u>

TOOLS AND ACCESSORIES

TYPE AND SIZE	QTY.	MAKE
FLY COLLAR <u>Insert Float</u>	<u>1</u>	<u>Howco</u>
FLOAT SHOE		
GUIDE SHOE	<u>1</u>	
CENTRALIZERS	<u>5</u>	
BOTTOM PLUG		
TOP PLUG	<u>1</u>	
HEAD	<u>1</u>	
PACKER		
OTHER <u>Basket - Weid A</u>	<u>1 ea.</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. _____ IN
 PERFPAC BALLS TYPE _____ QTY. _____
 OTHER _____
 OTHER _____

PERSONNEL AND SERVICE UNITS		
NAME	UNIT NO. & TYPE	LOCATION
<u>W. Fox</u>	<u>D4437</u>	<u>50678 P.U.</u>
<u>A. Tedder</u>	<u>56623</u>	<u>5060 RCM</u>
<u>J. Boothe</u>	<u>R9511</u>	<u>7620 BIK</u>
<u>M. Howe</u>	<u>F7343</u>	<u>6612 BIK</u>

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DEPARTMENT CEMENT
 DESCRIPTION OF JOB 8 1/2" SURFACE PIPE
 JOB DONE THRU: TUBING CASING ANNULUS TBG./ANN.
 CUSTOMER REPRESENTATIVE X [Signature]
 HALLIBURTON OPERATOR WES FOX COPIES REQUESTED _____

CEMENT DATA

STAGE	NUMBER OF SACKS	CEMENT	BRAND	BULK SACKED	ADDITIVES	YIELD CU.FT./SK.	MIXED LBS./GAL.
<u>1</u>	<u>600</u>	<u>50-50 P2</u>		<u>B</u>	<u>4% GEL - 2% CC - 1/4" FLOCCLE</u>	<u>1.43</u>	<u>13.6</u>
<u>2</u>	<u>200</u>	<u>PREM</u>		<u>B</u>	<u>2% CC</u>	<u>1.06</u>	<u>16.4</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 6 DISPL. 6 OVERALL 6
 FEET 42 REASON Shoe Joint

SUMMARY

PRESLUSH: BBL.-GAL. _____ TYPE _____
 LOAD & BKDN: BBL.-GAL. _____ PAD: BBL.-GAL. _____
 TREATMENT: BBL.-GAL. _____ DISPL. BBL. 106.5
 CEMENT SLURRY: BBL. 152.8 LEAD - 37.7 Tail
 TOTAL VOLUME: BBL. 297

REMARKS

SEE Job Log

CUSTOMER A. Wade Ko
 LEASE Liberal
 WELL NO. A-2
 JOB TYPE 8 1/2" SURFACE PIPE
 DATE 9-4-94



CHARGE TO: *Anderson*
 ADDRESS: _____
 CITY, STATE, ZIP CODE: _____

COPY: _____
 No. _____
 TICKET: **677675-9**
 DATE: *9/27/94*

FORM 1906 R-13

SERVICE LOCATIONS 1. <i>Levell...</i>	WELL/PROJECT NO. <i>A-2</i>	LEASE <i>Lollard</i>	COUNTY/PARISH <i>STEVENS</i>	STATE <i>KS</i>	CITY/OFFSHORE LOCATION <i>Levell</i>	DATE <i>9/27/94</i>	OWNER <i>ESAME</i>
2. <i>Hug...</i>	TICKET TYPE <input checked="" type="checkbox"/> SERVICE <input type="checkbox"/> SALES	NITROGEN JOB? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	CONTRACTOR <i>Colbert</i>	RIG NAME/NO. <i>Pig 112</i>	SHIPPED <i>EXT.</i>	DELIVERED TO <i>Levell</i>	ORDER NO. <i>335-38</i>
3.	WELL TYPE <i>02</i>	WELL CATEGORY <i>01</i>	JOB PURPOSE <i>OR 858 Surplus Pipe</i>	WELL PERMIT NO.	WELL LOCATION <i>335-38</i>		
4.	REFERRAL LOCATION	INVOICE INSTRUCTIONS					

PRICE REFERENCE	SECONDARY REFERENCE/PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.		UNIT PRICE		AMOUNT
		LOC.	ACCT.	DF.			U/M		U/M	
<i>000-111</i>					MILEAGE	<i>5000</i>				
<i>001-111</i>					Pump Charge	<i>1</i>		<i>35</i>		<i>35</i>
<i>030-111</i>					Sumper Top Plug	<i>1</i>		<i>1320</i>		<i>1320</i>
<i>12A</i>	<i>15.717</i>				Regulator Guide Shoe	<i>1</i>		<i>216</i>		<i>216</i>
<i>24A</i>	<i>15.19522</i>				Insert of float	<i>1</i>		<i>1718</i>		<i>1718</i>
<i>27</i>	<i>15.19415</i>				Filling	<i>1</i>		<i>85</i>		<i>85</i>
<i>40</i>	<i>15.61548</i>				Controlizers	<i>5</i>		<i>65</i>		<i>325</i>
<i>370</i>	<i>15.70068</i>				Basket	<i>1</i>		<i>122</i>		<i>122</i>
<i>350</i>	<i>15.10302</i>				Well A	<i>1</i>		<i>14</i>		<i>14</i>

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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: *[Signature]*

DATE SIGNED: _____ TIME SIGNED: _____

do do not require IPC (Instrument Protection). Not offered

SUB SURFACE SAFETY VALVE WAS: <input checked="" type="checkbox"/> PULLED & RETURN <input type="checkbox"/> PULLED <input type="checkbox"/> RUN	SURVEY	AGREE	UN DECIDED	DIS AGREE	PAGE TOTAL	<i>2449</i>
TYPE LOCK	DEPTH	OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN?			FROM CONTINUATION PAGE(S)	<i>41</i>
BEAN SIZE	SPACERS	WE UNDERSTOOD AND MET YOUR NEEDS?			TOTAL	<i>1538</i>
TYPE OF EQUALIZING SUB.	CASING PRESSURE	OUR SERVICE WAS PERFORMED WITHOUT DELAY?			SUB-TOTAL APPLICABLE TAXES WILL BE ADDED ON INVOICE	
TUBING SIZE	TUBING PRESSURE	WELL DEPTH				
TREE CONNECTION	TYPE VALVE	ARE YOU SATISFIED WITH OUR SERVICE? <input type="checkbox"/> YES <input type="checkbox"/> NO				
		<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): *[Name]*

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

HALLIBURTON OPERATOR/ENGINEER: *[Signature]*

EMP #: *04437*

HALLIBURTON APPROVAL: *[Signature]*



HALLIBURTON ENERGY SERVICES

TICKET CONTINUATION

CUSTOMER COPY

DC 12

TICKET No.

CUSTOMER Apc	WELL Loflang	DATE 9-4-94	PAGE	OF
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FORM 1811 R-10

PRICE REFERENCE	SECONDARY REFERENCE PART NUMBER	ACCOUNTING			DESCRIPTION	WELL		UNIT PRICE	AMOUNT	
		LOC	ACCT	DF		QTY.	U/M		QTY.	U/M
504-043	516.00272				Premium Cement	200	sk	10 62		2124 00
504-118 ³¹					50/50 Poz	600	sk	7 70		4620 00
504-043	516.00272					100				
506-105	516.00286					22200				
506-121	516.00259					10				
507-210	890.50071				Flocele	150	LB	1 65		247 50
509-409	890.50812				Calcium Chloride	13	sk	36 75		477 75
507-277	516.00259				Gel 2w/600	10	sk	18 60		186 00
500-207					SERVICE CHARGE					
500-306					MILEAGE CHARGE					
					TOTAL WEIGHT	72398				
					LOADED MILES	4				
					CUBIC FEET	856			1 35	1155 60
					TON MILES	144.796			95	137 56

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RELEASED
JAN 11 1996

No. B 262846

CONTINUATION TOTAL	<i>2742.26</i>
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JOB LOG HAC-2013-C

CUSTOMER Anderson Petro WELL NO. 2# LEASE LOFLIN A JOB-TYPE 5 1/2 Stage DV TICKET NO. 635214

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	2:00							Time Called
	3:00							Time Ready
	0030							Time on loc. ORIGINAL
								Start Pump Casing
	0540							Casing in Hole
	0558							Hook Up To Create Casing
	0550							Create Casing w/ 1st Pump
	0551							Circulate Mud To Grand Level
	0645							1 Stage Hook up To Pump Truck
	0651						350	Start 2% KCL Ahead
	0653		20					Start Mud Flush
	0659		30					Start 2% KCL Behind
	0703	6	20					Start Mixing Cement
	0706		16.6				450	Start Tail Cement
	0714		47.71				450	Finish Mixing Cement
	0715						0	Shut Down
								Drop Plug
								Wash Pumps & Lines
	0718	6	66.3 H ₂ O				150	Start Displacement
	0745	5.4 @	80.33 Mud				500	Plug Down
			146.38					Create Throat chse
								Drop Boom
	0800						750	Press open Diff Tech
	0805							Create Casing w/ 1st Pump
	1143						2 Stage	Hook up To Pump Truck Land Top Plug
	1153	5					200	Start 2% KCL Ahead
	1159		20				206	Start Mud Flush
	1203		30				200	Start 2% KCL Behind
	1206		20				250	Start Mixing Cement
	1210	6	23.95				250	Start Tail Cement
	1213		18.61				300	Finish Mixing Cement
	1214						0	Shut Down
	1217	6.1					75	Start Displacement
	1230		80.3				250	Plug Down
								Shut Off Tail
								Circulate at all Times

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JAN 11 1996

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Thanks For Calling Halliburton

Don't lose & loose

Circulate at all Times

WELL DATA
FIELD _____ SEC. **1** TWP. **33^S** RNG. **38^W** COUNTY **Stevens** 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 **DV Cement 2 Stage** SET AT **3363.26**
BOTTOM HOLE TEMP. _____ PRESSURE _____
MISC. DATA _____ TOTAL DEPTH _____

	NEW USED	WEIGHT	SIZE	FROM	TO	MAXIMUM PSI ALLOWABLE
CASING		15.5	5 1/2	KB	6190	08
LINER						
TUBING						
OPEN HOLE			7 1/8			SHOTS/FT.
PERFORATIONS						
PERFORATIONS						
PERFORATIONS						

JOB DATA

CALLED OUT	ON LOCATION	JOB STARTED	JOB COMPLETED
DATE 9-16	DATE 9-16	DATE 9-16	DATE 9-16
TIME 2:00	TIME 00:30	TIME 05:40	TIME 2:00

TOOLS AND ACCESSORIES

TYPE AND SIZE	QTY.	MAKE
TYPE AND SIZE 5 1/2		
FLOAT COLLAR Insert Float	1	Hercos
FLOAT SHOE Flip	1	
GUIDE SHOE Reg		
CENTRALIZERS	18	
BOTTOM FLOG DV Tech		
TOP FLOG Reg SET DV	1	
HEAD		
PACKER Basket	1	
OTHER Hercos w/cel	1/LS	

PERSONNEL AND SERVICE UNITS

NAME	UNIT NO. & TYPE	LOCATION
Yace	40075	Liberal KS
R Elwood	59179	"
D Matjusz	04860	"
	4673/4315	HugoTow KS

MATERIALS

TREAT FLUID _____ DENSITY _____ LB/GAL. °API
DISPL. FLUID _____ DENSITY _____ LB/GAL. °API
PROP. TYPE _____ SIZE _____
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. _____
PERFAC BALLS TYPE _____ QTY _____
OTHER _____
OTHER _____

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JAN 1 1996
FROM CONFIDENTIAL
DEPARTMENT **Cement**
DESCRIPTION OF JOB **5 1/2 2 Stage DV**
JOB DONE THRU: TUBING CASING ANNULUS TBG./ANN.
CUSTOMER REPRESENTATIVE **X John Sheehan**
HALLIBURTON OPERATOR **Dennis Corie** COPIES REQUESTED _____

CEMENT DATA

STAGE	NUMBER OF SACKS	CEMENT	BRAND	BULK SACKED	ADDITIVES	YIELD CU.FT./SK.	MIXED LBS./GAL.
1	50	Prem	NTWT		1/4 # Flocc	1.84	12.7
1	190	Thiuret Premix			1/4 # Flocc	1.4	14.5
2	50	Premix Plus			20% Dical D 1/4 # Flocc	2.69	12.0
2	50	Premix Plus			10% Dical D 1/4 # Flocc	2.09	13.0

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 **41** REASON **Stop down**

SUMMARY
PRESLUSH: BBL.-GAL. **20** / **30**
LOAD & BKDN: BBL.-GAL. _____ PAD: BBL.-GAL. _____
TREATMENT: BBL.-GAL. _____ DISPL.: BBL.-GAL. **146.33**
CEMENT SLURRY: BBL.-GAL. **19.5** **64.31** **80.03**
TOTAL VOLUME: BBL.-GAL. **2.08** **42.36**
REMARKS _____

CUSTOMER **Anderson Petroleum Corp** LEASE **LOELIN** WELL NO. **2** JOB TYPE **2 Stage DV** DATE **9-16-94**



CHARGE TO: Anchor Petroleum Corp.
 ADDRESS: _____
 CITY, STATE, ZIP CODE: _____

COPY

TICKET WP

No. 635214 - 8

PAGE 1 OF

FORM 1906 R-13

SERVICE LOCATIONS 1. <u>25540 Ureah K</u>	WELL/PROJECT NO. <u>2#</u>	LEASE <u>Loelin A</u>	COUNTY/PARISH <u>Starr</u>	STATE <u>Ks</u>	CITY/OFFSHORE LOCATION	DATE <u>9-16-94</u>	OWNER <u>Anchor</u>
2. <u>25535 Hyster K</u>	TICKET TYPE <input checked="" type="checkbox"/> SERVICE	NITROGEN JOB? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	CONTRACTOR <u>G-d Dady 12</u>	SHIP NAME NO.	SHIPPED VIA <u>Lea</u>	DELIVERED TO	ORDER NO.
3.	WELL TYPE	WELL CATEGORY	JOB PURPOSE <u>035 5 1/2 OP 2 Stags</u>	WELL PERMIT NO.	WELL LOCATION <u>NW of Hyster K</u>		
4. REFERRAL LOCATION	INVOICE INSTRUCTIONS <u>0103</u>						

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.		U/M		UNIT PRICE	AMOUNT
		LOC	ACCT.	DF							
000-117					MILEAGE	72		Miles		2.75	198.00
007-013					Pump change	6190		FT			2070.00
007-161					Add. Triax Stage	3663		FT	DV Tech		1400.00
12 A	825-205				Guide Shoe	1		EA	5%	121.00	121.00
24 A	815-19251				Insert Float	1				110.00	110.00
27	815-19311				Filip	1				55.00	55.00
40	806-60022				Centralizers	18				44.00	792.00
71	813-56325				DV Tech	1				2450.00	2450.00
75	813-16510				Pg Set DV 2 Stags	1				460.00	460.00
320	806-70030				Roset	1				110.00	110.00
350	890-10802				Hour well A	1		LB		14.50	14.50

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

I 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

SURVEY	AGREE	UN-DECIDED	DIS-AGREE
OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WE UNDERSTOOD AND MET YOUR NEEDS?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OUR SERVICE WAS PERFORMED WITHOUT DELAY?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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	7725.50
FROM CONTINUATION PAGE(S)	8452.35
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>[Name]</u>	CUSTOMER OR CUSTOMER'S AGENT (SIGNATURE) <u>[Signature]</u>	HALLIBURTON OPERATOR/ENGINEER <u>[Signature]</u>	EMP # <u>59179</u>	HALLIBURTON APPROVAL
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HALLIBURTON ENERGY SERVICES

TICKET CONTINUATION

DUNCAN COPY

DC 59

TICKET No. 635214

FORM 1911 R-10

CUSTOMER	WELL	DATE	PAGE	OF
APC	Loflin "A"	9-15-94	2	2

PRICE REFERENCE	SECONDARY REFERENCE/PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.		U/M	QTY.	U/M	UNIT PRICE	AMOUNT
		LOC	ACCT	DF								
504-043	516.00272				Premium Cement	190	sk				10.61	2015.90
504-118					Halliburton Light Cement	50	sk				9.61	480.50
504-043	516.00272					32						
506-105	516.00286					1295						
506-121	516.00259					3						
504-050	516.00265				Premium Plus Cement	100	sk				11.19	1119.00
507-210	890.50071				Flocele	85	LB				1.65	140.25
500-959	70.15524				Diacel D	1400	LB				.42	588.00
508-101	70.15347				Thixset A	179	LB				5.35	957.65
508-103	516.00541				Thixset B	45	LB				9.45	425.25
508-002	70.15302				KCL 5w/190	900	LB				.27	243.00
018-315					Mud Fluid	2520	gal				.65	1638.00
314-163					KCL Clay Fin II	8	sk				24.00	192.00
500-207					SERVICE CHARGE				CUBIC FEET	428	1.35	577.80
500-306					MILEAGE CHARGE	TOTAL WEIGHT	LOADED MILES		TON MILES	4	88.96	75.00

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No. B 262873

CONTINUATION TOTAL

35
8452.35