

FORM MUST BE TYPED

SIDE ONE

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

API NO. 15- 189-21,779-0000

County STEVENS

NE - SE - NW - SW Sec. 4 Twp. 33S Rge. 38 X W

1744 Feet from SX (circle one) Line of Section

1036 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 YOUNGREN "J" Well # 2

Field Name GENTZLER

Producing Formation **

Elevation: Ground 3174.5 KB 3186.5

Total Depth 6300 PBDT 6231

Amount of Surface Pipe Set and Cemented at 1692 Feet

Multiple Stage Cementing Collar Used? X Yes No

If yes, show depth set 3038 Feet

If Alternate II completion, cement circulated from

feet depth to w/ sx cmt.

Drilling Fluid Management Plan ALT 3-1-96 JK
(Data must be collected from the Reserve Pit)

Chloride content 112,560 ppm Fluid volume 5000 bbls

Dewatering method used NATURAL EVAPORATION

Location of fluid disposal if hauled offsite:

RELEASED

Operator Name

Lease Name License No.

Quarter Sec. Twp. Rge.

County Docket No.

Operator: License # 4549

Name: ANADARKO PETROLEUM CORPORATION

Address P. O. BOX 351

City/State/Zip LIBERAL, KANSAS 67905-0351

Purchaser: **

Operator Contact Person: J. L. ASHTON

Phone (316) 624-6253

Contractor: Name: GABBERT-JONES, INC.

License: 5842

Wellsite Geologist: NA

Designate Type of Completion

X New Well Re-Entry Workover

 Oil SWD SLOW Temp. Abd.

 Gas ENHR SIGW

X 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.

9/17/94 9/28/94 12/19/94
Spud Date Date Reached TD Completion Date

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.

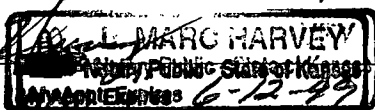
All requirements of the statutes, rules and regulations promulgated to regulate the oil and gas industry have been fully complied with and the statements herein are complete and correct to the best of my knowledge.

Signature David W. Kapple
Title DIVISION DRILLING ENGINEER Date 9/20/95

Subscribed and sworn to before me this 20th day of September, 19 95.

Notary Public L. Marc Harvey

Date Commission Expires 6-12-99



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

RECEIVED
KANSAS CORPORATION COMMISSION

Form ACO-1 (7-91)

SEP 28 1995

CONSERVATION DIVISION
WICHITA, KS

Operator Name ANADARKO PETROLEUM CORPORATION Lease Name YOUNGREN "J" Well # 2

Sec. 4 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 (Attach Additional Sheets.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<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>B. STONE CORRAL</td><td>1704</td><td></td></tr> <tr><td>CHASE GROUP</td><td>2481</td><td></td></tr> <tr><td>COUNCIL GROVE</td><td>2787</td><td></td></tr> <tr><td>TOPEKA</td><td>3491</td><td></td></tr> <tr><td>TORONTO</td><td>4058</td><td></td></tr> <tr><td>LANSING</td><td>4148</td><td></td></tr> <tr><td>MARMATON</td><td>4872</td><td></td></tr> <tr><td>CHEROKEE</td><td>5077</td><td></td></tr> <tr><td>MORROW</td><td>5625</td><td></td></tr> <tr><td>LOWER MORROW</td><td>6019</td><td></td></tr> <tr><td>CHESTER</td><td>6144</td><td></td></tr> <tr><td>ST. GENEVIEVE</td><td>6242</td><td></td></tr> </tbody> </table>	Name	Top	Datum	B. STONE CORRAL	1704		CHASE GROUP	2481		COUNCIL GROVE	2787		TOPEKA	3491		TORONTO	4058		LANSING	4148		MARMATON	4872		CHEROKEE	5077		MORROW	5625		LOWER MORROW	6019		CHESTER	6144		ST. GENEVIEVE	6242	
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ST. GENEVIEVE	6242																																								
Samples Sent to Geological Survey	<input checked="" 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: SBL-CCL-GR, CNL-LDT, DISFL, ML, BHC SONIC.

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	1692	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	6278	65/35 POZMIX/ THIXSET	50/150	1/4#SX FLOCELE/ KCL, 1/4#SX FLOC
		FO TOOL @		3038	65/35 POZMIX	100	

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
2	6020-24, 6072-90	ACIDIZE IN 2' INTERVALS W/100 GAL 15% HCL ACID/FT, TOTAL ACID=2200 GALS, FRAC W/26,850 GALS 40# GELLED 2% KCL WTR & 80,000# 20/40 SD, FLUSH W/ 5500 GALS 2% KCL WTR 6020-6090

TUBING RECORD	Size NONE	Set At	Packer At	Liner Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date of First, Resumed Production, SWD or Inj. **	Producing Method <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)			
Estimated Production Per 24 Hours	Oil 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 Perforated Dual-Ly Comp Commingled Other (Specify) _____

Production Interval ** _____

**NONE-D&A

JOB LOG HAL-2013-C

 CUSTOMER **Anadarko Pct.** WELL NO. **52** LEASE **Youngren** JOB TYPE **010 8 3/8** TICKET NO. **635459**

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL)(GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	10:35							Call out Ready Now
	12:30							on hoc Rig Only
	15:10							T.O. Cir Hole T.O. H w O.P.
								run 8 3/8 in Hole
								ORIGINAL
								CONFIDENTIAL
	17:20	6 1/2			/	180		600 ⁵⁴ 50/50 P22 "H" at 13.6 ¹⁵ / ₅₀₁
		"	152		/	"		
	17:48	"			/	150		200 ⁵⁴ Prem at 16.4 ¹⁵ / ₅₀₁
		"	37.7		/	"		
	17:56				-			Stop Drop 5w Plug
	17:57	6 1/2			/	100		Displ w H ₂ O
		2	95					
	18:15		105.6			550		Plug Down Release Back Float Holding
								20 ⁵⁴ Cir To Surface
								RELEASED
								MAR 14 1996
								FROM CONFIDENTIAL
								Thank You Tim & Crew



JOB SUMMARY

HALLIBURTON DIVISION Mid Cont.
 HALLIBURTON LOCATION Liberal KS

BILLED ON TICKET NO. 635459

FIELD Hugoton SEC 4 TWP. 33 S RING. 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 Spud MUD WT. 9.0
 PACKER TYPE _____ SET AT _____
 BOTTOM HOLE TEMP. _____ PRESSURE _____
 MISC. DATA _____ TOTAL DEPTH 1692

	NEW USED	WEIGHT	SIZE	FROM	TO	MAXIMUM PSI ALLOWABLE
CASING	N	24	8 3/8	KB	1704	1500
LINER						
TUBING						
OPEN HOLE			12 1/2 GL	1692		SHOTS/FT.
PERFORATIONS			ORIGINAL			
PERFORATIONS						
PERFORATIONS						

JOB DATA

CALLED OUT		ON LOCATION		JOB STARTED		JOB COMPLETED	
DATE	<u>9-18-94</u>	DATE	<u>9-18-94</u>	DATE	<u>9-18-94</u>	DATE	<u>9-18-94</u>
TIME	<u>10:35</u>	TIME	<u>12:30</u>	TIME	<u>17:20</u>	TIME	<u>18:15</u>

TOOLS AND ACCESSORIES

TYPE AND SIZE	QTY.	MAKE
FLOAT COLLAR <u>insert</u>	<u>1</u>	
FLOAT SHOE <u>5 1/2 JO</u>	<u>1</u>	<u>H.E.S.</u>
GUIDE SHOE <u>5-4</u>	<u>5</u>	
CENTRALIZERS		
BOTTOM PLUG		
TOP PLUG <u>5-W</u>	<u>1</u>	
HEAD <u>2000</u>	<u>1</u>	
PACKER <u>Basket</u>	<u>1</u>	
OTHER <u>Weld A.</u>	<u>1</u>	

PERSONNEL AND SERVICE UNITS		
NAME	UNIT NO. & TYPE	LOCATION
<u>T Bohannon</u>	<u>40076 P.U.</u>	<u>Liberal Ks</u>
<u>K Boone</u>	<u>5223 P.</u>	<u>"</u>
<u>G McIntire</u>	<u>3624 B</u>	<u>Hugoton Ks</u>
<u>J Widner</u>	<u>4673 B</u>	<u>"</u>
	<u>27748</u>	
	<u>47841</u>	
	<u>5302</u>	
	<u>4315</u>	
	<u>3755</u>	
	<u>3525</u>	
		RELEASED
		MAR 14 1996

MATERIALS

TREAT. FLUID _____ DENSITY _____ LB./GAL. °API
 DISPL. FLUID _____ DENSITY _____ LB./GAL. °API
 PROP. TYPE _____ SIZE _____ LB.
 ACID TYPE _____ GAL. _____ %
 SURFACTANT TYPE _____ GAL. _____
 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 5001
 DESCRIPTION OF JOB 010 8 3/8
 FROM CONFIDENTIAL
 JOB DONE THRU: TUBING CASING ANNULUS TBG./ANN.
 CUSTOMER REPRESENTATIVE X Job Shiner
 HALLIBURTON OPERATOR Tim Bohannon 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>H</u>	<u>B</u>	<u>4% Total Gel 2% CC</u>	<u>1.43</u>	<u>13.6</u>
<u>2</u>	<u>200</u>	<u>Atom</u>	<u>H</u>	<u>B</u>	<u>2% CC</u>	<u>1.06</u>	<u>16.4</u>

PRESSURES IN PSI

SUMMARY

VOLUMES

CIRCULATING _____ DISPLACEMENT _____ PRESLUSH: BBL.-GAL. _____ TYPE _____
 BREAKDOWN _____ MAXIMUM _____ LOAD & BKDN: BBL.-GAL. _____ PAD: BBL.-GAL. _____
 AVERAGE _____ FRACTURE GRADIENT _____ TREATMENT: BBL.-GAL. _____ DISPL: BBL.-GAL. _____
 SHUT-IN: INSTANT _____ 5-MIN _____ 15-MIN. _____ CEMENT SLURRY: BBL.-GAL. 152, 37.7
 HYDRAULIC HORSEPOWER _____ TOTAL VOLUME: BBL.-GAL. _____
 ORDERED _____ AVAILABLE _____ USED _____ REMARKS _____
 AVERAGE RATES IN BPM _____
 TREATING _____ DISPL. _____ OVERALL _____
 CEMENT LEFT IN PIPE _____
 FEET _____ REASON Shoe JT

CUSTOMER Anadarko Pct. Corp
 LEASE Youngsien
 WELL NO. 5-2
 JOB TYPE 010
 DATE 9-18-94



HALLIBURTON ENERGY SERVICES

CHARGE TO: Amherst, Oct 10, 1996
 ADDRESS:
 CITY, STATE, ZIP CODE:

COPY

TICKET

W/P

No.

635459 - 0

PAGE 1 OF

FORM 1906 R-13

SERVICE LOCATIONS 1. 02540 Wb-116 2. 02535 Hb-116 3. 4.	WELL/PROJECT NO. J-2	LEASE Youngton	COUNTY/PARISH Strover	STATE K.	CITY/OFFSHORE LOCATION	DATE 1-1-94	OWNER Sams
TICKET TYPE <input checked="" type="checkbox"/> SERVICE <input type="checkbox"/> SALES	NITROGEN JOB? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	CONTRACTOR G.T.	RIG NAME/NO. G.T.	SHIPPED VIA Y.A.	DELIVERED TO Sams	ORDER NO.	
WELL TYPE C2	WELL CATEGORY	JOB PURPOSE G.T.	WELL PERMIT NO.	WELL LOCATION 4-1-1-116			
REFERRAL LOCATION	INVOICE INSTRUCTIONS						

PRICE REFERENCE	SECONDARY REFERENCE / PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.		U/M		UNIT PRICE	AMOUNT
		LOC	ACCT	DF							
020-117		1			MILEAGE	1	15				49.50
021-016		1			Hand Chain	1	100				1,190.-
030-018		1			300 Plug	1	100				120.-
12A	825-317	1			1/2" S.W.	1	100				216.-
24A	815-17302	1			1/2" S.W.	1	100				171.-
27	815-17415	1			1/2" S.W.	1	100				25.-
40	826-11414	1			Control Valve	1	100				225.-
25	700-7000	1			1/2" Wacker	1	100				12.-
350	590-1030	1			W-12 A	1	100				14.-

RELEASED MAR 14 1996
 ORIGINAL FROM CONFIDENTIAL

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: X

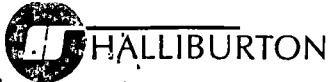
DATE SIGNED: 9-18-94 TIME SIGNED: 13:40 A.M. P.M.

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
TYPE LOCK	DEPTH	OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN?	<input checked="" type="checkbox"/>		
BEAN SIZE	SPACERS	WE UNDERSTOOD AND MET YOUR NEEDS?	<input checked="" type="checkbox"/>		
TYPE OF EQUALIZING SUB.	CASING PRESSURE	OUR SERVICE WAS PERFORMED WITHOUT DELAY?	<input checked="" type="checkbox"/>		
TUBING SIZE	TUBING PRESSURE	WELL DEPTH	<input checked="" type="checkbox"/>		
TREE CONNECTION	TYPE VALVE	WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY?	<input checked="" 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					

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)	CUSTOMER OR CUSTOMER'S AGENT (SIGNATURE)	HALLIBURTON OPERATOR/ENGINEER	EMP #	HALLIBURTON APPROVAL
	X	Tim Johnson	8771	



JOB SUMMARY

HALLIBURTON DIVISION
HALLIBURTON LOCATION

11100 Low
LIBERAL KS

Lesly
BILLED ON TICKET NO. 635220

CUSTOMER: Anschutzco Petroleum Corp. LEASE: Younsberg
WELL NO: J-2
JOB TYPE: 5 1/2" Prod Steng
DATE: 9-29-94

WELL DATA
 FIELD _____ SEC. 4 TWP. 33S RNG. 38W COUNTY. Steans 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		153	5 1/2	KB	6247	
LINER						
TUBING						
OPEN HOLE					6800	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		

CALLLED OUT	ON LOCATION	JOB STARTED	JOB COMPLETED
DATE 9-29	DATE 9-29	DATE 9-29	DATE 9-29
TIME 1500	TIME 1800	TIME 2020	TIME 2215

PERSONNEL AND SERVICE UNITS

NAME	UNIT NO. & TYPE	LOCATION
Don	40015	Liberal KS
59179		
Don Teft	52938	"
E1591	7848	
Don Hamakton	4673	Horton KS
63090	4515	

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. **RELEASED** %
 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 _____

DEPARTMENT: Cement
 DESCRIPTION OF JOB: 5 1/2" Prod Steng.
 JOB DONE THRU: TUBING CASING ANNULUS TBG./ANN.
 CUSTOMER REPRESENTATIVE: X John Skisay
 HALLIBURTON OPERATOR: Delvis Gove COPIES REQUESTED _____

CEMENT DATA

STAGE	NUMBER OF SACKS	CEMENT	BRAND	BULK SACKED	ADDITIVES	YIELD CU.FT./SK.	MIXED LBS./GAL.
	50	Premium	WTWT		1/4# Floccle	1.89	12.7
	150	Prem Thinset			5% KCL 1/4# Floccle	1.41	14.5

PRESSURES IN PSI

SUMMARY

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 143 REASON Shut in

VOLUMES
 PRES LUSH: BBL.-GAL. 20 RBL KCL 20 BBL MF 20 BBL KCL
 LOAD & BKDN: BBL.-GAL. _____ PAD: BBL.-GAL. _____
 TREATMENT: BBL.-GAL. _____ DISPL: BBL.-GAL. 147.65
 CEMENT SLURRY: BBL.-GAL. 54.4
 TOTAL VOLUME: BBL.-GAL. _____

REMARKS _____



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

COPY _____ TICKET wf
 No. 635220 - 3
 PAGE 1 OF 1

FORM 1906 R-13

SERVICE LOCATIONS: 1. <u>Liberty 25540</u> 2. <u>Hogtail 25535</u>	WELL/PROJECT NO. <u>12</u>	LEASE <u>Vaugren</u>	COUNTY/PARISH <u>Stevens</u>	STATE <u>Ks</u>	CITY/OFFSHORE LOCATION	DATE <u>9-29-94</u>	OWNER <u>Andrews</u>
TICKET TYPE <input checked="" type="checkbox"/> SERVICE <input type="checkbox"/> SALES	NITROGEN JOB? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	CONTRACTOR <u>Vaugren</u>	RIG NAME/NO. <u>541 Ddy 12</u>	SHIPPED VIA <u>Loc</u>	DELIVERED TO	ORDER NO.	
3.	WELL TYPE	WELL CATEGORY <u>01 03</u>	JOB PURPOSE <u>035 5 1/2</u>	WELL PERMIT NO.	WELL LOCATION <u>NW of Hogtail</u>		
4.	REFERRAL LOCATION	INVOICE INSTRUCTIONS					

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.		U/M		UNIT PRICE	AMOUNT
		LOC	ACCT.	DF							
000-117		1			MILEAGE	80		Mile		2.75	220.00
001-016		1			Pump charge			FT			2070.00
030-012		1			5wt Top Rtg	1		End		60.00	60.00
018-315		1			Mid Fluid	840		gal		65.00	54600.00
314-163		1			Chafix II	4		gal		24.00	96.00

ORIGINAL

RELEASED
 MAR 14 1996
 FROM CONFIDENTIAL
 CONFIDENTIAL

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: X John Smith
 DATE SIGNED: _____ TIME SIGNED: _____ 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
TYPE LOCK	DEPTH	OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN?	<input checked="" type="checkbox"/>			FROM CONTINUATION PAGE(S) <u>3717 172</u>	
BEAN SIZE	SPACERS	WE UNDERSTOOD AND MET YOUR NEEDS?	<input checked="" type="checkbox"/>				
TYPE OF EQUALIZING SUB.	CASING PRESSURE	OUR SERVICE WAS PERFORMED WITHOUT DELAY?	<input checked="" type="checkbox"/>				
TUBING SIZE	TUBING PRESSURE	WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY?	<input checked="" type="checkbox"/>				
TREE CONNECTION	TYPE VALVE	ARE YOU SATISFIED WITH OUR SERVICE?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO		SUB-TOTAL APPLICABLE TAXES WILL BE ADDED ON INVOICE	
		<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) <u>John Smith</u>	CUSTOMER OR CUSTOMER'S AGENT (SIGNATURE) <u>X John Smith</u>	HALLIBURTON OPERATOR/ENGINEER <u>Dennis</u>	EMP # <u>59179</u>	HALLIBURTON APPROVAL
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JOB LOG HAL-2013-C

DATE **11-11-94** PAGE NO. **1**

CUSTOMER **Amundado Pet Corp.** WELL NO. **2** LEASE **Youngsreen "J"** JOB TYPE **205-150** TICKET NO. **705556**

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	05:00							Call out Ready 09:00
	08:00							ON loc set-up
	08:55							Psi. Test Tool Closed
	09:00					2,000		ok Open Tool
	09:10	5	20			500		Start 28 KCL H ₂ O
		"	30			"		Mud Flush
		"	20			300		28 KCL H ₂ O
		"	327			500		CMT HCL "H" at 12.7 1/2" I
	09:41	1				—		Stop Wash-up To Pit
	09:43	4				400		Disol w 28 KCL
	09:49	"	11			700		Stop Close Tool & Test
		1				2,000	2,000	ok Rig Pick-up 2 JTS TBC
	09:55	1				350		Rev out TBC
		"				250		11 - CMT
	10:23	1	20			250		Clean out Pick-up TBC Trip To Bottom of CSC for Acid Wash.
	12:00	4				500		500 gal 7 1/2% FC Acid
		"	11.9			"		
		"	23			"		Disol
		"	40			"		Rev out Acid
	12:20	1				"		Stop

RELEASED

MAR 14 1996

FROM CONFIDENTIAL

ORIGINAL

CONFIDENTIAL

Thank You
T.M



JOB SUMMARY

HALLIBURTON DIVISION
HALLIBURTON LOCATION

Mid. Cont.
Liberal Ks

BILLED ON TICKET NO. 705556

WELL DATA

FIELD _____ SEC. 4 TWP. 33 S RING. 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 Port Collar SET AT 3038

BOTTOM HOLE TEMP. _____ PRESSURE _____

MISC. DATA _____ TOTAL DEPTH 6345

	NEW USED	WEIGHT	SIZE	FROM	TO	MAXIMUM PSI ALLOWABLE
CASING	N	15.5	5 1/2	GL	6345	2000
LINER						
TUBING			2 3/8	K13	3038	2000
OPEN HOLE						SHOTS/FT.
PERFORATIONS						
PERFORATIONS						
PERFORATIONS						

JOB DATA

TOOLS AND ACCESSORIES		PERSONNEL AND SERVICE UNITS	
TYPE AND SIZE	QTY.	MAKE	
FLOAT COLLAR			
FLOAT SHOE			
GUIDE SHOE			
CENTRALIZERS			
BOTTOM PLUG			
TOP PLUG			
HEAD			
PACKER			
OTHER			

DATE	ON LOCATION DATE	JOB STARTED DATE	JOB COMPLETED DATE
11-11-94	11-11-94	11-11-94	11-11-94
TIME 05:00	TIME 08:00	TIME 08:55	TIME 12:30

NAME	UNIT NO. & TYPE	LOCATION
T Bohannon 87748	40076 P.U.	Liberal Ks
K Boone 47841	52823 P. 35374 P.	"
J Adair 09382	50866 B 2649 B	Hugoton Ks
E Davis 71323	50075 A 2610 A	Liberal Ks

MATERIALS

TREAT. FLUID _____ DENSITY _____ LB/GAL. °API

DISPL. FLUID _____ DENSITY _____ LB/GAL. °API

PROP. TYPE _____ SIZE _____ LB.

PROP. TYPE _____ SIZE _____ LB.

ACID TYPE 500 GAL. 500 % 7 1/2

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 _____

DEPARTMENT 5001

DESCRIPTION OF JOB 205, 150

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

CUSTOMER REPRESENTATIVE XLP 5100

HALLIBURTON OPERATOR _____ COPIES REQUESTED _____

CEMENT DATA

STAGE	NUMBER OF SACKS	CEMENT	BRAND	BULK SACKED	ADDITIVES	YIELD CU.FT./SK.	MIXED LBS./GAL.
1	100	HLC	H	B	4 lb Floecl	154	12.7
					CONFIDENTIAL		

PRESSURES IN PSI		SUMMARY		VOLUMES	
CIRCULATING _____	DISPLACEMENT _____	PRESLUSH: BBL.-GAL. <u>20-30-20</u>	LOAD & BKDN: BBL.-GAL. _____	TREATMENT: BBL.-GAL. <u>500 7 1/2 FE.</u>	DISPL.: BBL.-GAL. <u>11</u>
BREAKDOWN _____	MAXIMUM _____	CEMENT SLURRY: BBL.-GAL. <u>327</u>	TOTAL VOLUME: BBL.-GAL. _____		
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 _____	REASON _____				

REMARKS _____

CUSTOMER: HUGOTON
LEASE: YOUNG
WELL NO: 205-150
JOB TYPE: 205-150
DATE: 11-11-94



CHARGE TO: **Anadarko Petroleum Corp**
 ADDRESS:
 CITY, STATE, ZIP CODE:

COPY

TICKET No. **705556 - 5**

PAGE 1 OF

FORM 1906 R-13

SERVICE LOCATIONS 1. 025540 Liberal	WELL/PROJECT NO. 2	LEASE Younggren	COUNTY/PARISH Stevens	STATE Ks	CITY/OFFSHORE LOCATION	DATE 11-11-94	OWNER Same
2. 025535 Hugoton	TICKET TYPE <input checked="" type="checkbox"/> SERVICE <input type="checkbox"/> SALES	NITROGEN JOB? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	CONTRACTOR	RIG NAME/NO.	SHIPPED MES	DELIVERED TO Loc W of Hugoton	ORDER NO.
3.	WELL TYPE 02	WELL CATEGORY 02	JOB PURPOSE 205-150	WELL PERMIT NO.	WELL LOCATION 4-333-J		
4.	REFERRAL LOCATION	INVOICE INSTRUCTIONS					

PRICE REFERENCE	SECONDARY REFERENCE / PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.		U/M		UNIT PRICE	AMOUNT
		LOC	ACCT	DF							
000-117		1			MILEAGE	64	mi	1	hr		1761-
009-019		1			Pump Charge	3038	ft	6	hr		1590-
210-017	ORIGINAL	1			HAI 81 m	1	gal				391-
207-001		1			7.5% F.Z. Acid.	500	gal			1.17	5851-
018-315		1			Mod flush	1260	gal			1.25	819-
011-205		1			Pump Charge for Gc.	9500	psi				860-

RELEASED FOR Gc. MAR 14 1996 FROM CONFIDENTIAL

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 X John Shelo DATE SIGNED: _____ TIME SIGNED: _____ <input type="checkbox"/> A.M. <input type="checkbox"/> P.M. <input type="checkbox"/> do <input type="checkbox"/> do not require IPC (Instrument Protection). <input type="checkbox"/> 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 4,069 FROM CONTINUATION PAGE(S) 1171 SUB-TOTAL APPLICABLE TAXES WILL BE ADDED ON INVOICE 5,240
	TYPE LOCK	DEPTH	OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN?	<input checked="" type="checkbox"/>				
	BEAN SIZE	SPACERS	WE UNDERSTOOD AND MET YOUR NEEDS?	<input checked="" type="checkbox"/>				
	TYPE OF EQUALIZING SUB.	CASING PRESSURE	OUR SERVICE WAS PERFORMED WITHOUT DELAY?	<input checked="" type="checkbox"/>				
	TUBING SIZE	TUBING PRESSURE	WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY?	<input checked="" type="checkbox"/>				
TREE CONNECTION	TYPE VALVE	ARE YOU SATISFIED WITH OUR SERVICE? <input checked="" 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) John Shelo	CUSTOMER OR CUSTOMER'S AGENT (SIGNATURE) X John Shelo	HALLIBURTON OPERATOR/ENGINEER Timothy Behrman	EMP # 87743	HALLIBURTON APPROVAL
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TICKET CONTINUATION

DUNCAN COPY

TICKET No. 705556

HALLIBURTON ENERGY SERVICES

FORM 1911 R-10

52
51 PLC

CUSTOMER APC	WELL YOUNGSTON	DATE 11-11-94	PAGE 1	OF 1
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PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.		U/M		UNIT PRICE	AMOUNT
		LOC	ACCT	DF							
504-118					PREMIUM LIGHT CEMENT	100	SK			9.61	961.00
504-043	516.00272					65	sk				
506-105	516.00286					2590	lb				
506-121	516.00259					5	sk				
<p>ORIGINAL</p> <p>RELEASED MAR 14 1996 FROM CONFIDENTIAL</p> <p>CONFIDENTIAL</p>											
500-207					SERVICE CHARGE						
500-308					MILEAGE CHARGE						
					TOTAL WEIGHT	92.22					
					LOADED MILES	5					
					CUBIC FEET		100			135	135
					TON MILES		27.66			95	75

No. B 263153

CONTINUATION TOTAL 1171