

ORIGINAL

175-21,385-0000

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

Operator: License # 4549

Name: Anadarko Petroleum Corporation

Address P. O. Box 351

City/State/Zip Liberal, KS 67905-0351

Purchaser: To Be Determined

Operator Contact Person: J. L. Ashton

Phone (316) 624-6253

Contractor: Name: Norseman Drilling, Inc.

License: 3779

Wellsite Geologist: NA

Designate Type of Completion
 New Well Re-Entry Workover

Oil SWD SIOW Temp. Abd.
 Gas ENHR SIGV
 Dry Other (Core, MSW, Expl., Cathodic, etc)

If Workover/Re-Entry: old well info as follows:

Operator: _____

Well Name: _____

Comp. Date _____ Old Total Depth _____

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

3/5/94 3/10/94 5/5/94
Spud Date Date Reached TD Completion Date

API NO. 15- _____

County Seward

- SW - NE - NE Sec. 23 Twp. 33S Rge. 34 E W

1250 Feet from S/W (circle one) Line of Section

1250 Feet from E/W (circle one) Line of Section

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

Lease Name Marcellus "A" Well # 2H

Field Name Hugoton

Producing Formation Chase

Elevation: Ground 2874.3 KB _____

Total Depth 2975 PBTD 2870

Amount of Surface Pipe Set and Cemented at 653 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 1 JH 11-10-94
(Data must be collected from the Reserve Pit)

Chloride content 145,934 ppm Fluid volume 700 bbls

Dewatering method used Natural Evaporation

Location of fluid disposal if hauled offsite: _____

Operator Name _____

Lease Name _____

Quarter Sec. _____ Twp. _____ S Rng. _____ E/W

County _____ Docket No. _____

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KANSAS CORPORATION COMMISSION
JUL 05 1994

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 6/29/94

Subscribed and sworn to before me this 29 day of June 19 94.

Notary Public C Cheryl Steers

Date Commission Expires _____

CHERYL STEERS
Notary Public - State of Kansas
My Appt. Expires 6-1-97

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 Anadarko Petroleum Corporation Lease Name Marcellus "A" Well # 2H

Sec. 23 Twp. 33S Rge. 34 East West County Seward

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 Datum	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Name	Top	Datum
Cores Taken	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	B/Cimarron	1660	
Electric Log Run (Submit Copy.)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Wellington	2250	
		Herrington	2590	
		Krider	2664	
		Winfield	2703	
		Towanda	2752	
		Council Grove	2931	

List All E.Logs Run: **CEMENT BOND**
SPECTRAL GAMMA RAY **GAMMA RAY DEPTH CONTROL**
BOREHOLE COMPENSATED ACOUSTIC
SHALLOW-FOCUSED INDUCTION
COMPENSATED NEUTRON

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	653	Pozmix & Class "H"	250 150	2% cc, 1#/sx flocele 2% cc, 1#/sx flocele
Production	7 7/8	5 1/2	15.5	2974	Class "C" Class "C"	225 40	20% DCD, 2% cc 1#/sx flocele 10% DCD, 2% cc 1#/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
4	2630-2646, 2664-2704 CIBP @ 2650, D.O.	Frac w/3000 gal linear gelled lease wtr + 2000# 40/70 sd. Frac w/13,950 gals linear gelled lease wtr + 23,000# 20/40 sd. 2630-2704

TUBING RECORD	Size <u>2 3/8</u>	Set At <u>2729</u>	Packer At	Liner Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Date of First, Resumed Production, SWD or Inj. <u>SI WO PROD EQUIP</u>	Producing Method <input checked="" 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
				350				

Disposition of Gas: Vented Sold Used on Lease (If vented, submit ACO-18.)

METHOD OF COMPLETION: Open Hole Perf. Dually Comp. Commingled Other (Specify)

Production Interval 2630-2704

DS-496 PRINTED IN U.S.A.

DOWELL SCHLUMBERGER INCORPORATED

TREATMENT NUMBER **83-12-5998** DATE **3-5-94**
 STAGE **Surf** DS **Ulysses, KS** DISTRICT

WELL NAME AND NO. **Marcellaus A2H** LOCATION (LEGAL) **Sec. 23-335-34W** RIG NAME: **Norseman Rig 2**
 FIELD-POOL _____ FORMATION _____
 COUNTY/PARISH **Seward** STATE **Kansas** API. NO. _____

NAME **Anadarko Petroleum Corp.** AND _____
 ADDRESS _____
 ZIP CODE _____

SPECIAL INSTRUCTIONS **Safely cement 8 5/8" Surf. pipe per customers orders.**

WELL DATA:		BOTTOM,	TOP
BIT SIZE 12 1/4"	CSG/Liner Size 8 5/8"		
TOTAL DEPTH	WEIGHT 24		
<input checked="" type="checkbox"/> ROT <input type="checkbox"/> CABLE	FOOTAGE 649.98		
MUD TYPE WB	GRADE		
<input type="checkbox"/> BHST <input type="checkbox"/> BHCT	THREAD 8" d		
MUD DENSITY 9.0	LESS FOOTAGE SHOE JOINT(S) 34.02		TOTAL
MUD VISC.	Disp. Capacity 3615.96		

NOTE: Include Footage From Ground Level To Head In Disp. Capacity

Float	TYPE	DEPTH	TOOL JOINT(S)	TYPE	DEPTH
	Techline (Autofill)	615.96			
	Techline (Tex.Pat)	649.98			

IS CASING/TUBING SECURED? YES NO
 LIFT PRESSURE **270** PSI CASING WEIGHT + SURFACE AREA (3.14 x R²)
 PRESSURE LIMIT **250** PSI BUMP PLUG TO **11FT + 500** PSI
 ROTATE RPM _____ RECIPROGATE FT _____ No. of Centralizers **3**

Head & Plugs TBG D.P. SQUEEZE JOB
 Double Single Swage Knockoff
 SIZE _____ WEIGHT _____ GRADE _____ THREAD _____
 TOOL TYPE DEPTH TAIL PIPE: SIZE DEPTH TUBING VOLUME Bbls
 TOP OR NEW USED CASING VOL. BELOW TOOL Bbls
 BOT OR DEPTH TOTAL ANNUAL VOLUME Bbls

TIME _____ PRESSURE _____ VOLUME PUMPED BBL _____
 JOB SCHEDULED FOR TIME: **2130** DATE: **3-5-94** ARRIVE ON LOCATION TIME: **2130** DATE: **3-5-94** LEFT LOCATION TIME: **0600** DATE: **3-6-94**

TIME	PRESSURE		VOLUME PUMPED BBL		JOB SCHEDULED FOR			ARRIVE ON LOCATION			LEFT LOCATION		
	TBG OR D.P.	CASING	INCREMENT	CUM	INJECT RATE	FLUID TYPE	FLUID DENSITY	TIME	DATE	TIME	DATE	TIME	DATE
0001 to 2400													
0416		300	10		6	H ₂ O	8.34	PRE-JOB SAFETY MEETING					
0418		250	50	10	6	cmf	15.3	Break Circulation					
0428		210	28	60	6	cmf	16.45	Start lead Cement					
0434				88	0	-	-	Start Tail Cement					
0436		310	30	88	5	H ₂ O	8.34	Shutdown / Drop Plug					
0443		380	10	118	2			Start Displacement					
0447		1410						lower Rate					
0450		500						Bump Plug / Check float / Not holding close in head.					
								Release De Well					

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 CONSERVATION DIVISION
 TOPEKA, KS

REMARKS _____

SYSTEM CODE	NO. OF SACKS	YIELD CU. FT/SK	COMPOSITION OF CEMENTING SYSTEMS				SLURRY MIXED	
							BBLs	DENSITY
1.	250	1.13	7 1/2% #100Z + 2% #1 + 1/4% #5K D29				50	15.3
2.	150	1.05	Class "H" + 2% #1 + 1/4% #5K D29				28	16.45
3.								
4.								
5.								
6.								

BREAKDOWN FLUID TYPE _____ VOLUME _____ DENSITY _____ PRESSURE MAX. **1410** MIN: **0**
 HESITATION SQ. RUNNING SQ. CIRCULATION LOST YES NO Cement Circulated To Surf. YES NO **10** Bbls.
 BREAKDOWN PSI FINAL PSI DISPLACEMENT VOL. **3922 40** Bbls TYPE OIL STORAGE BRINE WATER
 GAS INJECTION WILDCAT
 Washed Thru Perfs YES NO TO _____ FT. MEASURED DISPLACEMENT WIRELINE
 PERFORATIONS _____ CUSTOMER REPRESENTATIVE **John Shilling** DS SUPERVISOR **Steve Mensch**

DOWELL SCHLUMBERGER INCORPORATED

P.O. BOX 4378 HOUSTON, TEXAS 77210

CUSTOMER

ORIGINAL

OILFIELD SERVICES

DSI SERVICE ORDER
RECEIPT AND INVOICE NO.

5998

DSI SERVICE LOCATION NAME AND NUMBER

Ulysses, KS 03-12

CUSTOMER NUMBER

CUSTOMER P.O. NUMBER

TYPE SERVICE CODE

271

BUSINESS CODES

WORKOVER
NEW WELL
OTHER

W
 N
 O

API OR IC NUMBER

CUSTOMER'S
NAME

Anadarko Petroleum Corp.

ADDRESS

CITY, STATE AND
ZIP CODE

DSI will furnish and Customer shall purchase materials and services required in the performance of the following SERVICE INSTRUCTIONS in accordance with the general terms and conditions as printed on the reverse side of this service order and/or attached to this service order. This service order is subject to alternative dispute resolution.

Safely cement the 8 5/8" surface pipe w/
250 SKS 1 3/4" POZ + 2% SI + 1/4" #5K 029 @ 150 SKS
Class "H" + 2% SI + 1/4" #5K 029 per customers orders

IMPORTANT
SEE OTHER SIDE FOR TERMS & CONDITIONS

ARRIVE LOCATION	MO.	DAY	YR.	TIME
	3	5	94	2130

SERVICE ORDER I authorize work to begin per service instructions in accordance with terms and conditions printed on the reverse side of this form and/or attached to this form and represent that I have authority to accept and sign this order.

SIGNATURE OF CUSTOMER OR AUTHORIZED REPRESENTATIVE

[Signature]

JOB COMPLETION	MO.	DAY	YR.	TIME
	3	6	94	0450

SERVICE RECEIPT I certify that the materials and services listed were received and all services performed in a workmanlike manner.

SIGNATURE OF CUSTOMER OR AUTHORIZED REPRESENTATIVE

[Signature]

STATE CODE COUNTY/PARISH CODE CITY

Kansas

Seward

WELL NAME AND NUMBER / JOB SITE

Marcellaus A2H

LOCATION AND POOL / PLANT ADDRESS

Sec. 23-335-34W

SHIPPED VIA

Dowell

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
102871-010	Pump Truck	Ea.	1	790.00	790.00
048601-000	Cement Heald	Ea.	1	70.00	NC
049102-000	Delivery Charge	tm.	521	0.94	489.74
049100-000	Service Charge	cf	415	1.28	531.20
059697-000	PACK	Ea.	1	150.00	150.00
059200-002	Mileage	mi	28	2.80	78.40
040015-000	D909 Glass "H"	cf	338	7.99	2,700.62
045008-000	D35 Lite poz 3	cf	62	4.22	261.64
067005-100	SI CaCl ₂	lb	728	0.39	283.92
044003-023	029 Cellophane flake	lb	102	1.70	173.40
056702-085	8 5/8" Top Plug	Ea.	1	105.00	105.00
					5,563.92

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CONSERVATION DIVISION
WICHITA, KS

Field Estimate \$ 5,563.92 - 34% Discount = \$ 3,672.19

SUB TOTAL

LICENSE/REIMBURSEMENT FEE

LICENSE/REIMBURSEMENT FEE

REMARKS:

Thanks for using Dowell!

STATE % TAX ON \$

COUNTY % TAX ON \$

CITY % TAX ON \$

SIGNATURE OF DSI REPRESENTATIVE

Steve Mersack

TOTAL \$

or state statute to the extent that such statute is made inapplicable by the laws of the State of Texas

HALLIBURTON

HALLIBURTON ENERGY SERVICES

CHARGE TO: Amador
 ADDRESS: Amador
 CITY, STATE, ZIP CODE:

COPY

TICKET

No. **575382 - 5**

PAGE 1 OF

FORM 1906 R-13

SERVICE LOCATIONS 1. <u>25540 Liberal Ks</u> 2. <u>25535 Hightower Ks</u>	WELL/PROJECT NO. <u>2 H</u>	LEASE <u>Marcellus A</u>	COUNTY/PARISH <u>Seward</u>	STATE <u>Ks</u>	CITY/OFFSHORE LOCATION	DATE <u>3-10-94</u>	OWNER <u>Amador</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>Wiseman Drilling</u>	RIG NAME/NO.	SHIPPED VIA <u>Loc</u>	DELIVERED TO	ORDER NO.	
3.	WELL TYPE	WELL CATEGORY <u>02 03</u>	JOB PURPOSE <u>5% Prod Stang.</u>	WELL PERMIT NO.	WELL LOCATION <u>NE OF Liberal</u>		
4.	REFERRAL LOCATION	INVOICE INSTRUCTIONS					

COMMUNICATIONS

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.	U/M	QTY.	U/M	UNIT PRICE	AMOUNT
		LOC	ACCT	DF							
200-117		1			MILEAGE	12		X	12	2.75	66
001-016		1			Pump charge		FT				1345
230-016		1			500 Top Plug	1	EXL		5%	60.00	60
26	847-6318	1			Insert Float Shoe	1	EXL		5%	350.00	350
27	815-19311	1			Fillup	1				55.00	55
40	806-60022	1			Centralizers	15				44.00	660
018-315		1			Med. Flush	1260	BL			65	819
218-738		1			Chafix II	2	BL			24.00	48

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JUL 05 1994

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: [Date] TIME SIGNED: [Time]
 A.M. P.M.

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"/>		
WE UNDERSTOOD AND MET YOUR NEEDS?		<input checked="" type="checkbox"/>		
OUR SERVICE WAS PERFORMED WITHOUT DELAY?		<input checked="" type="checkbox"/>		
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	

PAGE TOTAL: 3403

FROM CONTINUATION PAGE(S): 5910

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>[Signature]</u>	HALLIBURTON OPERATOR/ENGINEER <u>[Signature]</u>	EMP # <u>59179</u>	HALLIBURTON APPROVAL
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HALLIBURTON

HALLIBURTON ENERGY SERVICES

FORM 1906 R-13

CHARGE TO: ANADARKO PET

ADDRESS: _____

CITY, STATE, ZIP CODE: LIBERAL, KS

COPY

TICKET

No.

575107 - 5

PAGE 1 OF 1

SERVICE LOCATIONS 1. <u>LIBERAL</u>	WELL/PROJECT NO. <u>A-2H</u>	LEASE <u>MARCELLUS</u>	COUNTY/PARISH <u>SEWARD</u>	STATE <u>KS</u>	CITY/OFFSHORE LOCATION	DATE <u>3-8-94</u>	OWNER
2.	TICKET TYPE <input type="checkbox"/> SERVICE <input checked="" type="checkbox"/> SALES	NITROGEN JOB? <input type="checkbox"/> YES <input type="checkbox"/> NO	CONTRACTOR	RIG NAME/NO.	SHIPPED VIA <u>OWN</u>	DELIVERED TO <u>LOC</u>	ORDER NO.
3.	WELL TYPE	WELL CATEGORY	JOB PURPOSE	WELL PERMIT NO.	WELL LOCATION		
4.	REFERRAL LOCATION	INVOICE INSTRUCTIONS					

ORIGINAL

PRICE REFERENCE	SECONDARY REFERENCE / PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.		UNIT PRICE		AMOUNT
		LOC	ACCT	DF			U/M			
					MILEAGE					
16A	830.2171	1			8 SP TYPE M 6.5	1	EA			161 00
24A	815.19382	1			INSERT	1				171 00
27	815.19415	1			FILLUP	1				53 00
40	806.60059	1			CENT	3		72 ⁰⁰	EA	216 00
320	806.70060	1			BASKET	1				122 00
350	890.10802				WELD A	1	LG			14 50

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 JUL 05 1994
 CONSERVATION DIVISION
 WICHITA KS

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.

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"/>		
WE UNDERSTOOD AND MET YOUR NEEDS?	<input checked="" type="checkbox"/>		
OUR SERVICE WAS PERFORMED WITHOUT DELAY?	<input checked="" type="checkbox"/>		
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			

PAGE TOTAL

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>J. L. Slone</u>	CUSTOMER OR CUSTOMER'S AGENT (SIGNATURE) <u>J. L. Slone</u>	HALLIBURTON OPERATOR/ENGINEER <u>Ang Knallock</u>	EMP # <u>82714</u>	HALLIBURTON APPROVAL
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