

ORIGINAL

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

Operator: License # 5447

Name: OXY USA Inc.

Address P. O. Box 300

City/State/Zip Tulsa, OK 74102-0300

Purchaser: NN

Operator Contact Person: Raymond Hui

Phone (918) 561-3548

Contractor: Name: Cheyenne Drilling Co.

License: 5382

Wellsite Geologist: None

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 PBTD
 Commingled Docket No. _____
 Dual Completion Docket No. _____
 Other (SWD or Inj?) Docket No. _____

4-16-97 4-18-97 7-23-97
Spud Date Date Reached TD Completion Date

API NO. 15-129-21507-00-00

County Morton

SE - SE - NW - SW Sec. 33 Twp. 34S Rge. 41 E W

1375 FSL Feet from N (circle one) Line of Section

3980 FEL Feet from W (circle one) Line of Section

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

Lease Name Renfrew A Well # 2

Field Name Hugoton

Producing Formation Chase

Elevation: Ground 3484 KB _____

Total Depth 2540' PBTD 2513'

Amount of Surface Pipe Set and Cemented at 414 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 A.F. 1-2-20-98 u.c.
(Data must be collected from the Reserve Pit)

Chloride content 2400 ppm Fluid volume 600 bbls

Dewatering method used Evaporation _____

Location of fluid disposal if hauled offsite: _____

Operator Name _____

Lease Name _____ License No. _____

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

County _____ Docket No. _____

INSTRUCTIONS: An original and two copies of this form shall be filed with the Kansas Corporation Commission, 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 Raymond Hui

Title Analyst Date 8-2-97

Subscribed and sworn to before me this 2nd day of August, 1997.

Notary Public Elizabeth Kinion ELIZABETH KINION

Date Commission Expires 2-26-2000

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 Renfrew A Well # 2

Sec. 33 Twp. 34S Rge. 41
 East
 West

County Morton

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: Dual Spaced Neutron

Name	Top	Datum
Herington	2210	1280
Krider	2240	1250
Winfield	2276	1214
Towanda	2347	1143
Ft. Riley	2402	1088
Wireford	2498	992

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	414	Class A	170 sx	3% cc
Production	7 7/8"	5 1/2"	14	2528	Class A	365 sx	2% cc

ADDITIONAL CEMENTING/SQUEEZE RECORD				
Purpose:	Depth Top-Bottom	Type of Cement	#Sacks Used	Type and Percent Additives
<input type="checkbox"/> Perforate				
<input type="checkbox"/> Protect Casing				
<input type="checkbox"/> Plug Back TD				
<input type="checkbox"/> Plug Off Zone				

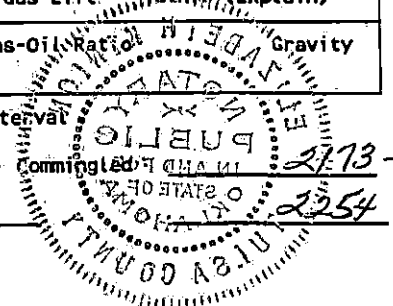
Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used)	Depth
2	2173-75'; 2195-97';	Acidized w/1650 gal.	
	2211-13'; 2221-23';	7 1/2% HCL	
	2234-36'; 2252-54	Frac'd w/30400 gal.	

TUBING RECORD Size 2 3/8" Set At 2274' Packer At _____ Liner Run Yes No

Date of First, Resumed Production, SWD or Inj. Pump Testing 6-23-97 Producing Method Flowing Pumping Gas Lift Other (Explain)

Estimated Production Per 24 Hours Oil _____ Bbls. Gas 499 Mcf Water _____ Bbls. Gas-Oil Ratio _____ Gravity _____

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





HALLIBURTON

HALLIBURTON ENERGY SERVICES

HAL-1906-P

CHARGE TO: Oxy USA

ADDRESS: _____

CITY, STATE, ZIP CODE: _____

ORIGINAL - DUNCAN COPY TICKET

No. 183978 - 3

PAGE 1 OF 1

SERVICE LOCATIONS: 1. 25540 Lyell Ks 2. 25535 Hugoton Ks

WELL/PROJECT NO.: 2# LEASE: Renew A COUNTY/PARISH: Marion STATE: Ks CITY-OFFSHORE LOCATION: _____ DATE: 4-16-97 OWNER: OXY USA

TICKET TYPE: SERVICE SALES NITROGEN JOB? YES NO CONTRACTOR: Cheyenne Drilling RIG NAME/NO.: _____ SHIPPED VIA: _____ DELIVERED TO: Loc ORDER NO.: _____

WELL TYPE: _____ WELL CATEGORY: 02 01 JOB PURPOSE: 010 8 5/8 SURFACE WELL PERMIT NO.: _____ WELL LOCATION: SoF WiBurton Ks

REFERRAL LOCATION: _____ INVOICE INSTRUCTIONS: _____

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.		U/M		UNIT PRICE	AMOUNT
		LOC	ACCT	DF							
000-117		1		41%	MILEAGE	114		Miles		3.20	364.80
000-119		1			Crew Mileage	114		Miles		1.95	222.30
001-016		1			Pump charge	413		FT			748.00
030-018		1			5w/ Top Plug	1		Each	8 5/8	130.00	130.00
214 A	815-19502			32%	Guide shoe	1		Each		216.00	216.00
27	815-19415				Taper Float	1				188.00	188.00
41	806-61048				Fillup	1				70.00	70.00
320	806-71460				Centralizers	3				68.00	204.00
66	806-72750				Basket	1				139.00	139.00
					FAS Gap	1				23.50	23.50
350- 10802	890-10802				Huonold A	1		LB		16.75	16.75

ORIGINAL

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MUST BE SIGNED BY CUSTOMER OR CUSTOMER'S AGENT PRIOR TO START OF WORK OR DELIVERY OF GOODS

X DATE SIGNED: _____ TIME SIGNED: _____ A.M. P.M.

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

SUB SURFACE SAFETY VALVE WAS: PULLED & RETURN PULLED RUN

TYPE LOCK _____ DEPTH _____

BEAN SIZE _____ SPACERS _____

TYPE OF EQUALIZING SUB. _____ CASING PRESSURE _____

TUBING SIZE _____ TUBING PRESSURE _____ WELL DEPTH _____

TREE CONNECTION _____ TYPE VALVE _____

SURVEY

OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN? AGREE UN-DECIDED DIS-AGREE

WE UNDERSTOOD AND MET YOUR NEEDS? AGREE UN-DECIDED DIS-AGREE

OUR SERVICE WAS PERFORMED WITHOUT DELAY? AGREE UN-DECIDED DIS-AGREE

WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY? AGREE UN-DECIDED DIS-AGREE

ARE YOU SATISFIED WITH OUR SERVICE? YES NO

CUSTOMER DID NOT WISH TO RESPOND

PAGE TOTAL	2106.35
FROM CONTINUATION PAGE(S)	3449.72
SUB-TOTAL APPLICABLE TAXES WILL BE ADDED ON INVOICE	5556.07
	3335.82

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): Col Willie CUSTOMER OR CUSTOMER'S AGENT (SIGNATURE): X

HALLIBURTON OPERATOR/ENGINEER: Dennis Lopez EMP #: Li0102 59179 HALLIBURTON APPROVAL: [Signature]

REGION North America	NWA/COUNTRY	BDA / STATE KS	COUNTY Wichita
MBU ID / EMP # Line 2	EMPLOYEE NAME Deanna G... 59175	PSL DEPARTMENT 301	
LOCATION 2500 Lincoln St	COMPANY CRIPPER OIL	CUSTOMER REP / PHONE	
TICKET AMOUNT	WELL TYPE	API / UWI #	
WELL LOCATION 100 W. Lincoln St	DEPARTMENT 301 Cement	JOB PURPOSE CODE 010 3/4 SURFACE	
LEASE / WELL # 1 = Plant Form	SEC / TWP / RNG		

HES EMP NAME/EMP#(EXPOSURE HOURS)	HRS	HES EMP NAME/EMP#(EXPOSURE HOURS)	HRS	HES EMP NAME/EMP#(EXPOSURE HOURS)	HRS	HES EMP NAME/EMP#(EXPOSURE HOURS)	HRS

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL)(GAL)	PUMPS		PRESS. (psi)		JOB DESCRIPTION / REMARKS
				T	C	Tbg	Csg	
	1600							Time Called
	1600							Time Ready
	1630							Time on Job. Only Surface Hole.
	2015							Start Running Casing
	2055							Casing in Hole
	2055							Hook up to Circulate Casing
	2103							Circulate Casing w/ 100 PPM
	2105							Circulate Mud to Ground Level
	2110							Hook up to Pump Truck
	2113	5						Start Mixing Cement
	2118		40 14					Start Tail Cement
	2121		23 84					Finish Mixing Cement
	2122							Start Pump Deep Pig
	2123	3	23 89					Start Displacement
	2130							Wash Pump's & Lines Pig Down 250/100 Float Displacement Hold Shut in Hand Circulate Cement to P-1 15-1834 26-5162
								Thanks For Calling Halliburton Energy Services Deanna G... CRIPPER OIL



HALLIBURTON ENERGY SERVICES
HAL-1906-P

CHARGE TO: Oxy USA
ADDRESS:
CITY, STATE, ZIP CODE: Liberal, KS

ORIGINAL - DUNCAN COPY TICKET
No. 184721 - 9
PAGE 1 OF 1

1. <u>LIBERAL, KS</u>	WELL/PROJECT NO. <u>503</u>	LEASE <u>Victory Leasing</u>	COUNTY/PARISH <u>HASKELL</u>	STATE <u>KS</u>	CITY/OFFSHORE LOCATION <u>SANTA ANITA</u>	DATE <u>4-16-97</u>	OWNER <u>SAMS</u>
2. <u>WOODWARD, OK</u>	TICKET TYPE <input type="checkbox"/> SERVICE <input type="checkbox"/> SALES	NITROGEN JOB? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	CONTRACTOR <u>REST</u>	RIG NAME/NO	SHIPPED VIA <u>CT</u>	DELIVERED TO <u>WELLSITE</u>	ORDER NO. <u>NA</u>
3.	WELL TYPE <u>01</u>	WELL CATEGORY <u>01</u>	JOB PURPOSE <u>CR3</u>	WELL PERMIT NO. <u>15-081-21,112</u>	WELL LOCATION <u>31-305-33W</u>		
4.	REFERRAL LOCATION	INVOICE INSTRUCTIONS					

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.	U/M	QTY.	U/M	UNIT PRICE	AMOUNT
		LOC	ACCT	DF							
					MILEAGE						
<u>750500</u>		<u>2</u>	<u>501</u>	<u>66</u>	<u>CH SERVICE UNIT</u>					<u>18A</u>	<u>1000</u>
<u>754790</u>		<u>2</u>	<u>502</u>	<u>66</u>	<u>Cement Bond Depth</u>			<u>4831</u>	<u>ft</u>	<u>.38</u>	<u>1835</u>
<u>754791</u>		<u>2</u>	<u>502</u>	<u>66</u>	<u>Cement Bond open</u>			<u>3181</u>	<u>ft</u>	<u>.38</u>	<u>1208</u>
<u>752330</u>		<u>2</u>	<u>502</u>	<u>66</u>	<u>Gamma Ray Depth</u>			<u>4831</u>	<u>ft</u>	<u>.12</u>	<u>579</u>
<u>752331</u>		<u>2</u>	<u>502</u>	<u>66</u>	<u>Gamma Ray open</u>			<u>3181</u>	<u>ft</u>	<u>.112</u>	<u>381</u>
<u>750755</u>		-	-	<u>10</u>	<u>Pickup Mileage</u>			<u>66</u>	<u>mi</u>	<u>1.99</u>	<u>131</u>
<u>750730</u>		-	-	<u>10</u>	<u>Truck Mileage</u>			<u>66</u>	<u>mi</u>	<u>3.20</u>	<u>211</u>
<u>757300</u>		<u>2</u>	<u>502</u>	<u>66</u>	<u>Gun Depth</u>	<u>4742</u>	<u>ft.</u>			<u>.18</u>	<u>853</u>
<u>757-305</u>		<u>2</u>	<u>502</u>	<u>66</u>	<u>4SPF</u>	<u>11</u>	<u>ft.</u>			<u>140</u>	<u>1540</u>
<u>751105</u>		<u>2</u>	<u>502</u>	<u>66</u>	<u>PACK OFF + Rise 1</u>	<u>1</u>	<u>EA.</u>			<u>430</u>	<u>430</u>
<u>750507</u>		<u>2</u>	<u>502</u>	<u>0</u>	<u>EPS</u>	<u>1</u>	<u>EA.</u>			<u>75</u>	<u>75</u>

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MUST BE SIGNED BY CUSTOMER OR CUSTOMER'S AGENT PRIOR TO START OF WORK OR DELIVERY OF GOODS

X Jake Scott
DATE SIGNED 4-16-97 TIME SIGNED A.M. P.M.

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

SUB SURFACE SAFETY VALVE WAS:
 PULLED & RETURN PULLED RUN

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

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 8247

FROM CONTINUATION PAGE(S) 10

SUB-TOTAL APPLICABLE TAXES WILL BE ADDED ON INVOICE 2737

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>Jake Scott</u>	CUSTOMER OR CUSTOMER'S AGENT (SIGNATURE) X <u>Jake Scott</u>	HALLIBURTON OPERATOR/ENGINEER <u>Bob Rowe</u>	EMP # <u>D5251</u>	HALLIBURTON APPROVAL <u>1006 G.L. Elder</u>
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JOB SUMMARY 4240-1

TICKET # 184721 TICKET DATE 4-16-97

REGION North America	NWA/COUNTRY USA	BDA/STATE KS	COUNTY HASKELL
WBU ID / EMP # D5251	EMPLOYEE NAME BOB ROWE	PSL DEPARTMENT Logging	
LOCATION Liberal	COMPANY Oxy USA	CUSTOMER REP / PHONE	
TICKET AMOUNT	WELL TYPE 01	API / UWI # 15-081-21,112	
WELL LOCATION 31-30s-33w	DEPARTMENT 5006	JOB PURPOSE CODE 623	
LEASE / WELL # Victory Lassing 503	SEC / TWP / RNG		

HES EMP NAME/EMP#/(EXPOSURE HOURS) HRS	HES EMP NAME/EMP#/(EXPOSURE HOURS) HRS	HES EMP NAME/EMP#/(EXPOSURE HOURS) HRS	HES EMP NAME/EMP#/(EXPOSURE HOURS) HRS
Volden H9662			
Pollock J0035			

HES UNIT NUMBERS	R/T MILES	HES UNIT NUMBERS	R/T MILES	HES UNIT NUMBERS	R/T MILES	HES UNIT NUMBERS	R/T MILES
4555	66						
40632	66						

ORIGINAL

4. MAX. SERV DEPTH 4820	5. CASING DEPTH 4866	6. CASING SIZE 5.5	WEIGHT 14	GRADE	7. TUBING DEPTH	8. TUBING SIZE	WEIGHT	GRADE
9. BIT SIZE 7.875	10. MUD WEIGHT & RESISTIVITY @ BHT N/A	11. MUD TYPE & CHLORIDES (PPM) WTW	12. WELL PRESSURE -0-		13. BOTTOM HOLE TEMP. N/A		<input type="checkbox"/> F	<input type="checkbox"/> C
14. HOLE SIZE <input type="checkbox"/> OH <input checked="" type="checkbox"/> CH	15. DRILLERS DEPTH 4854	16. WELL DEVIATION <input checked="" type="checkbox"/> VERTICAL <input type="checkbox"/> HORIZONTAL <input type="checkbox"/> DIRECTIONAL			17. DEV @ TD			
18. MAX. DEV. N/A	19. MAX BEND ° / 100'	20. KICKOFF DEPTH		21. MEAS. DEPTH	22. TVD			
23. DATE/TIME CREW NOTIFIED 4-15-97 @ 5:00 PM	24. DATE/TIME ARRIVE SHOP 4-16-97 6:00 AM	25. DATE/TIME LEAVE SHOP/DOCK 6:30		26. DATE/TIME ARRIVE LOCATION 7:30	27. DATE/TIME REQUESTED ON LOCATION 8:00			
28. DATE/TIME BEGIN WAITING	29. DATE/TIME END WAITING	30. DATE/TIME RIG-UP		31. DATE/TIME START RIG DOWN 4:30 PM	32. DATE/TIME LEAVE LOCATION 5:00 PM			
33. DATE/TIME RETURN SHOP/DOCK 7:00 PM	34. LOST TIME	35. OPERATING TIME 8 1/2		36. SHOP-TO-SHOP / DOCK-TO-DOCK TIME 10 1/2				

37. # OF SUCCESSFUL SERVICES	38. TOTAL SERVICES RUN	MARINE STANDBY OR WAITING				MARINE TRAVEL TIME		
		39. HES LIFT BOAT	40. HES TRUCK	41. HES CREW	42. HES LIFT BOAT	43. HES TRUCK	44. HES CREW	

45. # OF CORES REQUESTED	46. # OF CORES ATTEMPTED	47. # CORES RECOVERED	48. # PULL-OFFS	49. MAXIMUM FORM PRESSURE	50. MAXIMUM PRESSURE HYDROSTATIC		
51. # OF SETS	52. # PRESSURE TESTS	53. # FLUID SAMPLES	54. # OF MUD SETS	55. # TIGHT TESTS			
56. TYPE CARRIER SSB	57. CARRIER DIAMETER 4.0"	58. CHARGE TYPE 227	59. PHASING 90°	60. GUN POSITION Free	61. # OF SELECT FIRES		
62. HOLES/FOOT 4	63. # OF CARRIERS 2	64. # OF CHARGE FAILURES	65. PLUG/PACKER TYPE	66. GAUGE RING SIZE	67. SET TOOL TYPE		
68. SET TOOL SIZE	69. JUNK BASKET SIZE	70. DUMP BAILER SIZE	71. TOTAL CEM. HEIGHT	72. TUBING PUNCH SIZE	73. JET/CHEMICAL SIZE	74. FREEPOINT DEPTH	75. # OF SHOTS

78. TOOL/SERIAL #	78. TOOL/SERIAL #	78. TOOL/SERIAL #	78. TOOL/SERIAL #	78. TOOL/SERIAL #	78. TOOL/SERIAL #	78. TOOL/SERIAL #
<input type="checkbox"/> F <input type="checkbox"/> A <input type="checkbox"/> NU	<input type="checkbox"/> F <input type="checkbox"/> A <input type="checkbox"/> NU	<input type="checkbox"/> F <input type="checkbox"/> A <input type="checkbox"/> NU	<input type="checkbox"/> F <input type="checkbox"/> A <input type="checkbox"/> NU	<input type="checkbox"/> F <input type="checkbox"/> A <input type="checkbox"/> NU	<input type="checkbox"/> F <input type="checkbox"/> A <input type="checkbox"/> NU	<input type="checkbox"/> F <input type="checkbox"/> A <input type="checkbox"/> NU
83. TOOL/SERIAL #	83. TOOL/SERIAL #	83. TOOL/SERIAL #	83. TOOL/SERIAL #	83. TOOL/SERIAL #	83. TOOL/SERIAL #	83. TOOL/SERIAL #
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CBL 271 PET LDI DDOZ WORK REAL GOODS	ENGINEER NO. 1 BOB ROWE	EMPLOYEE # D5251	% 100
	ENGINEER NO. 2	EMPLOYEE #	%
	ENGINEER NO. 3	EMPLOYEE #	%