

ORIGINAL

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

API NO. 15-129-21485-00-00
County Morton
SE - NW - NW Sec. 7 Twp. 34S Rge. 40 X ^E _W

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 on site

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

4-12-97 4-14-97 7-12-97
Spud Date Date Reached TD Completion Date

4030 FSL Feet from S/N (circle one) Line of Section

4030 FEL 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 Central Life B Well # 3

Field Name Hugoton

Producing Formation Chase

Elevation: Ground 3371' KB _____

Total Depth 2740 PBTB 2715'

Amount of Surface Pipe Set and Cemented at 543 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.H. 1.6-25-98 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: 9-12-97

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 RAYMOND HUI

Title Analyst Date 7-15-97

Subscribed and sworn to before me this 15th day of July, 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 Central Life B Well # 37

Sec. 7 Twp. 34S Rge. 40 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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (Attach Additional Sheets.) See Attached	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datums <input type="checkbox"/> Sample																					
Samples Sent to Geological Survey <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:40%;">Name</th> <th style="width:20%;">Top</th> <th style="width:40%;">Datum</th> </tr> </thead> <tbody> <tr> <td>Hollenberg</td> <td>2395</td> <td>1094</td> </tr> <tr> <td>Herington</td> <td>2430</td> <td>1059</td> </tr> <tr> <td>Krider</td> <td>2461</td> <td>1028</td> </tr> <tr> <td>Winfield</td> <td>2496</td> <td>993</td> </tr> <tr> <td>Towanda</td> <td>2568</td> <td>921</td> </tr> <tr> <td>Ft. Riley</td> <td>2632</td> <td>857</td> </tr> </tbody> </table>	Name	Top	Datum	Hollenberg	2395	1094	Herington	2430	1059	Krider	2461	1028	Winfield	2496	993	Towanda	2568	921	Ft. Riley	2632	857
Name	Top	Datum																				
Hollenberg	2395	1094																				
Herington	2430	1059																				
Krider	2461	1028																				
Winfield	2496	993																				
Towanda	2568	921																				
Ft. Riley	2632	857																				
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: <u>Ran cased hole log</u>																						

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	543	Class A	230 sx	3% CC
Production	7 7/8"	5 1/2"	14	2728	Class A	410 sx	3% 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				

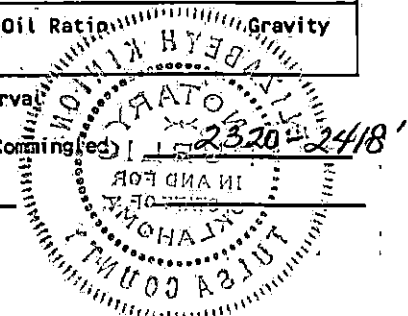
Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used) Depth
2	Win. 2416-18'; Kri. 2378-82' & 2396-98'; Her. 2345-47' & 2364-66'; Holl. 2320-22'	Acidized w/1400 gal. 2320-2418'
		7 1/2% HCL
		Frac'd w/ 49600 gal. gel

TUBING RECORD	Size <u>2 3/8"</u>	Set At <u>2450'</u>	Packer At	Liner Run <input type="checkbox"/> Yes <input type="checkbox"/> No
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Date of First, Resumed Production, SMD or Inj. Pump Testing <u>Waiting for connection</u>	Producing Method <input type="checkbox"/> Flowing <input checked="" type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)
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Estimated Production Per 24 Hours	Oil Bbls.	Gas <u>459</u> Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
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Disposition of Gas: <input type="checkbox"/> Vented <input checked="" type="checkbox"/> Sold <input type="checkbox"/> Used on Lease (If vented, submit ACO-18.)	METHOD OF COMPLETION <input type="checkbox"/> Open Hole <input checked="" type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Other (Specify)	Production Interval <u>2320-2418'</u>
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CUSTOMER COPY

INVOICE



HALLIBURTON ENERGY SERVICES
A Division of Halliburton Company

REMIT TO:
P.O. BOX 751046
DALLAS, TX 75395-1046
Corporate FIN 73-0271280

INVOICE NO.	DATE
183881	04/14/1997

WELL/LEASE NO./PROJECT	WELL/PROJECT LOCATION	STATE	OWNER		
CENTRAL LIFE B-2	MORTON	KS	SAME		
SERVICE LOCATION	CONTRACTOR	JOB PURPOSE	TICKET DATE		
LIBERAL	CHEYENNE DRILLING	SHOWN BLOW	04/14/1997		
ACCT. NO.	CUSTOMER AGENT	VENDOR NO.	CUSTOMER PO. NUMBER	SHIPPED VIA	FILE NO.
659167	CAL WYLIE	E-26		COMPANY TRUCK	22938

DXY USA INC.
P.O. BOX 2528
LIBERAL, KS 67905-2528

DIRECT CORRESPONDENCE TO:
P O BOX 1598
LIBERAL KS 67901

ORIGINAL

REFERENCE NO.	DESCRIPTION	QUANTITY	UM	UNIT PRICE	AMOUNT
PRICING AREA - MID CONTINENT					
JOB PURPOSE - CEMENT PRODUCTION CASING					
000-117	MILEAGE CEMENTING ROUND TRIP	102	MI	3.20	326.40
		1	UNT		
	DISCOUNT--(BID)	41.0	%		133.82-
000-119	MILEAGE FOR CREW	102	MI	1.95	198.90
		1	UNT		
	DISCOUNT--(BID)	41.0	%		81.54-
001-016	CEMENTING CASING	2793	FT	1,690.00	1,690.00
		1	UNT		
	DISCOUNT--(BID)	41.0	%		698.80
12A 825.205	GUIDE SHOE - 5 1/2" BRD THD.	1	EA	121.00	121.00 *
	DISCOUNT--(BID)	32.0	%		38.72-
24A 815.19251	INSERT FLOAT VALVE - 5 1/2" BRD	1	EA	121.00	121.00 *
	DISCOUNT--(BID)	32.0	%		38.72-
27 810.19811	FILL-UP UNIT 5 1/2"-6 5/8"	1	EA	76.00	76.00 *
	DISCOUNT--(BID)	32.0	%		24.32-
40 806.60022	CENTRAL IZEP-5-1/2 X 7-7/8	10	EA	67.00	670.00 *
	DISCOUNT--(BID)				214.40-
350 890.10802	HALLIBURTON WELD-A	1	EA	16.75	16.75 *

KANSAS RECEIVED
APR 14 1997

SPEW
P.M. Wylie

***** CONTINUED ON NEXT PAGE *****

AFFIX JOB TKT

TERMS: If Customer does not have an approved open account with Halliburton, all sums due are payable in cash at the time of performance of services or delivery of equipment, products or materials. If customer has an approved open account, invoices are payable on the twentieth day after date of invoice. Customer agrees to pay interest on any unpaid balance from the date payable until paid at the highest lawful contract rate applicable, but never to exceed 18% per annum. In the event Halliburton employs an attorney for collection of any account, Customer agrees to pay attorney fees of 20% of the unpaid account, plus all collection and court costs.

CORRECTED INVOICE
* CORR-NO 144002 *
PAGE: 1

CUSTOMER COPY

INVOICE



HALLIBURTON ENERGY SERVICES

A Division of Halliburton Company

REMIT TO: P.O. BOX 951046 DALLAS, TX 75395-1046 Corporate FIN 73-0271280

Table with columns: INVOICE NO. (183881), DATE (04/14/1997)

Main header table with columns: WELL LEASE NO./PROJECT, WELL/PROJECT LOCATION, STATE, OWNER, SERVICE LOCATION, CONTRACTOR, JOB PURPOSE, TICKET DATE, ACCT. NO., CUSTOMER AGENT, VENDOR NO., CUSTOMER P.O. NUMBER, SHIPPED VIA, FILE NO.

OXY USA INC, P.O. BOX 2528 LIBERAL, KS 67905-2528

DIRECT CORRESPONDENCE TO: P O BOX 1598 LIBERAL KS 67901

ORIGINAL

Main invoice table with columns: REFERENCE NO., DESCRIPTION, QUANTITY, UM, UNIT PRICE, AMOUNT. Includes handwritten notes and corrections.

***** CONTINUED ON NEXT PAGE *****

AFFIX JOB TAG

TERMS: If Customer does not have an approved open account with Halliburton, all sums due are payable in cash at the time of performance of services or delivery of equipment, products or materials.

CORRECTED INVOICE

A CORR-NO 144302

PAGE: 2

CUSTOMER COPY

INVOICE



HALLIBURTON ENERGY SERVICES

A Division of Halliburton Company

REMIT TO: P.O. BOX 251044 DALLAS, TX 75395-1046 Corporate FIN 73-0271280

Table with columns: INVOICE NO. (183881), DATE (04/14/1997)

Main header table with columns: WELL LEASE NO./PROJECT, WELL/PROJECT LOCATION, STATE, OWNER, SERVICE LOCATION, CONTRACTOR, JOB PURPOSE, TICKET DATE, ACCT. NO., CUSTOMER AGENT, VENDOR NO., CUSTOMER R.O. NUMBER, SHIPPED VIA, FILE NO.

OXY USA INC. P.O. BOX 2528 LIBERAL, KS 67905-2528

DIRECT CORRESPONDENCE TO: P O BOX 1598 LIBERAL KS 67901

ORIGINAL

Main invoice table with columns: REFERENCE NO., DESCRIPTION, QUANTITY, UM, UNIT PRICE, AMOUNT. Includes subtotals and tax amounts.

Handwritten signature/initials

INVOICE TOTAL - PLEASE PAY THIS AMOUNT \$8,005.64

AFFIX JOB TKT

TERMS: If Customer does not have an approved open account with Halliburton, all sums due are payable in cash at the time of performance of services or delivery of equipment, products or materials.

CORRECTED INVOICE

* CORR-NO 14302

PAGE: 3



HALLIBURTON ENERGY SERVICES
HAL-1906-P

CHARGE TO:
OKY USA INC.
ADDRESS
CITY, STATE, ZIP CODE

ORIGINAL - DUNCAN COPY TICKET

No. 184026 - 7

PAGE 1 OF 2

SERVICE LOCATIONS 1. LIBERAL KS	WELL/PROJECT NO. P-3	LEASE CENTRALIFE	COUNTY/PARISH MARTON	STATE KS	CITY/OFFSHORE LOCATION	DATE 4-12-97	OWNER SAME
2. HUGSTON KS.	TICKET TYPE <input checked="" type="checkbox"/> SERVICE <input type="checkbox"/> SALES	NITROGEN JOB? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	CONTRACTOR CHEYENNE	RIG NAME/NO 8 [#]	SHIPPED V/RU	DELIVERED TO Loct	ORDER NO
3.	WELL TYPE 02	WELL CATEGORY 01	JOB PURPOSE 010	WELL PERMIT NO.	WELL LOCATION LAND		
4. REFERRAL LOCATION	INVOICE INSTRUCTIONS						

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.		U/M		UNIT PRICE	AMOUNT
		LOC	ACCT	DF							
000-117				41	MILEAGE	102	Mi	1	UNIT	3.20	326.40
000-119				41	CREW MILEAGE	102	Mi	1	UNIT	1.95	198.90
001-016				41	PUMP CHARGE	550	FT	6	HR	1025	1025
030-018				41	SW Top Plug	8 5/8	IN	1	EA	130	130
24A	815.19502			32	INSERT FLOAT	"	"	"	"	188	188
27	815.19415			32	FILLUP UNIT	"	"	"	"	70	70
41	806.61048			32	CENTRALIZERS	"	"	3	EA	68	204
66	806.72750			32	FAS GRIP	"	"	1	EA	23.50	23.50
320	806.71460			32	CEMENT BASKET	"	"	"	"	139	139
350	890.10802			32	Howco WELD A	1	LB	"	"	16.75	16.75

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 RT OF WORK OR DELIVERY OF GOODS

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	2321	55
TYPE LOCK	DEPTH	OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN?							
BEAN SIZE	SPACERS	WE UNDERSTOOD AND MET YOUR NEEDS?					SUB-TOTAL APPLICABLE TAXES WILL BE ADDED ON INVOICE	7068	18
TYPE OF EQUALIZING SUB.	CASING PRESSURE	OUR SERVICE WAS PERFORMED WITHOUT DELAY?							
TUBING SIZE	TUBING PRESSURE	WELL DEPTH	WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY?						
TREE CONNECTION	TYPE VALVE	ARE YOU SATISFIED WITH OUR SERVICE? <input type="checkbox"/> YES <input type="checkbox"/> NO							

do not require IPC (Instrument Protection). Not offered

CUSTOMER ACCEPTANCE OF MATERIALS AND SERVICES The customer hereby acknowledges receipt of the materials and services listed on this ticket.

CUSTOMER'S AGENT (PLEASE PRINT) LIE	CUSTOMER OR CUSTOMER'S AGENT (SIGNATURE) X	HALLIBURTON OPERATOR/ENGINEER Jim Broadfoot 24604	EMP #	HALLIBURTON APPROVAL Larry Smith *
--	---	--	-------	---------------------------------------

JOB SUMMARY 4239-1

TICKET # 184026	TICKET DATE 4-12-97
BDA / STATE Ks.	COUNTY ADWORTH
PSL DEPARTMENT CEMENT	CUSTOMER REF. PHONE 629-4227 - 629-0433
API / UWI #	JOB PURPOSE CODE 010

NWA/COUNTRY MIND CONTINENT
EMPLOYER NAME Tim BROADFOOT
COMPANY OXY USA INC
WELL TYPE 02
DEPARTMENT CEMENT
SEC / TWP / RNG 7-345-40W

GENERAL **Ks.**
 NET AMOUNT **7068.45**
 WELL LOCATION **LAND**
 CASE / WELL # **ENTRAL LIFE B-3**

ES 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
BROADFOOT D4604			
CRIST D7653			
HOWELL H8223			
GRANT H4639			

HES UNIT NUMBERS	R/T MILES	HES UNIT NUMBERS	R/T MILES	HES UNIT NUMBERS	R/T MILES	HES UNIT NUMBERS	R/T MILES
88242	102						
2947-75496	102						
037-75817	21						

Form Name _____ Type: _____
 Form Thickness _____ From _____ To _____
 Cacker Type _____ Set At _____
 Bottom Hole Temp. _____ Pressure _____
 Disc. Data _____ Total Depth _____

DATE	CALLED OUT	ON LOCATION	JOB STARTED	JOB COMPLETED
	4-12-97	4-12-97	4-12-97	4-12-97
TIME	1200	1500	1720	1750

TOOLS AND ACCESSORIES

TYPE AND SIZE	QTY	MAKE
Float Collar INSERT	1	H
Float Shoe Fillup	1	
Guide Shoe		0
Centralizers S-4	3	
Bottom Plug		W
Top Plug 5w	1	
Head HOWCOWELD A	1	C
Racker 7AS GRIP	1	
Other CMT BASKET	1	0

WELL DATA

	NEW/USED	WEIGHT	SIZE	FROM	TO	MAX ALLOW
Casing	N	24	8 5/8	KB.	550	
Liner						
Liner						
Tbg/D.P.						
Tbg/D.P.						
Open Hole			12 1/4	KB	550	SHOTS/FT.
Perforations						
Perforations						
Perforations						

MATERIALS

Water	Density	Lb/Gal
Disp. Fluid	Density	Lb/Gal
Prop. Type	Size	Lb.
Prop. Type	Size	Lb.
Acid Type	Gal.	%
Acid Type	Gal.	%
Surfactant	Gal.	In
E Agent	Gal.	In
Liquid Loss	Gal/Lb	In
Gelling Agent	Gal/Lb	In
Chic. Red.	Gal/Lb	In
Breaker	Gal/Lb	In
Locking Agent	Gal/Lb	
Surpac Balls	Qty.	
Other		
Other		
Other		
Other		

HOURS ON LOCATION		OPERATING HOURS		DESCRIPTION OF JOB
DATE	HOURS	DATE	HOURS	
				30 BBL CMT PLT
				52 SK
				CMT 8 5/8 SURFACE
				CSG.
TOTAL		TOTAL		

HYDRAULIC HORSEPOWER
 ORDERED _____ Avail. _____ Used _____
AVERAGE RATES IN BPM
 TREATED _____ Disp. _____ Overall _____
CEMENT LEFT IN PIPE
 FEET **46.10** Reason **SHOE JT.**

CEMENT DATA

TAGE	SACKS	CEMENT	BULK/SKS	ADDITIVES	YIELD	LBS/GAL
1	130	Prem Midcon	B	3% C.C. - 1/2 #/SK FLOCELE	3.22	11.1
1	100	Prem Plus	B	2% C.C. 1/4 #/SK FLOCELE	1.32	14.8

Circulating _____ Displacement _____ Preflush: Gal - BBI _____ Type _____
 Breakdown _____ Maximum _____ Load & Bkdn: Gal - BBI _____ Pad: BBI - Gal _____
 Average _____ Frac Gradient _____ Treatment Gal - BBI _____ Disp: BBI - Gal **32**
 Shut In: Instant _____ 5 Min _____ 15 Min _____ Cement Slurr Gal **BBI** **75-24**
 Total Volume Gal - BBI _____

Frac Ring #1 _____ Frac Ring #2 _____ Frac Ring #3 _____ Frac Ring #4 _____

THE INFORMATION STATED HEREIN IS CORRECT CUSTOMER'S REPRESENTATIVE SIGNATURE _____

JOB LOG 4239-5

TICKET #	184026	TICKET DATE	7-12-99
BDA / STATE	Ks.	COUNTY	WAGON
PSL DEPARTMENT	CEMENT		
CUSTOMER REFERENCE	629 4227 - 629-0433		
API / UWI #			
JOB PURPOSE CODE	010		

WELL NO.	14604	NWA/COUNTRY	MID CONTINENT
WELL LOCATION	LIBERAL Ks.	EMPLOYEE NAME	TIM BROADFOOT
WELL DEPTH	7068.45	COMPANY	OXY USA INC
WELL TYPE	OR	DEPARTMENT	CEMENT
BASE / UWI	CENTRAL LIFE B-3	SEC / TWP / RNG	7-34S-40W

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
T. BROADFOOT 14604			
R. CRIST 07653			
C. HOWELL 48223			
S. GRANT 44639			

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL)(GAL)	PUMPS		PRESS. (psi)		JOB DESCRIPTION / REMARKS
				T	C	Tbg	Csg	
	1200							CALLED OUT - READY 1530
	1500							ON LOC. - L.D/D.P.
	1540							START CSG. IN HOLE
	1700							HOOK UP CMT HEAD
	1705							CIRCULATION TO PIT - SAFETY MEETING
	1715							HOOK UP CMT LINE
	1720	6.5	74.6					START LEAD CMT 11.1"
	1731	6.5	23.5					START TAIL CMT 14.8"
	1735	0	0					SHUT OFF DROPP PLUG
	1737	3	22					START DISPLACEMENT - 420' L
	1745	2	10					SLOW RATE - 32 TOTAL RBL
	1750	0	0					PLUG LANDED - FLOAT HELD
								JOB OVER
								THANKS FOR CALLING
								HALLIBURTON ENERGY SERVICES
								LIBERAL Ks.
								BROADFOOT CRIST GRANT
								HOWELL
								HAVE A GOOD DAY
								30BBL CMT PIT - 525Ks.

010
U

30BBL CMT PIT - 525Ks.



HALLIBURTON ENERGY SERVICES
HAL-1906-P

CHARGE TO:
Oxy USA INC.

ADDRESS

CITY, STATE, ZIP CODE
KANSAS CORP

ORIGINAL - DUNCAN COPY TICKET

No. 183881 - 5

PAGE 1 OF 2

SERVICE LOCATIONS 1. <i>LIBERAL</i>	WELL/PROJECT NO. <i>B-3</i>	LEASE <i>CENTRAL LIFE</i>	COUNTY/PARISH <i>ST. MARTIN Co.</i>	STATE <i>KS</i>	CITY/OFFSHORE LOCATION	DATE <i>4-14-97</i>	OWNER <i>SAME</i>
2. <i>Hugotul</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>CHEYENNE DRILLING</i>	RIG NAME/NO. <i>#8</i>	SHIPPED VIA <i>PU</i>	DELIVERED TO <i>LOCATION</i>	ORDER NO.
3.	WELL TYPE <i>02</i>	WELL CATEGORY <i>01</i>	JOB PURPOSE <i>035</i>	WELL PERMIT NO.	WELL LOCATION <i>LAND</i>		
4.	REFERRAL LOCATION	INVOICE INSTRUCTIONS					

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.		U/M		UNIT PRICE	AMOUNT
		LOC	ACCT	DF							
000-117				41	MILEAGE	1	LN	102	MI	3.20	326.40
000-119				41	CREW MILEAGE	1	LN	102	MI	1.95	198.90
001-016				41	PUMP CHARGE	56	HR	2733	FT	1680.00	1680.00
12A	825.205			32	GUIDE SHOE	5 1/2	IN	1	EA	121.00	121.00
24A	815.19251			32	INSERT FLOAT VALVE	5 1/2	IN	1	EA	121.00	121.00
27	815.19311			32	PILLUP ASSEMBLY	1	IN	1	EA	76.00	76.00
40	806.60022			32	CENTRALIZERS	5 1/2	IN	10	EA	67.00	670.00
350	890.10802			32	HALLIBURTON WELD-A	PER	180	1	PD	16.75	16.75
320	806.71430			32	CEMENT BASKET	5 1/2	IN	1	EA	116.00	116.00
018-315				41	MUDFLUSH	PER	GAL	500	GAL	.75	375.00
018-303				41	CLAYFIX II	PER	GAL	3	GAL	30.50	91.50
218-517				41	SSO-21	PER	GAL	3	GAL	33.00	99.00

ORIGINAL

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

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	SURVEY	AGREE	UN-DECIDED	DIS-AGREE	PAGE TOTAL	3891	55	
BEAN SIZE	SPACERS		OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN?					FROM CONTINUATION PAGE(S)	9428
TYPE OF EQUALIZING SUB.	CASING PRESSURE	OUR SERVICE WAS PERFORMED WITHOUT DELAY?							
TUBING SIZE	TUBING PRESSURE	WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY?					13319	60	
TUBING CONNECTION	TYPE VALVE	ARE YOU SATISFIED WITH OUR SERVICE? <input type="checkbox"/> YES <input type="checkbox"/> NO					SUB-TOTAL APPLICABLE TAXES WILL BE ADDED ON INVOICE	7669	07
		<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) <i>Cal Wyllie</i>	CUSTOMER OR CUSTOMER'S AGENT (SIGNATURE) <i>X</i>	HALLIBURTON OPERATOR/ENGINEER <i>JASON S. NICHOLAS</i>	EMP # <i>62098</i>	HALLIBURTON APPROVAL <i>Langsmith *</i>
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JOB LOG 4239-5

183661

4-14-97

REGION North America	NW/COUNTRY USA	BDA / STATE KS	COUNTY MORFON
MBU ID / EMP # 11 184 16077	EMPLOYEE NAME James Williams	PSL DEPARTMENT CENTRAL	
LOCATION L11524	COMPANY OIL CO INC	CUSTOMER REP / PHONE CAL WYLLIE	
TICKET AMOUNT	WELL TYPE	API / UWI #	
WELL LOCATION	DEPARTMENT OIL CO	JOB PURPOSE CODE 005	
LEASE / WELL # O. Williams	SEC / TWP / RNG 7-212-1121		

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
J. Williams 11 184 16077			

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL)(GAL)	PUMPS		PRESS. (psi)		JOB DESCRIPTION / REMARKS
				T	C	Tbg	Csg	
	2200							called out
	2400							ON LOCATION - LDDP
	0522							Rig up circulate to PIT
	0540	4	12.0		✓	0		Pump MUDFLUSH
	0543	5.86	160.5		✓	209/178		Pump LEAD CEMENT - MIDCON PREMIUM PLUS 2 1/2" CC 14# FLOCCLE - 11.1#
	0602	7.71	41		✓	173		Pump TAIL CEMENT - MIDCON PREMIUM PLUS 2 1/4" CC 14# FLOCCLE .13-2#
	0608					12/107		SHUT DOWN WASH PUMPS & LINES - DROP PLUG
	0611	5.8	64.5		✓	12/107		Pump Displacement - H ₂ O
	0622							PLUG LINED - FLOAT WELD
								CIRCULATED 26 BARRELS OF CEMENT TO PIT.

ORIGINAL

RECEIVED
MANSFIELD
197 SEP 12 11 31

THANKS FOR CALLING HALLIBURTON

NICHOLAS, WOODROW, CHANCE, PATTERSON
AND WELAND