

ORIGINAL

STATE CORPORATION COMMISSION OF KANSAS
OIL & GAS CONSERVATION DIVISION
WELL CONSENTATION 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 on site

Designate Type of Completion

New Well Re-Entry Workover

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

If Workovers:

Operator: _____

Well Name: _____

Comp. Date _____ Old Total Depth _____

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

2-11-97 2-14-97 4-24-97
Spud Date Date Reached TD Completion Date

API NO. 15-129-21484-00-00

County Morton

- SW - NE - NE Sec. 1 Twp. 34S Rge. 41 E W

4030 FSL Feet from SW (circle one) Line of Section

1250 FEL Feet from EW (circle one) Line of Section

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

Lease Name Hayward B Well # 2

Field Name Hugoton

Producing Formation Chase

Elevation: Ground 3359' KB 3370'

Total Depth 2555' PBSD 2539'

Amount of Surface Pipe Set and Cemented at 555 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 cnt.

Drilling Fluid Management Plan ALT 1 JH 12-4-97
(Data must be collected from the Reserve Ppt)

Chloride content 3200 ppm Fluid volume 800 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 5-11-97

Subscribed and sworn to before me this 11th day of May, 1997.

Notary Public Karen Anne Wells

Date Commission Expires 9-22-97

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)
1997 MAY 12 12:50 PM
KANSAS CORPORATION COMMISSION

Operator Name OXY USA Inc. Lease Name Hayward B Well # 2

Sec. 1 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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (Attach Additional Sheets.) 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 <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (Submit Copy.) List All E.Logs Run: <u>Ran cased hole log</u>	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datums <input type="checkbox"/> Sample <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Name</th> <th style="text-align: left;">Top</th> <th style="text-align: left;">Datum</th> </tr> </thead> <tbody> <tr> <td>Hollenberg</td> <td>2010</td> <td></td> </tr> <tr> <td>Herington</td> <td>2090</td> <td></td> </tr> <tr> <td>Krider</td> <td>2150</td> <td></td> </tr> <tr> <td>Winfield</td> <td>2180</td> <td></td> </tr> <tr> <td>Towanda</td> <td>2190</td> <td></td> </tr> </tbody> </table>	Name	Top	Datum	Hollenberg	2010		Herington	2090		Krider	2150		Winfield	2180		Towanda	2190	
Name	Top	Datum																	
Hollenberg	2010																		
Herington	2090																		
Krider	2150																		
Winfield	2180																		
Towanda	2190																		

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	555'	CL A	235 sx	3% cc
Production	7 7/8"	5 1/2"	14	2551'	CL A	355 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	Acid, Fracture, Shot, Cement Squeeze Record	
	Specify Footage of Each Interval Perforated	(Amount and Kind of Material Used)	Depth
2'	Chase 2250-2254; 2288-2292;	Acidized w/1700 gal	
	2314-2320; 2340-2342	7 1/2% HCL	
		Frac'd w/36,500 G Delta Gel	

TUBING RECORD	Size 2 3/8"	Set At 2389	Packer At	Liner Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date of First, Resumed Production, SWD or Inj. Pump Testing	4-24-97	Producing Method	<input type="checkbox"/> Flowing <input checked="" type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)	
Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf 510 MCFPD	Water Bbls.	Gas-Oil Ratio

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: 2250-2292'
2314-2320'
2340-2342'



HALLIBURTON ENERGY SERVICES
HAL-1908-P

CHARGE TO:
OXY U.S.A.
ADDRESS:
CITY, STATE, ZIP CODE:

ORIGINAL - DUNCAN COPY TICKET
No. 185416 - 0

PAGE 1 OF 2
1997 JUN 15 08:12
OWNER: *SAME*
12:50

SERVICE LOCATIONS 1. <i>025540 GEBERAI</i>	WELL/PROJECT NO. <i>2</i>	LEASE <i>HAYWARD B</i>	COUNTY/PARISH <i>Merion</i>	STATE <i>Ks</i>	CITY/OFFSHORE LOCATION	DATE <i>2-15-97</i>	OWNER <i>SAME</i>
2. <i>025535 Hugotw</i>	TICKET TYPE <input checked="" type="checkbox"/> SERVICE	NITROGEN JOB? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	CONTRACTOR <i>CHEYENNE DRIG</i>	RIG NAME/NO. <i>1</i>	SHIPPED VIA <i>HEB</i>	DELIVERED TO <i>Loc</i>	ORDER NO.
3.	SALES <input type="checkbox"/>	WELL TYPE <i>02</i>	WELL CATEGORY <i>01</i>	JOB PURPOSE <i>035</i>	WELL PERMIT NO. <i>1.51292E+13</i>	WELL LOCATION <i>N. WILBURTON KS</i>	
4.	REFERRAL LOCATION	INVOICE INSTRUCTIONS					

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.		UNIT PRICE		AMOUNT	
		LOC	ACCT	DF		QTY.	U/M	QTY.	U/M		
<i>000-117</i>				<i>41</i>	MILEAGE	<i>1</i>	<i>U</i>	<i>128</i>	<i>M</i>	<i>2 99</i>	<i>382 72</i>
<i>000-119</i>				<i>41</i>	<i>Pump Crew Mileage</i>	<i>1</i>	<i>U</i>	<i>128</i>	<i>M</i>	<i>1 60</i>	<i>204 80</i>
<i>001-016</i>				<i>41</i>	<i>Pump Charge</i>	<i>6</i>	<i>HR</i>	<i>2555</i>	<i>FT</i>		<i>1500 00</i>
<i>12A</i>	<i>825-205</i>			<i>32</i>	<i>REG. GUARD SHOE</i>	<i>5 1/2</i>	<i>IN</i>	<i>1</i>	<i>EA</i>		<i>121 00</i>
<i>030-018</i>				<i>41</i>	<i>5-WEPER Top Plug</i>	<i>5 1/2</i>	<i>IN</i>	<i>1</i>	<i>EA</i>		<i>60 00</i>
<i>24A</i>	<i>815-19251</i>			<i>32</i>	<i>INSERT FLOAT VALVE</i>	<i>5 1/2</i>	<i>IN</i>	<i>1</i>	<i>EA</i>		<i>131 00</i>
<i>27</i>	<i>815-19315</i>			<i>32</i>	<i>FELL UP Assembly</i>	<i>5 1/2</i>	<i>IN</i>	<i>1</i>	<i>EA</i>		<i>69 00</i>
<i>40</i>	<i>806-6002</i>			<i>32</i>	<i>CENTRALIZERS</i>	<i>5 1/2</i>	<i>IN</i>	<i>10</i>	<i>EA</i>	<i>60 00</i>	<i>600 00</i>
<i>320</i>	<i>806-71430</i>			<i>32</i>	<i>CANVAS CNT BASKET</i>	<i>5 1/2</i>	<i>IN</i>	<i>1</i>	<i>EA</i>		<i>104 00</i>
<i>018-303</i>				<i>41</i>	<i>CLAY FEX II</i>	<i>1</i>	<i>QAL</i>	<i>3</i>	<i>EA</i>	<i>28 00</i>	<i>84 00</i>
<i>218-517</i>				<i>41</i>	<i>SSO-21 M</i>	<i>1</i>	<i>QAL</i>	<i>3</i>	<i>EA</i>	<i>30 25</i>	<i>90 75</i>
<i>018-315</i>				<i>41</i>	<i>MWD FLUSH</i>	<i>1</i>	<i>QAL</i>	<i>500</i>	<i>QAL</i>	<i>1 65</i>	<i>325 00</i>

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.
 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?
 YES NO

CUSTOMER DID NOT WISH TO RESPOND

PAGE TOTAL	<i>3672 27</i>
FROM CONTINUATION PAGE(S)	<i>8195 76</i>
	<i>11868 03</i>
SUB-TOTAL APPLICABLE TAXES WILL BE ADDED ON INVOICE	<i>7094 44</i>

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 Wylie</i>	CUSTOMER OR CUSTOMER'S AGENT (SIGNATURE) <i>X</i>	HALLIBURTON OPERATOR/ENGINEER <i>Ron Crist</i>	EMP #: <i>07653</i>	HALLIBURTON APPROVAL <i>Larry Smith</i>	*
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JOB LOG HAL-2013-C

CUSTOMER: **Oxy U.S.A.** WELL NO.: **2** LEASE: **HAYWARD B** JOB TYPE: **5 1/2 LONGSTRENG** TICKET NO.: **185416**

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	1610							Called OUT
	2000							ON LOC ORIGINAL
	2045							START CS9
	2355							CS9 RUN HOOK TO Circulate
	0025							SAFETY meeting
	0030							HOOK TO CMT
	0032							Pump Mud flush
	0034	4	10					Plug Rate a mouse holes
	0044							0-130 Start lead CMT 11.1 #/gal
	0106	6	135					175 lead Pumped Start Tail 13.2 #/gal
	0112	6	29.5					Shut Down Wash Pump & Line
								Drop Plug
	0118							Start Disp
	0124	6	52					0-450 Slow Rate
	0133	2	10					550-1000 Plug Down Float Held
								Circ 21 BB CMT

MAINS RECEIVED
 1997 JUN 23 12:59 PM
 CONVEYOR



HALLIBURTON

HALLIBURTON ENERGY SERVICES

HAL-1906-P

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

CUSTOMER COPY

TICKET

No. ...

185415 - X

PAGE 1 OF 1
 COPIED
 11/11/97
 12:50
 OWNER: SAAME

SERVICE LOCATIONS <u>1. Liberal</u>	WELL/PROJECT NO. <u>2</u>	LEASE <u>Hayward B</u>	COUNTY/PARISH <u>MORTON</u>	STATE <u>Ks</u>	CITY/OFFSHORE LOCATION	DATE <u>2-11-97</u>	OWNER <u>SAAME</u>
<u>2. Hugo Ton</u>	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 VIA	DELIVERED TO <u>APT</u>	ORDER NO.
3:	WELL TYPE <u>02</u>	WELL CATEGORY <u>03</u>	JOB PURPOSE <u>010</u>	WELL PERMIT NO. <u>15129214840000</u>	WELL LOCATION		
4.	REFERRAL LOCATION	INVOICE INSTRUCTIONS					

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.		U/M		UNIT PRICE	AMOUNT
		LOC	ACCT	DF							
000-117					MILEAGE	128	mi			2.99	382.72
000-119					Crew Mileage	128	mi			1.60	204.80
001-016					Pump Charge	540	ft	6	hr		915.00
030-018					Top Plug	8 7/8	in	1	ea		130.00
12A	825.217				Guide Shoe	11		1	ea		216.00
24A	815.19502				Insert Float	11		1	ea		221.00
27	815.19414				Fill Assy			1	ea		64.00
41	806.62048				Centralizer	8 7/8	in	3	ea	61.00	183.90
66	806.72750				Fas Grip	8 7/8	in	1	ea		21.00
320	806.71460				Basket	8 7/8	in	1	ea		124.00
350	890.10802				Weld A	1	lb	1	ea		16.75

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	TYPE LOCK	DEPTH	OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN?					4842 31 7320 58		
	BEAN SIZE	SPACERS	WE UNDERSTOOD AND MET YOUR NEEDS?							
	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		<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>Cal Willie</u>	CUSTOMER OR CUSTOMER'S AGENT (SIGNATURE) X	HALLIBURTON OPERATOR/ENGINEER <u>Ron Crist</u>	EMP # <u>07653</u>	HALLIBURTON APPROVAL
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TERMS AND CONDITIONS

(1295)

For good and valuable consideration received, Customer (as identified on the face of this document) and Halliburton Energy Services, a division of Halliburton Company (hereinafter "Halliburton") agree as follows:

A. CUSTOMER REPRESENTATION - Customer warrants that the well is in proper condition to receive the services, equipment, products, and materials to be supplied by Halliburton.

B. PRICE AND PAYMENT - The services, equipment, products, and/or materials to be supplied hereunder are priced in accordance with Halliburton's current price list. All prices are exclusive of taxes. 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 the 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.

C. RELEASE AND INDEMNITY - CUSTOMER AGREES TO RELEASE HALLIBURTON GROUP FROM ANY AND ALL LIABILITY FOR ANY AND ALL DAMAGES WHATSOEVER TO PROPERTY OF ANY KIND OWNED BY, IN THE POSSESSION OF, OR LEASED BY CUSTOMER AND THOSE PERSONS AND ENTITIES CUSTOMER HAS THE ABILITY TO BIND BY CONTRACT. CUSTOMER ALSO AGREES TO DEFEND, INDEMNIFY, AND HOLD HALLIBURTON GROUP HARMLESS FROM AND AGAINST ANY AND ALL LIABILITY, CLAIMS, COSTS, EXPENSES, ATTORNEY FEES AND DAMAGES WHATSOEVER FOR PERSONAL INJURY, ILLNESS, DEATH, PROPERTY DAMAGE AND LOSS RESULTING FROM:

LOSS OF WELL CONTROL; SERVICES TO CONTROL A WILD WELL WHETHER UNDERGROUND OR ABOVE THE SURFACE; RESERVOIR OR UNDERGROUND DAMAGE, INCLUDING LOSS OF OIL, GAS, OTHER MINERAL SUBSTANCES OR WATER; SURFACE DAMAGE ARISING FROM UNDERGROUND DAMAGE; DAMAGE TO OR LOSS OF THE WELL BORE; SUBSURFACE TRESPASS OR ANY ACTION IN THE NATURE THEREOF; FIRE; EXPLOSION; SUBSURFACE PRESSURE; RADIOACTIVITY; AND POLLUTION AND ITS CLEANUP AND CONTROL.

CUSTOMER'S RELEASE, DEFENSE, INDEMNITY AND HOLD HARMLESS OBLIGATIONS WILL APPLY EVEN IF THE LIABILITY AND CLAIMS ARE CAUSED BY THE SOLE, CONCURRENT, ACTIVE OR PASSIVE NEGLIGENCE, FAULT, OR STRICT LIABILITY OF ONE OR MORE MEMBERS OF THE HALLIBURTON GROUP, THE UNSEAWORTHINESS OF ANY VESSEL OR ANY DEFECT IN THE DATA, PRODUCTS, SUPPLIES, MATERIALS OR EQUIPMENT FURNISHED BY HALLIBURTON GROUP WHETHER IN THE DESIGN, MANUFACTURE, MAINTENANCE OR MARKETING THEREOF OR FROM A FAILURE TO WARN OF SUCH DEFECT. "HALLIBURTON GROUP" IS DEFINED AS HALLIBURTON, ITS PARENT, SUBSIDIARY, AND AFFILIATED COMPANIES AND ITS/THEIR OFFICERS, DIRECTORS, EMPLOYEES, AND AGENTS. CUSTOMER'S RELEASE, DEFENSE, INDEMNITY AND HOLD HARMLESS OBLIGATIONS APPLY WHETHER THE PERSONAL INJURY, ILLNESS, DEATH, PROPERTY DAMAGE OR LOSS IS SUFFERED BY ONE OR MORE MEMBERS OF THE HALLIBURTON GROUP, CUSTOMER, OR ANY OTHER PERSON OR ENTITY AND THE CUSTOMER WILL SUPPORT SUCH OBLIGATIONS ASSUMED HEREIN WITH LIABILITY INSURANCE TO THE MAXIMUM EXTENT ALLOWED BY APPLICABLE LAW.

D. EQUIPMENT LIABILITY - Customer shall at its risk and expense attempt to recover any Halliburton equipment lost or lodged in the well. If the equipment is not recovered or is irreparable, Customer shall pay the replacement cost, unless such loss is caused by Halliburton's sole negligence. If a radioactive source becomes lost or lodged in the well, this agreement will constitute Customer's written agreement under 10 CFR Sec. 39.15 (a) that Customer shall be responsible for meeting all requirements of 10 CFR Sec. 39.15 and any other applicable laws or regulations concerning retrieval, monitoring, decontamination and abandonment, and Customer shall permit Halliburton to observe the recovery or abandonment efforts, all without risk or expense to Halliburton. Customer shall be responsible for damage to or loss of Halliburton equipment, products, and materials while in transit aboard Customer-supplied transportation, even if such is arranged by Halliburton at Customer's request and during loading and unloading from such transport. Customer will also pay for the repair or replacement of Halliburton equipment damaged by corrosion or abrasion due to well effluents.

E. LIMITED WARRANTY - Halliburton warrants only title to the equipment, products, and materials supplied under this agreement and that same are free from defects in workmanship and materials for one year from date of delivery. THERE ARE NO WARRANTIES, EXPRESS OR IMPLIED, OF MERCHANTABILITY, FITNESS OR OTHERWISE BEYOND THOSE STATED IN THE IMMEDIATELY PRECEDING SENTENCE. Halliburton's sole liability and Customer's exclusive remedy in any cause of action (whether in contract, tort, breach of warranty or otherwise) arising out of the sale, lease or use of any equipment, products, or materials is expressly limited to the replacement of such on their return to Halliburton or, at Halliburton's option, to the allowance to Customer of credit for the cost of such items. In no event shall Halliburton be liable for special, incidental, indirect, consequential, or punitive damages. Because of the uncertainty of variable well conditions and the necessity of relying on facts and supporting services furnished by others, HALLIBURTON IS UNABLE TO GUARANTEE THE EFFECTIVENESS OF THE EQUIPMENT, MATERIALS, OR SERVICE, NOR THE ACCURACY OF ANY CHART INTERPRETATION, RESEARCH ANALYSIS, JOB RECOMMENDATION OR OTHER DATA FURNISHED BY HALLIBURTON. Halliburton personnel will use their best efforts in gathering such information and their best judgment in interpreting it, but Customer agrees that Halliburton shall not be liable for and CUSTOMER SHALL INDEMNIFY HALLIBURTON GROUP AGAINST ANY DAMAGES ARISING FROM THE USE OF SUCH INFORMATION, even if such is contributed to by Halliburton's negligence or fault. Halliburton also does not warrant the accuracy of data transmitted by electronic process, and Halliburton will not be responsible for accidental or intentional interception of such data by third parties.

F. GOVERNING LAW - The validity, interpretation and construction of this agreement shall be determined by the laws of the jurisdiction where the services are performed or the equipment or materials are delivered.

G. WAIVER - Customer agrees to waive the provisions of the Texas Deceptive Trade Practices-Consumer Protection Act or any similar federal or state statute to the extent permitted by law.

H. MODIFICATIONS - Customer agrees that Halliburton shall not be bound by any modifications to this agreement, except where such modification is made in writing by a duly authorized executive officer of Halliburton. Requests for modifications should be directed to the Vice President - Legal, 5151 San Felipe, Houston, Texas 77056.

JOB LOG HAL-2013-C

CUSTOMER		WELL NO.		LEASE		JOB TYPE		TICKET NO.	
OXY USA		2		HAWAIIA B		8" SURFACE CSG.		185415	
CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS	
				T	C	TUBING	CASING		
	1850								CALLED OUT - READY 1850
	2230								ON LOCT. - DRILLING
	0132								START RUNNING CSG.
									ORIGINAL
	0328								HOOK UP HEAD TO CIRCULATE
	0335								CIRCULATION TO PIT - SAFETY MEETING
	0400								HOOK UP TO CMT LINE
	0404								PRESSURE TEST LINES
	0408	6	77.4					0-120	START LEAD CMT 11.1 ^{lb} /GAL
	0417	5	23.5					120	START TAIL CMT 14.8 ^{lb} /GAL
	0423		0						START OFF DROP PLUG
	0425	5	22.7					0-90	START DISPLACEMENT 4/20
	0429	2	10					90-150	SLOW RATE TOTAL BBLs 32.7
	0435							150-600	PLUG LANDED Float Held
									THANKS FOR CALLING
									HALLIBURTON ENERGY SERVICES
									LIBERAL OKS.
									HAVE A GOOD DAY
									CRIST-NICHOLAS-BROADFOOT-CORPENDING
									-MSDS ON LOCT.
									32 BBL CMT PIT. 55 SKS



JOB SUMMARY

HALLIBURTON DIVISION MID CONTINENTHALLIBURTON LOCATION LIBERAL KSBILLED ON TICKET NO. 185415

WELL DATA

FIELD _____ SEC. 1 TWP. 34S RNG. 41W COUNTY MORTON 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	N	24#	8 5/8	0	555	
LINER						
TUBING						
OPEN HOLE						SHOTS/FT.
PERFORATIONS						
PERFORATIONS						
PERFORATIONS						

JOB DATA

CALLED OUT	ON LOCATION	JOB STARTED	JOB COMPLETED
DATE <u>2-11-97</u>	DATE <u>2-11-97</u>	DATE _____	DATE _____
TIME <u>18:50</u>	TIME <u>22:30</u>	TIME _____	TIME _____

TOOLS AND ACCESSORIES

TYPE AND SIZE	QTY.	MAKE
FLOAT COLLAR <u>9 5/8</u>	<u>1</u>	
FLOAT SHOE		
GUIDE SHOE <u>8 5/8</u>	<u>1</u>	
CENTRALIZERS <u>8 5/8</u>	<u>3</u>	
BOTTOM PLUG		
TOP PLUG <u>8 5/8 SWIPER</u>	<u>1</u>	
HEAD <u>8 5/8 BASKET</u>	<u>1</u>	
PACKER <u>IAS GRIP</u>	<u>1</u>	
OTHER <u>WELD-A</u>	<u>1 lb</u>	

PERSONNEL AND SERVICE UNITS

NAME	UNIT NO. & TYPE	LOCATION
<u>RON CRIST</u>	<u>420045</u>	<u>LIBERAL KS</u>
<u>JASON NICHOLAS</u>	<u>52276</u>	<u>LIBERAL KS</u>
<u>DENNIS CORPENIG</u>	<u>4037</u>	<u>MORTON KS</u>
<u>TIM BROADFOOT</u>	<u>38242</u>	<u>LIBERAL KS</u>

MATERIALS

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

DEPARTMENT CEMENTDESCRIPTION OF JOB CEMENT 8 5/8 SURFACE CSG.JOB DONE THRU: TUBING CASING ANNULUS TBG./ANN. CUSTOMER REPRESENTATIVE XHALLIBURTON OPERATOR RON CRIST

COPIES REQUESTED _____

CEMENT DATA

STAGE	NUMBER OF SACKS	CEMENT	BRAND	BULK SACKED	ADDITIVES	YIELD CU.FT./SK.	MIXED LBS./GAL.
<u>L</u>	<u>135</u>	<u>MIDCON DRE+</u>			<u>3% CaCl2, 1/2 PPS FLOCELE</u>	<u>3.22</u>	<u>11.1</u>
<u>T</u>	<u>100</u>	<u>Premium PLUS</u>			<u>2% CaCl2, 1/4 PPS FLOCELE</u>	<u>1.32</u>	<u>14.8</u>

ORIGINAL

PRESSURES IN PSI

SUMMARY

VOLUMES

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 _____ REASON _____

PRESLUSH: BBL.-GAL. _____ TYPE _____
 LOAD & BKDN: BBL.-GAL. _____ PAD: BBL.-GAL. _____
 TREATMENT: BBL.-GAL. _____ DISPL.: BBL.-GAL. 32.7 BBLs
 CEMENT SLURRY: BBL.-GAL. LC - 77.4 BBLs TC 23.5 BBLs
 TOTAL VOLUME: BBL.-GAL. _____

REMARKS

M.S.D.S. ON
FILED IN PIT
Loc. y
S/S

FIELD OFFICE

CUSTOMER: OK USA INC LEASE: AWARDED B WELL NO.: 2 JOB TYPE: 010 DATE: 2-11-97



HALLIBURTON ENERGY SERVICES

HAL-1906-P

CHARGE TO
Oxy USA

ADDRESS

CITY, STATE, ZIP CODE

ORIGINAL - DUNCAN COPY TICKET
No. 185415 - X

PAGE 1 OF 1
OWNER: *SAMPE*
DATE: *23*
TIME: *12:51*

SERVICE LOCATIONS 1. <i>Liberal</i>	WELL/PROJECT NO. <i>2</i>	LEASE <i>Hayward B</i>	COUNTY/PARISH <i>MORTON</i>	STATE <i>KS</i>	CITY/OFFSHORE LOCATION	DATE <i>2-11-97</i>	OWNER <i>SAMPE</i>
2. <i>Hugo Ton</i>	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 VIA	DELIVERED TO	ORDER NO.
3.	WELL TYPE <i>02</i>	WELL CATEGORY <i>01</i>	JOB PURPOSE <i>010</i>	WARRANTY NO. <i>APT</i>	WELL LOCATION <i>15129214840000</i>		
4.	REFERRAL LOCATION	INVOICE INSTRUCTIONS					

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.		U/M		UNIT PRICE	AMOUNT
		LOC	ACCT	DF							
<i>000-117</i>				<i>41</i>	MILEAGE	<i>128</i>	<i>mi</i>			<i>2.99</i>	<i>382.72</i>
<i>000-119</i>				<i>41</i>	<i>Crew Mileage</i>	<i>128</i>	<i>mi</i>			<i>1.60</i>	<i>204.80</i>
<i>001-016</i>				<i>41</i>	<i>Pump Charge</i>	<i>540</i>	<i>FT</i>	<i>6</i>	<i>hr</i>		<i>915.00</i>
<i>030-018</i>				<i>41</i>	<i>Top Plug</i>	<i>8 5/8</i>	<i>in</i>	<i>1</i>	<i>Eq</i>		<i>130.00</i>
<i>12A</i>	<i>825.217</i>			<i>32</i>	<i>Guide Shoe</i>	<i>11</i>		<i>1</i>	<i>Eq</i>		<i>216.00</i>
<i>24A</i>	<i>815.19502</i>				<i>Insert Float</i>	<i>11</i>		<i>1</i>	<i>Eq</i>		<i>221.00</i>
<i>27</i>	<i>815.19414</i>				<i>Fill Assy</i>			<i>1</i>	<i>Eq</i>		<i>64.00</i>
<i>41</i>	<i>806.62048</i>				<i>Centralizer</i>	<i>8 5/4</i>	<i>in</i>	<i>3</i>	<i>Eq</i>	<i>61.00</i>	<i>183.00</i>
<i>66</i>	<i>806.72750</i>				<i>Fas Grip</i>	<i>8 5/8</i>	<i>in</i>	<i>1</i>	<i>Eq</i>		<i>21.00</i>
<i>320</i>	<i>806.71460</i>				<i>Basket</i>	<i>8 5/8</i>	<i>in</i>	<i>1</i>	<i>Eq</i>		<i>124.00</i>
<i>350</i>	<i>890.10802</i>			<i>32</i>	<i>Weld A</i>	<i>1</i>	<i>lb</i>	<i>1</i>	<i>Eq</i>		<i>16.75</i>

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

SUB SURFACE SAFETY VALVE WAS:
 PULLED & RETURN PULLED RUN

TYPE LOCK	DEPTH	SURVEY	AGREE	UN-DECIDED	DIS-AGREE	PAGE TOTAL <i>2478 27</i>
BEAN SIZE	SPACERS		OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN?			
TYPE OF EQUALIZING SUB.	CASING PRESSURE	WE UNDERSTOOD AND MET YOUR NEEDS?				FROM CONTINUATION PAGE(S) <i>4842 31</i>
TUBING SIZE	TUBING PRESSURE	OUR SERVICE WAS PERFORMED WITHOUT DELAY?				<i>7320 58</i>
	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				SUB-TOTAL APPLICABLE TAXES WILL BE ADDED ON INVOICE <i>4395 29</i>
<input type="checkbox"/> do <input type="checkbox"/> do not require IPC (Instrument Protection). <input type="checkbox"/> Not offered		<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 Wylie</i>	CUSTOMER OR CUSTOMER'S AGENT (SIGNATURE) <i>X</i>	HALLIBURTON OPERATOR/ENGINEER <i>Ron Crist</i>	EMP # <i>D7653</i>	HALLIBURTON APPROVAL <i>Orville Nicholas *</i>
---	--	---	-----------------------	---



HALLIBURTON ENERGY SERVICES

TICKET CONTINUATION

ORIGINAL

TICKET No. 185415

FORM 1911 R-10
 In CUSTOMER Oxy USA
 WELL Hayward B #2
 DATE 2-11-97
 PAGE OF

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.		QTY.		UNIT PRICE	AMOUNT	
		LOC	ACCT	DF		U/M	U/M					
504-050	516.00265			41	Premium Plus	100	sk			14 01	1401 00	
504-282					Midcon Premium Plus	135	sk			17 06	2303 10	
507-285	70.15250											
507-127	516.00335											
507-210	890.50071				Flocele 1/4" w/135 1/4" w/100	93	lb			1 65	153 45	
509-406	890.50812				Calcium Chloride 3% w/135 2% w/100	6	sk			40 75	244 50	
ORIGINAL												
500-207					SERVICE CHARGE	CUBIC FEET		260		1 35	351 00	
500-306					MILEAGE CHARGE	TOTAL WEIGHT	23170	LOADED MILES	32	TON MILES	370.72	
										1 05	389 26	

No. B 385442

CONTINUATION TOTAL 4842-31



JOB SUMMARY

HALLIBURTON DIVISION MID CONTINENT
 HALLIBURTON LOCATION LIBERAL KS

BILLED ON TICKET NO. 185415

WELL DATA

FIELD _____ SEC. 1 TWP. 34S RNG. 41W COUNTY MORTON 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	N	24#	8 5/8	0	555	
LINER						
TUBING						
OPEN HOLE						SHOTS/FT.
PERFORATIONS						
PERFORATIONS						
PERFORATIONS						

JOB DATA

TOOLS AND ACCESSORIES			
TYPE AND SIZE	QTY.	MAKE	
INSERT W/FILLUP <u>8 5/8</u>	<u>1</u>		
GUIDE SHOE <u>8 5/8</u>	<u>1</u>		
CENTRALIZERS <u>8 5/8</u>	<u>3</u>		
TOP PLUG <u>8 5/8 SWIPER</u>	<u>1</u>		
HEAD <u>8 5/8 BASKET</u>	<u>1</u>		
PROCKER <u>FAS GRIP</u>	<u>1</u>		
OTHER <u>WELD-A</u>	<u>1 lb</u>		

CALLED OUT	ON LOCATION	JOB STARTED	JOB COMPLETED
DATE <u>2-11-97</u>	DATE <u>2-11-97</u>	DATE	DATE
TIME <u>18:50</u>	TIME <u>22:30</u>	TIME	TIME

PERSONNEL AND SERVICE UNITS

NAME	UNIT NO. & TYPE	LOCATION
<u>RON CRIST</u>	<u>420045</u>	<u>LIBERAL KS</u>
<u>JASON NICHOLAS</u>	<u>52276</u>	<u>LIBERAL KS</u>
<u>DENNIS CORPENIG</u>	<u>4037</u>	<u>HUGOTON KS</u>
<u>TIM BROADFOOT</u>	<u>38242</u>	<u>LIBERAL KS</u>

MATERIALS

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

DEPARTMENT CEMENT
 DESCRIPTION OF JOB CEMENT 8 5/8 SURFACE CSG.
 JOB DONE THRU: TUBING CASING ANNULUS TBG./ANN.
 CUSTOMER REPRESENTATIVE X
 HALLIBURTON OPERATOR RON CRIST COPIES REQUESTED _____

CEMENT DATA

STAGE	NUMBER OF SACKS	CEMENT	BRAND	BULK SACKED	ADDITIVES	YIELD CU.FT./SK.	MIXED LBS./GAL.
<u>L</u>	<u>135</u>	<u>MID CON PRE+</u>			<u>3% CAC12, 1/2 PPS FLOCELE</u>	<u>3.22</u>	<u>11.1</u>
<u>T</u>	<u>100</u>	<u>PREMIUM PILLS</u>			<u>2% CAC12, 1/4 PPS FLOCELE</u>	<u>1.32</u>	<u>14.8</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. 33.7 BBLs
 SHUT-IN: INSTANT _____ 5-MIN _____ 15-MIN _____ CEMENT SLURRY: BBL.-GAL. LC - 77.4 BBLs TC - 23.5 BBLs
 HYDRAULIC HORSEPOWER _____ TOTAL VOLUME: BBL.-GAL. _____
 ORDERED _____ AVAILABLE _____ USED _____
 AVERAGE RATES IN BPM _____
 TREATING _____ DISPL. _____ OVERALL _____
 CEMENT LEFT IN PIPE _____
 FEET _____ REASON _____

REMARKS

M.S.D.S. - BBL CMT PLT
Loct. 5/8
 DATE 2-11-97

CUSTOMER DRY LEAK, INC
 LEASE HAYWARD B
 WELL NO. 2
 JOB TYPE D/O
 DATE 2-11-97

JOB LOG HAL-2013-C

 CUSTOMER **Oxy USA** WELL NO. **2** LEASE **HAYWARD B** JOB TYPE **8 5/8 SURFACE CSG.** TICKET NO. **185415**

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	1850							CALLED OUT - READY 1850
	2230							ON LOCT. - DRILLING.
	0132							START RUNNING CSG.
ORIGINAL								
	0328							HOOK UP HEAD TO CIRCULATE
	0335							CIRCULATION TO PIT - SAFETY MEETING
	0400							HOOK UP TO CMT LINE
	0404							PRESSURE TEST LINES
	0404	6	77.4				0-120	START LEAD CMT 11.1 #/GAL
	0417	5	23.5				120	START TAIL CMT 14.8 #/GAL
	0423		0					SHUT OFF DROP PLUG
	0425	5	22.7				0-90	START DISPLACEMENT 4/20
	0429	2	10				90-150	SLOW RATE TOTAL BBLs 32.7
	0435						150-600	PLUG LANDED Float Held
THANKS FOR CALLING HALLIBURTON ENERGY SERVICES LIBERAL OKS. HAVE A GOOD DAY								
CRIST-NICHOLAS-BROADFOOT-CORPENING MSDS ON LOCT 32 BBL CMT PIT. 55 SKS								

 RECEIVED
 KANSAS CORP COMM
 1997 JUN 23 12:51