

ORIGINAL

SIDE ONE

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

Operator: License # 4742
Name: Texaco E & P, Inc.
Address P.O. Box 2700

City/State/Zip Pampa, TX 79066-2700
Purchaser: Williams Field Services
Operator Contact Person: Sylvia Porter
Phone (806) 669-8456
Contractor: Name: Allen Drilling Co.
License: 5418
Wellsite Geologist: Phil Schreiner

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/Re-Entry: old well info as follows:
Operator: _____
Well Name: _____
Comp. Date _____ Old Total Depth _____
 Deepening Re-perf. Conv. to Inj/SWD
 Plug Back _____ PBDT _____
 Commingled _____ Docket No. _____
 Dual Completion _____ Docket No. _____
 Other (SWD or Inj?) _____ Docket No. _____
11-13-95 11-14-95 12-7-95
Spud Date Date Reached TD Completion Date

API NO. 15- 189-21976-00-00
County Stevens
C SW Sec. 3 Twp. 34S Rge. 35 X E
~~1220~~ 1270 Feet from S/N (circle one) Line of Section
3960 Feet from E/W (circle one) Line of Section
Footages Calculated from Nearest Outside Section Corner:
NE, S, NW or SW (circle one)
Lease Name H. A. Prewitt Well # 3-2
Hugoton
Producing Formation Herrington, Krider, Winfield
Elevation: Ground 2981' KB 2991'
Total Depth 2900' PBDT 2850'
Amount of Surface Pipe Set and Cemented at 679' 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 Jgf 4-2-96
(Data must be collected from the Reserve Pit)
Chloride content _____ ppm Fluid volume _____ bbls
Dewatering method used _____
Location of fluid disposal if hauled offsite: _____
Operator Name _____
Lease Name _____ License No. _____
_____ Quarter Sec. _____ Twp. _____ S Rge. _____
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 [Signature]
Title Operations Manager Date 1-26-96
Subscribed and sworn to before me this 26th day of JANUARY
19 96
Notary Public Merle W. Jewell
Date Commission Expires 2-23-99

K.C.C. OFFICE USE ONLY
F Letter of Confidentiality Attached
C Wireline Log Received
C Drillers Timelog Received
Distribution
 KCC SWD/Rep NGPA
 KGS Plug Other
(Specify)

RECEIVED
KANSAS CORP. COMM
1996 JAN 30

Operator Name Texaco E & P Inc. Lease Name H. A. Prewitt Well # 3-2
 Sec. 3 Twp. 34S Rge. 35 County Stevens
 East West

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.) Yes No Log Formation (Top), Depth and Datums Sample

Samples Sent to Geological Survey Yes No

Cores Taken Yes No Name Top Datum

Electric Log Run (Submit Copy.) Yes No See Attached

List All E.Logs Run:

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#	679'	See Att.		
Production	7-7/8"	4-1/2"	10.5#	2899'	See Att.		

ADDITIONAL CEMENTING/SQUEEZE RECORD

Purpose	Depth Top Bottom	Type of Cement	#Sacks Used	Type and Percent Additives
Perforate				
Protect Casing				
Plug Back, TD				
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
1	2652 - 2670'	2500 Gal. 15% HCL W/870 bbl.	
1	2686 - 2696'	20# gel & crosslinked fluid.	
1	2716 - 2736'	135,920# 12/20 Brady Sand	
1	2762 - 2782'		

TUBING RECORD Size 2-3/8" Set At 2799' Packer At _____ Liner Run Yes No

Date of First Resumed Production, SWD or Inj. Production 12-14-95 Producing Method Flowing Pumping Gas Lift Other (Explain)

Estimated Production Per 24 Hours	Oil	Bbls.	Gas	Mcf	Water	Bbls.	Gas-Oil Ratio	Gravity
	0		439		0			

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

METHOD OF COMPLETION

Open Hole Perforation Dually Completed Commingled Other (Specify) _____

Production Interval 2652 - 2782'

ORIGINAL

H. A. PREWITT #3-2
API #15-189-21976
Section 3-34S-35W
Stevens County, Kansas

Formation Tops & Datum
(KB Elevation +2991.0')

<u>Formation</u>	<u>Top</u>	<u>Datum</u>
Herrington	2652'	+339
Upper Krider	2686'	+305
Lower Krider	2716'	+275
Winfield	2762'	+229

RECEIVED
KANSAS CORP. COMM
1996 JAN 30 A 11:42

ORIGINAL

H. A. PREWITT #3-2

API #15-189-21976

Section 3-34S-35W

Stevens County, Kansas

Cementing Data

8-5/8" Surface Casing Cement - Dowell Schlumberger Inc. - Invoice #0312-7818

200 sacks 35/65 Poz, 6% Gel, 2% CC

150 sacks Class C, 2% CC, 1/4# Floseal

Circulated approximately 27 bbls to surface

4-1/2" Production Casing Cement - Dowell Schlumberger Inc. - Invoice #0312-7833

350 sacks Class C, 3% D-79, 1/4#/sk D-29

200 sacks Class C, 1/4#/sk D-29

Circulated approximately 31 bbls. to surface

RECEIVED
KANSAS CORP COMM
1998 JAN 30 A 11:42

DOWELL

A DIVISION OF SCHLUMBERGER TECHNOLOGY CORPORATION

CUSTOMER

P.O. BOX 4378 HOUSTON, TEXAS 77210

OILFIELD SERVICES

Dowell Service Order Receipt & Invoice No. 7818 Dowell Service Location Name and Number. 03-12 Ulysses

CUSTOMER'S NAME TEXACO
 ADDRESS _____
 CITY, STATE AND ZIP CODE _____

ORIGINAL

IMPORTANT: SEE OTHER SIDE FOR TERMS & CONDITIONS
 ARRIVE LOCATION: MO. 11 DAY 14 YR. 95 TIME 0212

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
Richard Stearns

JOB COMPLETION: MO. 11 DAY 14 YR. 95 TIME _____

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
Richard Stearns

Dowell 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.
Display unit 8% us per customers orders

CUSTOMER NUMBER _____ CUSTOMER PO/CONTRACT NUMBER _____ TYPE SERVICE CODE 271 WORKOVER W NEW WELL N OTHER O AFE NUMBER _____

STATE KS CODE 15 COUNTY/PARISH STEVENS CODE 187 CITY _____

WELL NAME AND NUMBER/JOB SITE Brewitt H.A. 3-2 LOCATION NAME AND NUMBER/OFFSHORE PLATFORM SEC 3-345-35W

ACCOUNTING CODES _____ ROUND TRIP MILEAGE 88

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
102871-010	PUMP	EA.	1	840.00	840.00
049102-000	DEL. CHG	Per Mi	7.42	1.00	7.42
049100-000	SRV. CHG	EA.	3.81	1.36	5.18
057697-000	Pack	EA.	1	159.00	159.00
259200-002	MIL	TON	44	2.92	129.00
040003-000	C'cmt	SK.	290	9.06	2627.40
101545-000	Poz	SK.	70	4.32	302.40
045014-050	CEL	LB.	1070	.17	181.90
067005-100	CELL2	LB.	637	.40	254.80
044003-025	CEL FLK	LB.	88	1.22	107.36
256702-095	TOP PLASTIC PLUG	EA.	1	109.00	109.00
048601-000	CMT HEAD	EA.	1	70.00	70.00

SERVICE ORDER RECEIPT

THANKS, RET CREW!
 FIELD EST. # 5934 52 SUB TOTAL _____

LICENSE/REIMBURSEMENT FEE _____

REMARKS: STATE _____ % TAX ON \$ _____
 COUNTY _____ % TAX ON \$ _____
 CITY _____ % TAX ON \$ _____

SIGNATURE OF DOWELL REPRESENTATIVE Ret Pearson TOTAL \$ _____

CEMENTING SERVICE REPORT

Schlumberger

Dowell

DOWELL SCHLUMBERGER INCORPORATED

TREATMENT NUMBER 1510	DATE 11-14-95
STAGE 1	DS 03
DISTRICT 12	

DS-496-A PRINTED IN U.S.A.

WELL NAME AND NO. PPCWITT Hg. 3-2	LOCATION (LEGAL) SEC. 3-345-354	RIG NAME: OLLON 2
FIELD-POOL HUGOTON	FORMATION SURF.	WELL DATA:
COUNTY/PARISH STEVENS	STATE KS	API. NO.
NAME Tetolo		
AND		
ADDRESS		
ZIP CODE		

BIT SIZE 12 1/4	CSG/Liner Size 8 5/8	BOTTOM	TOP
TOTAL DEPTH 637	WEIGHT 24		
<input type="checkbox"/> ROT <input type="checkbox"/> CABLE	FOOTAGE 679	ORIGINAL	
MUD TYPE	GRADE 4555C		
<input type="checkbox"/> BHST <input type="checkbox"/> BHCT	THREAD ERD		
MUD DENSITY	LESS FOOTAGE SHOE JOINT(S) 637		
MUD VISC.	Disp. Capacity 40.6	TOTAL	

SPECIAL INSTRUCTIONS
Tables in 2, 8 3/8 as per customer's order

IS CASING/TUBING SECURED? YES NO

LIFT PRESSURE **280** PSI. CASING WEIGHT SURFACE AREA (3.14 x R²)

PRESSURE LIMIT **7500** PSI BUMP PLUG TO **760** PSI

ROTATE RPM RECIPROCATE FT. No. of Centralizers

Float	TYPE AutoFill	DEPTH 637	TYPE	DEPTH
Shoe	TYPE 7x5 RTI	DEPTH 129	TYPE	DEPTH
Head & Plugs	<input type="checkbox"/> TBG <input type="checkbox"/> D.P.	SQUEEZE JOB		
<input type="checkbox"/> Double	SIZE	TOOL	TYPE	
<input type="checkbox"/> Single	<input type="checkbox"/> WEIGHT	DEPTH		
<input type="checkbox"/> Swage	<input type="checkbox"/> GRADE	TAIL PIPE: SIZE DEPTH		
<input type="checkbox"/> Knockoff	<input type="checkbox"/> THREAD	TUBING VOLUME Bbls		
TOP OR OW	<input type="checkbox"/> NEW <input type="checkbox"/> USED	CASING VOL' BELOW TOOL Bbls		
BOT OR OW	DEPTH	TOTAL Bbls		
ANNUAL VOLUME Bbls				

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
0001 to 2400											
54:20		2000		X		H ₂ O	1.0				
54:23		70	10	X	6	"	"				
54:26		130	70	40	6	CMT	1.2				
54:40		80		87	6	CMT	1.19				
54:47											
54:48		40	42		6	H ₂ O	1.13				
54:53		70		13	6	"	"				
54:55		150		32	6	"	"				
54:55		50		33	2	"	"				
54:58		120		40	2	"	"				
54:59		760		42	2	"	"				
55:01											

RECEIVED KANSAS CORP. COMM. 1998 JAN 30 A 11:42

REMARKS

SYSTEM CODE	NO. OF SACKS	YIELD CU. FT/SK	COMPOSITION OF CEMENTING SYSTEMS				SLURRY MIXED	
							BBLs	DENSITY
1.	200	2.1	75% C + 6% H₂O - 20 + 2% S-1 + 1/4% SKD-25				75	12.2
2.								
3.	150	1.32	C + 2% S-1 + 1/4% SKD-25				40	14.8
4.								
5.								
6.								

BREAKDOWN FLUID TYPE	VOLUME	DENSITY	PRESSURE	MAX. 760	MIN. 40
<input type="checkbox"/> HESITATION SQ.	<input type="checkbox"/> RUNNING SQ.	CIRCULATION LOST	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	Cement Circulated To Surf. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 27 Bbls.	
BREAKDOWN	PSI	FINAL	PSI	DISPLACEMENT VOL. 42	Bbls
Washed Thru Perfs <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	TO	FT.	MEASURED DISPLACEMENT <input type="checkbox"/> WIRELINE	TYPE OF WELL <input type="checkbox"/> OIL <input checked="" type="checkbox"/> GAS	<input type="checkbox"/> STORAGE <input type="checkbox"/> INJECTION <input type="checkbox"/> BRINE WATER <input type="checkbox"/> WILDCAT 725KTS
PERFORATIONS	TO	TO	CUSTOMER REPRESENTATIVE Richard Stevenson	DS	SUPERVISOR Ray Pearson

DOWELL

A DIVISION OF SCHLUMBERGER TECHNOLOGY CORPORATION

CUSTOMER

P.O. BOX 4378 HOUSTON, TEXAS 77210

OILFIELD SERVICES

Dowell Service Order Receipt & Invoice No. **7833**
 Dowell Service Location Name and Number **03-12 ULYSSES**

IMPORTANT
 SEE OTHER SIDE FOR TERMS & CONDITIONS
 ARRIVE LOCATION **11/16/95** TIME **04:20**

CUSTOMER'S NAME **TEXACO EDI, Inc.**

ADDRESS

CITY, STATE AND ZIP CODE

ORIGINAL

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
Richard Stovener

JOB COMPLETION **11/16/95** TIME **08:20**

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
Richard Stovener

Dowell 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.

Reflex amt. 42.45 as per customer's orders

CUSTOMER NUMBER CUSTOMER PO/CONTRACT NUMBER TYPE SERVICE CODE **285** WORKOVER NEW WELL OTHER W N O AFE NUMBER

STATE **KS** CODE **15** COUNTY/PARISH **STEVENS** CODE **189** CITY

WELL NAME AND NUMBER/JOB SITE **Drewitt 2** LOCATION NAME AND NUMBER/OFFSHORE PLATFORM **SEC 3-345-35W**

ACCOUNTING CODES ROUND TRIP MILEAGE **88**

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
102871-030	Pump	EQ	1	1390 ⁰⁰	1390 ⁰⁰
4102-000	Oil chg	Gal	1166	1 ⁰⁰	1166 ⁰⁰
049100-000	SRV. chg	COFF	566	1 ³⁵	764 ¹⁰
059827-000	ROCK	EA	2	159 ⁰⁰	159 ⁰⁰
259200-002	mil	TL	44	2 ⁷⁵	121 ⁰⁰
040003-000	CMT	SK	552	9 ⁰⁶	5001 ¹²
045041-100	chem EXT	LB	988	1 ⁴⁴	1422 ⁷²
049003025	D29 CELL FLK	LB	138	1 ²⁷	244 ⁶⁶
050101-044	Guideshoe	EA	1	120 ⁰⁰	120 ⁰⁰
053003-044	INSERT FLOOR	EA	1	220 ⁰⁰	220 ⁰⁰
056011-044	CENTRALIZER	EA	3	58 ⁰⁰	174 ⁰⁰
056009-044	CMT. BASKET	EA	1	162 ⁰⁰	162 ⁰⁰
056702-044	PLUS	EA	1	49 ⁰⁰	49 ⁰⁰
057499-001	Thread lock	EA	1	28 ⁰⁰	28 ⁰⁰
048601-000	CMT. HEAD	EA	1	70 ⁰⁰	70 ⁰⁰
053003-085	INSERT FLOOR	EA	1	360 ⁰⁰	360 ⁰⁰

SERVICE ORDER RECEIPT

Thanks Rex & crew!
 Field Est. # **1139566** SUB TOTAL

LICENSE/REIMBURSEMENT FEE

REMARKS: STATE % TAX ON \$ COUNTY % TAX ON \$ CITY % TAX ON \$ SIGNATURE OF DOWELL REPRESENTATIVE *Ra. Pearson* TOTAL \$

CEMENTING SERVICE REPORT

Schlumberger

Dowell

DOWELL SCHLUMBERGER INCORPORATED

TREATMENT NUMBER 7833	DATE 11-16-88
STAGE 1	DS 03
DISTRICT 12	

DS-496-A PRINTED IN U.S.A.

WELL NAME AND NO. PACWITT # 2	LOCATION (LEGAL) 566.3-345-354	RIG NAME: ALLC 2-2
FIELD-POOL HUGOTON	FORMATION CHASE	WELL DATA:
COUNTY/PARISH STEVENS	STATE KS	API NO.
NAME Troxaco Edr Inc.		AND
ADDRESS		ZIP CODE

BOTTOM		TOP	
BIT SIZE 7 1/2	CSG/Liner Size 4 1/2		
TOTAL DEPTH 2899	WEIGHT 10.5		
<input type="checkbox"/> ROT <input type="checkbox"/> CABLE	FOOTAGE 2904		
MUD TYPE	GRADE 4550		
<input type="checkbox"/> BHST <input type="checkbox"/> BHCT	THREAD 3RD		
MUD DENSITY	LESS FOOTAGE SHOE JOINT(S) 2862		TOTAL
MUD VISC.	Disp. Capacity 45.5		

ORIGINAL

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

STAGE	TYPE GUM FILLER	DEPTH 2857	STAGE	TYPE	DEPTH
STAGE	TYPE CMT-2050	DEPTH 2899	STAGE	TYPE	DEPTH

SPECIAL INSTRUCTIONS
Baffle cone 4 1/2 4 1/2 4 1/2 per customer

IS CASING/TUBING SECURED? YES NO

LIFT PRESSURE 1920 PSI CASING WEIGHT + SURFACE AREA (3.14 x R²)

PRESSURE LIMIT 1500 PSI BUMP PLUG TO 1270 PSI

ROTATE RPM RECIPROCATE FT No. of Centralizers

Head & Plugs	<input type="checkbox"/> TBG <input type="checkbox"/> D.P.	SQUEEZE JOB
<input type="checkbox"/> Double	SIZE	TOOL TYPE
<input type="checkbox"/> Single	<input type="checkbox"/> WEIGHT	DEPTH
<input type="checkbox"/> Swage	<input type="checkbox"/> GRADE	TAIL PIPE: SIZE DEPTH
<input type="checkbox"/> Knockoff	<input type="checkbox"/> THREAD	TUBING VOLUME Bbbls
TOP <input type="checkbox"/> OR <input type="checkbox"/> DW	<input type="checkbox"/> NEW <input type="checkbox"/> USED	CASING VOL. BELOW TOOL Bbbls
BOT <input type="checkbox"/> OR <input type="checkbox"/> DW	DEPTH	TOTAL Bbbls
		ANNUAL VOLUME Bbbls

TIME SCHEDULED FOR TIME: 04:00 DATE: 11-16 ARRIVE ON LOCATION TIME: 04:20 DATE: 11-16 LEFT LOCATION TIME: DATE:

TIME	PRESSURE		VOLUME PUMPED BBL		JOBS SCHEDULED FOR			ARRIVE ON LOCATION		LEFT LOCATION	
	TBG OR D.P.	CASING	INCREMENT	CUM	INJECT RATE	FLUID TYPE	FLUID DENSITY	TIME	DATE	TIME	DATE
0001 to 2400											
								SERVICE LOG DETAIL			
								PRE-JOB SAFETY MEETING			
27:25		1500	X			H2O	8.3	BST + CST			
27:26		300	11	X	6	11	11	START H2O			
27:28		260	16.3	17	6	EMUL.	14.5	START FLEXPAC			
27:57		80	44	184	4						
28:08		100		214	4	11	11	SHUT DOWN WASH TO BIT			
28:12		130	X		4.4	H2O	8.3	DISP PLUG START DISP.			
28:16		40		14	4.4	11	11	CMT TO SURFACE			
28:21		590		35	4.4	11	11	LOW PER RATE			
28:22		550		38	2.4	11	11	PSE CHECK			
28:24		700		44	2.4	11	11	PSE CHECK			
28:26		1270		46	2.	11	11	BUMP PLUG			
28:27						11	11	BLEED LINES CHECK FLOOR			

RECEIVED KANSAS CORP. COMM. 11-30-88

REMARKS

SYSTEM CODE	NO. OF SACKS	YIELD CU. FT/SK.	COMPOSITION OF CEMENTING SYSTEMS		SLURRY MIXED	
					BBLs	DENSITY
1.	350	2.25	C' + 30% D-79	+ 4 1/2 SK D-29	163	11.5
2.						
3.	200	1.32	C' + 4 1/2 SK D-29		44	14.8
4.						
5.						
6.						

BREAKDOWN FLUID TYPE VOLUME DENSITY PRESSURE MAX. 1270 MIN. 80

HESITATION SQ. RUNNING SQ. CIRCULATION LOST YES NO Cement Circulated To Surf. YES NO 31 Bbbls

BREAKDOWN PSI FINAL PSI DISPLACEMENT VOL. 40 Bbbls TYPE OF WELL OIL STORAGE BRINE WATER WILDCAT. GAS INJECTION

Washed Thru Perfs YES NO TO FT. MEASURED DISPLACEMENT WIRELINE

PERFORATIONS TO TO TO TO

CUSTOMER REPRESENTATIVE: Richard Steverson

DS SUPERVISOR: Ray Pearson