

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 26100

City/State/Zip Oklahoma City, Ok 73126-0100

Purchaser: N/A

Operator Contact Person: Jerry Ledlow

Phone (405) 749-2309

Contractor: Name: Beredco

License: 5147 **KCC**

Wellsite Geologist: MAY 1 1

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 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. _____

1/21/94 2/3/94 Pending
Spud Date Date Reached TD Completion Date

API NO. 189-21598 ⁰⁰ - ⁰⁰

County Stevens

C - NE - NE Sec. 28 Twp. 34S Rge. 35 ^E ^W

4620 Feet from SN (circle one) Line of Section

660 Feet from EW (circle one) Line of Section

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

Lease Name Wonder C Well # 2

Field Name Kinney

Producing Formation None

Elevation: Ground 2983 KB 2994

Total Depth 6850 PBTB _____

Amount of Surface Pipe Set and Cemented at 1784 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 D&A JH 8-15-94
(Data must be collected from the Reserve Pit)

Chloride content 500 ppm Fluid volume 5000 bbls

Dewatering method used Evaporation

Location of fluid disposal if hauled offsite:

RELEASED

Operator Name _____

Lease Name JUN 2 8 1995 License No. _____

Quarter _____ Sec. _____ Twp. S Rng. E ^{E/W}

County _____ Docket No. _____

FROM CONFIDENTIAL

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 Jerry Ledlow
Title Staff Analyst Date 5/11/94

Subscribed and sworn to before me this 11th day of May, 1994.

Notary Public Sammy L Padilla

Date Commission Expires 8-21-94

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) _____
RECEIVED
STATE CORPORATION COMMISSION

MAY 13 1994

CONSERVATION DIVISION
Wichita, Kansas

CONFIDENTIAL

SIDE TWO

Operator Name OXY USA Inc. Lease Name Wonder C Well # 2

Sec. 28 Twp. 34S Rge. 35 East West County Stevens

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.)

Samples Sent to Geological Survey Yes No

Cores Taken Yes No

Electric Log Run Yes No
(Submit Copy.)

List All E.Logs Run:
Z-Densilog Compensated Neutron
Dual Induction Focused Log
Minilog
BHC Acoustilog
Cement Bond Log

Log Sample

Name	Top	Datum
Heebner	4306	- 1312
Toronto	4326	- 1332
Lansing	4426	- 1432
Marmaton	5278	- 2284
Morrow	5872	- 2878
Chester	6222	- 3228
Ste. Genevieve	6532	- 3538
St Louis	6618	- 3624

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	1784	C	650	6%gel, 2% cacl
Production	7 7/8"	5 1/2"	14	3000	C	610 540	6%gel, 2% cacl

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

TUBING RECORD Size _____ Set At _____ Packer At _____ Liner Run Yes No

Date of First, Resumed Production, SWD or Inj. D & A Producing Method Flowing Pumping Gas Lift Other (Explain)

Estimated Production Per 24 Hours	Oil <u>N/A</u> Bbls.	Gas <u>N/A</u> Mcf	Water <u>N/A</u> Bbls.	Gas-Oil Ratio	Gravity

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

Production Interval Open Hole Perf. Dually Comp. Commingled Other (Specify) _____



HALLIBURTON

led low

HALLIBURTON ENERGY SERVICES

CHARGE TO: Oxy USA

ADDRESS:

CITY, STATE, ZIP CODE:

No.

TICKET

574

PAGE 1

REC'D COMMERCIAL DIVISION

REC'D SERVICE DIVISION

MAY 1 1995

FORM 1906 R-13

1. SERVICE LOCATIONS	WELL/PROJECT NO.	LEASE	COUNTY/PARISH	STATE	CITY/OFFSHORE LOCATION	DATE	OWNER
LIBERAL 025540	2	WONDER-G	STEVENS	KS		2/3/94	SAME
2. HUGOTON 025535	TICKET TYPE	NITROGEN JOB?	CONTRACTOR	RIG NAME/NO.	SHIPPED VIA	DELIVERED TO	ORDER NO.
	<input checked="" type="checkbox"/> SERVICE	<input type="checkbox"/> YES	Beredlo	BEREDLO #2	Rub	Location	5
3.	<input type="checkbox"/> SALES	<input checked="" type="checkbox"/> NO					
4.	WELL TYPE	WELL CATEGORY	JOB PURPOSE	WELL PERMIT NO.	WELL LOCATION		
	01	22			8-34s 35w		
REFERRAL LOCATION	INVOICE INSTRUCTIONS						

PRICE REFERENCE	SECONDARY REFERENCE/PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.		UNIT PRICE		AMOUNT
		LOC	ACCT	DF		U/M	U/M			
000-117					MILEAGE	26	mi	2	75	71.50
001-016	009-308				Pump Charge	3000	ft			1345.00
009-308					COMBINATION Plug Back + CSG JOB	1	hr			1070.00
018-315					MUDFLUSH	840	gal		65	546.00
030-016					SW TOP Plug	1	ea	5 1/2 in		-60.00

FROM CONFIDENTIAL

JUN 2 8 1995

RELEASED

ORIGINAL

CONFIDENTIAL

MAY 1 1995

WCC

CONFIDENTIAL

LEGAL TERMS: Customer hereby acknowledges and agrees to the terms and conditions on the reverse side hereof which include, but are not limited to, **PAYMENT, RELEASE, INDEMNITY, and LIMITED WARRANTY** provisions.

CUSTOMER OR CUSTOMER'S AGENT SIGNATURE

X Larry G. Benedick

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 309250

FROM CONTINUATION PAGE(S) 119063

SUB-TOTAL APPLICABLE TAXES WILL BE ADDED ON INVOICE 6571.50

10,854.63

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) LARRY G. BENEDICK

CUSTOMER OR CUSTOMER'S AGENT (SIGNATURE) Larry G. Benedick

HALLIBURTON OPERATOR/ENGINEER Mark A. Yorky EMP # 63435

HALLIBURTON APPROVAL 403870



HALLIBURTON
ENERGY SERVICES

TICKET CONTINUATION

ORIGINAL

23

TICKET No. 574858

FORM 1911 R-8

CUSTOMER Oxy USA	WELL Wonder C #2	DATE 2-3-94	PAGE OF
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PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			TIME	DESCRIPTION	QTY.		U/M		UNIT PRICE	AMOUNT		
		LOC	ACCT	DF			QTY.	U/M						
504-120						Halliburton Light Cement	260	sk			8 35	2,100	00	
504-050	516.00265													
506-105	516.00286													
506-121	516.00259													
						Premium Plus 50/50 Pozmix Cmt.								
504-050	516.00265					Premium plus Cement	125	sk			9 96	1,245	00	
506-105	516.00286					Pozmix "A" (125)	9,250	lb			067	619	75	
506-121	516.00259					Halliburton Gel 2%	4	sk					NC	
507-210	890.50071					Flocele B/ 1/4# W/ 510	128	lb			1 40	179	20	
507-775	516.00144					Halad-322 B/ .6% W/ 250	126	lb			7 00	882	00	
509-406	890.50812					Calcium Chloride B/ 2% W/ 250	4	sk			28 25	113	00	
ORIGINAL														
CONFIDENTIAL														
MAY 11 1995														
KCC														
CONFIDENTIAL														
CONFIDENTIAL														
RELEASED JUN 28 1995 FROM CONFIDENTIAL														
500-207						SERVICE CHARGE					CUBIC FEET	527	1 35	711 45
500-306						MILEAGE CHARGE					TON MILES	574.838	95	546 10
						TOTAL WEIGHT	45.987				LOADED MILES	25		

CONTINUATION TOTAL 6571.50



JOB SUMMARY

HALLIBURTON DIVISION MID CONTINENT
HALLIBURTON LOCATION LIBERAL KS

BILLED ON TICKET NO. 574858

CONSERVATION DIVISION
SECURITY DIVISION
MICHIGAN, KENTON

FIELD _____ SEC. 8 TWP. 34S RING. 35W COUNTY. STEVENS STATE KS

FORMATION NAME 4661 S 1 10M 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		5 1/2	KB	3000	
LINER						
TUBING DP	U	16.6	4.5	KB	3250'	
OPEN HOLE						SHOTS/FT.
PERFORATIONS						
PERFORATIONS						
PERFORATIONS						

JOB DATA

TOOLS AND ACCESSORIES		
TYPE AND SIZE	QTY.	REMARKS
FLOAT COLLAR		KCC
FLOAT SHOE		MAY 1 1
GUIDE SHOE		
CENTRALIZERS		CONFIDENTIAL
BOTTOM PLUG		
TOP PLUG	5W 5/2"	1ea HOWCO
HEAD		
PACKER		
OTHER		

CALLS OUT	ON LOCATION	JOB STARTED	JOB COMPLETED
DATE <u>2/2/94</u>	DATE <u>2/3</u>	DATE <u>2/3</u>	DATE <u>2/3</u>
TIME <u>0030</u>	TIME <u>0130</u>	TIME <u>0450</u>	TIME <u>1300</u>

PERSONNEL AND SERVICE UNITS		
NAME	UNIT NO. & TYPE	LOCATION
<u>K&K KINGINGER</u>	<u>38242</u>	<u>LIBERAL</u>
<u>C 1393</u>		
<u>Tyle DAVIS</u>	<u>52947</u>	<u>LIBERAL</u>
<u>F4550</u>	<u>75496</u>	<u>LIBERAL</u>
<u>M. Yorky</u>	<u>XTRA</u>	<u>LIBERAL</u>
<u>G 3435</u>		
<u>M. Lewis</u>	<u>50737</u>	<u>HUGOTON</u>
<u>G 2896</u>	<u>4734</u>	

MATERIALS

TREAT. FLUID _____ DENSITY _____ LB/GAL. API
DISPL. FLUID _____ DENSITY _____ LB/GAL. API
PROP. TYPE _____ SIZE _____ LB.
PROP. TYPE _____ SIZE _____ LB.
ACID TYPE _____ GAL. _____ %
ACID TYPE _____ GAL. _____ %
ACID TYPE _____ GAL. _____ %
SURFACTANT TYPE _____ GAL. _____ IN
NE AGENT TYPE _____ GAL. _____ IN
FLUID LOSS ADD. TYPE _____ GAL.-LB. _____
GELLING AGENT TYPE _____ GAL.-LB. _____
FRIC. RED. AGENT TYPE _____ GAL.-LB. _____
BREAKER TYPE _____ GAL.-LB. _____
BLOCKING AGENT TYPE _____ GAL.-LB. _____
PERFPAC BALLS TYPE _____ GAL.-LB. _____
OTHER _____
OTHER _____

DEPARTMENT CEMENT
DESCRIPTION OF JOB PLUG BACK
JOB DONE THRU: TUBING CASING ANNULUS TBG./ANN.

CUSTOMER REPRESENTATIVE X Larry G. Benedict
HALLIBURTON OPERATOR _____ COPIES REQUESTED _____

CEMENT DATA

STAGE	NUMBER OF SACKS	CEMENT	BRAND	BULK SACKED	ADDITIVES	YIELD CU.FT./SK.	MIXED LBS./GAL.
1 st	100	Prem Cem.	H			1.06	16.4
2	260	Prem + Lite	C	1/4# FLO		2.1	12.2
3	250	50/50 POZMIX	C	2 1/2# GEL, 2% CC, 1/4# FLO	2% HAN 372	11.30	13.8

PRESSURES IN PSI

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 44 1/2 REASON Shoe JNT

SUMMARY

VOLUMES

PRESLUSH: BBL.-GAL. _____ TYPE _____
LOAD & BKDN: BBL.-GAL. _____ PAD: BBL.-GAL. _____
TREATMENT: BBL.-GAL. _____ DISPL: BBL. 38.8
CEMENT SLURRY: BBL. BP + 18.9 + 97.2 + 60.1 = 176.2
TOTAL VOLUME: BBL. 176.2

REMARKS

Circulated slurry to surface.

CUSTOMER OKY USA
LEASE WONDER
WELL NO. 2
JOB TYPE Plug Back
DATE 2/3/94



JOB LOG FORM 2013 R-4

CUSTOMER OXY USA WELL NO. 2 LEASE WONDER C JOB TYPE Plug Back TICKET NO. 574858

Table with columns: CHART NO., TIME, RATE (BPM), VOLUME (BBL) (GAL), PUMPS (T, C), PRESSURE (PSI) (TUBING, CASING), DESCRIPTION OF OPERATION AND MATERIALS. Includes handwritten entries for operations like 'CALLED OUT ON LOCATION', 'SAFETY MEETING', 'TRIP IN HOLE', 'CIRCULATED HOLE', 'PUMP 10 BBL SPACER', 'PUMP 100 SK PLUG', 'PUMP 3.5 BBL SPACER', 'PUMP 38 BBL MUD BALANCE', 'SHUT DOWN', 'PULL DRILL PIPE TO 3000'', 'CIRCULATE + WOC', 'RUNNING 5 1/2 CSG', 'HOOK UP MUD PUMP', 'PRIME UP', 'HOOK UP CEMENT LINE', 'PUMP LEAD - RECORD', 'PUMP TAIL - GOOD RECORD', 'DROP PLUG', 'DISPLACE', 'SLOW RATE', 'PLUG DOWN 900-1500', 'RELEASE PRESS - HOLDING', 'RELEASED FROM LOCATION', 'RIG DOWN', and '* CIRCULATED SWELLY TO BIT'.

CUSTOMER COPY
 INVOICE
 MAY 13 1994
 RECEIVED



REMIT TO:
 P.O. BOX 951046
 DALLAS, TX 75395-1046

CONFIDENTIAL

INVOICE NO.	DATE
574567	01/22/199

WELL/LEASE NO./PROJECT	WELL/PROJECT LOCATION	STATE	OWNER
STEVENS	KS	SAME	
SERVICE LOCATION	CONTRACTOR	JOB PURPOSE	TICKET DATE
LIBERAL	BEREDCO	CEMENT SURFACE CASING	01/22/199
ACCT. NO.	CUSTOMER AGENT	VENDOR NO.	CUSTOMER P.O. NUMBER
59167	LEWIS E. HOOPER	E-26	COMPANY TRUCK
			FILE NO
			6315

OXY USA INC.
 REGIONAL OFFICE
 ATT: G. I. MCFARLAND
 PO BOX 26100
 OKLAHOMA CITY, OK 73126-0100

ORIGINAL

KCC

MAY 11

CONFIDENTIAL

DIRECT CORRESPONDENCE TO:

OKLAHOMA TOWER
 210 WEST PARK AVENUE
 SUITE 2000
 OKLAHOMA CITY, OK 73102-5601

REFERENCE NO.	DESCRIPTION	QUANTITY	UM	UNIT PRICE	AMOUNT
000-117	MILEAGE CEMENTING ROUND TRIP	16	MI	2.75	88.00
		2	UNT		
001-016	CEMENTING CASING	1788	FT	1,220.00	1,220.00
		1	UNT		
030-018	CEMENTING PLUG 5W, PLASTIC TOP	8	5/8 IN	130.00	130.00
		1	EA		
504-050	CEMENT - PREMIUM PLUS	125	SK	9.96	1,245.00
504-120	CEMENT - HALL. LIGHT PREM PLUS	525	SK	8.75	4,593.75
507-210	FLOCELE	163	LB	1.40	228.20
509-406	ANHYDROUS CALCIUM CHLORIDE	12	SK	28.25	339.00
500-207	BULK SERVICE CHARGE	685	CFT	1.35	924.75
500-306	MILEAGE CMTG MAT DEL OR RETURN	489.99	TMI	.95	465.49

INVOICE SUBTOTAL

9,234.19

DISCOUNT-(BID)

RELEASED

3,508.97-

INVOICE BID AMOUNT

5,725.22

*-KANSAS STATE SALES TAX
 *-SEWARD COUNTY SALES TAX

JUN 2 8 1995

240.79

49.14

FROM CONFIDENTIAL

4-157-3017 X 2360.1/724
 By 2/14

1-1-73 price

1352

006

SB ✓

INVOICE TOTAL - PLEASE PAY THIS AMOUNT =====> \$6,015.15

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

AFFIX JOB TKT

FORM 1900-R5

PAGE:



JOB SUMMARY

HALLIBURTON DIVISION
HALLIBURTON LOCATION1414 Continent
Liberal KS

BILLED ON TICKET NO. 5745167

WELL DATA

FIELD _____ SEC. 28 TWP. 31E RNG. 35W COUNTY. Stevens STATE. KS

FORMATION NAME _____ TYPE _____

FORMATION THICKNESS _____ FROM _____ TO _____

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 _____

JOB DATA

CALLED OUT	ON LOCATION	JOB STARTED	JOB COMPLETED
DATE <u>1-22-94</u>	DATE <u>1-22-94</u>	DATE <u>1-22-94</u>	DATE <u>1-23-94</u>
TIME <u>1900</u>	TIME <u>2000</u>	TIME <u>0800</u>	TIME <u>0308</u>

PERSONNEL AND SERVICE UNITS

NAME	UNIT NO. & TYPE	LOCATION
<u>T. Poyer</u>	<u>40048</u>	<u>Liberal KS</u>
<u>S. ARBER</u>	<u>76900</u>	<u>" "</u>
<u>J. JAWA</u>	<u>75817</u>	<u>Hugoton, KS</u>
<u>R. MARTINEZ</u>	<u>7620</u>	<u>" "</u>
<u>G. 2731</u>	<u>Bulk</u>	<u>" "</u>

DEPARTMENT 5001

DESCRIPTION OF JOB Set 8 1/2" SP

JOB DONE THRU: TUBING CASING ANNULUS TBG./ANN.

CUSTOMER REPRESENTATIVE Charles Poyer

HALLIBURTON OPERATOR Tom Poyer COPIES REQUESTED _____

TOOLS AND ACCESSORIES

TYPE AND SIZE	QTY.	MAKE
FLOAT COLLAR <u>Comp.</u>		
FLOAT SHOE		
GUIDE SHOE		<u>KCC</u>
CENTRALIZERS		
BOTTOM PLUG		<u>MAY 11</u>
TOP PLUG		
HEAD		
PACKER		
OTHER		

ORIGINAL

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. _____

GELLING AGENT TYPE _____ GAL.-LB. _____

FRIC. RED. AGENT TYPE _____ GAL.-LB. _____

BREAKER TYPE _____ GAL.-LB. _____

BLOCKING AGENT TYPE _____ GAL.-LB. _____

PERFPAC BALLS TYPE _____

OTHER _____

OTHER _____

RELEASED**JUN 2 8 1995****FROM CONFIDENTIAL**

CEMENT DATA

STAGE	NUMBER OF SACKS	CEMENT	BRAND	BULK SACKED	ADDITIVES	YIELD CU.FT./SK.	MIXED LBS./GAL.
	<u>525</u>	<u>10' 1/2" wt.</u>			<u>6% Gel, 2% CC, 1/4 Fl.</u>	<u>2.1</u>	<u>12.2</u>
	<u>125</u>	<u>" "</u>			<u>2% CC, 1/4 1/2" Fl.</u>	<u>1.52</u>	<u>14.8</u>

PRESSURES IN PSI

SUMMARY

VOLUMES

CIRCULATING _____ DISPLACEMENT _____ PRES LUSH: BBL.-GAL. _____ TYPE _____

BREAKDOWN _____ MAXIMUM _____ LOAD & BKDN: BBL.-GAL. _____ PAD: BBL.-GAL. _____

AVERAGE _____ FRACTURE GRADIENT _____ TREATMENT: BBL.-GAL. _____ DISPL: BBL.-GAL. 110.9

SHUT-IN: INSTANT _____ 5-MIN _____ 15-MIN. _____ CEMENT SLURRY BBL.-GAL. 196.29

HYDRAULIC HORSEPOWER _____ TOTAL VOLUME: BBL.-GAL. 335.9

ORDERED _____ AVAILABLE _____ USED _____

AVERAGE RATES IN BPM _____

TREATING _____ DISPL. _____ OVERALL _____

CEMENT LEFT IN PIPE _____

REMARKS Cement to surface good Returns

FEET 144.65 REASON Shoe Joint

CUSTOMER: CXY USA
LEASE: WLODER
WELL NO: C-2
JOB TYPE: 8 1/2" S.P.
DATE: 1-22-94



JOB LOG FORM 2013 R-4

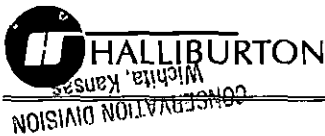
CUSTOMER NO. <i>CONFIDENTIAL</i>	WELL NO. <i>C-2</i>	LEASE <i>Wonder</i>	JOB TYPE <i>4 5/8 S.P.</i>	TICKET NO. <i>571567</i>
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CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
<i>V661</i>	<i>2000</i>							<i>Called out - Rea 2300 hrs.</i>
								<i>ON Loc. - Rig Cike.</i>
								<i>SAFETY MEETING</i>
								<i>Rig-up - 0030 RUN CSQ.</i>
	<i>0200</i>							<i>Hook-up to cike. - 0215 Hook-up to cont</i>
	<i>0219</i>	<i>7</i>	<i>196</i>				<i>1/400</i>	<i>Pump lead cont.</i>
	<i>0241</i>	<i>7-5</i>	<i>29</i>				<i>30/250</i>	<i>Pump tail cont.</i>
	<i>0247</i>	<i>0</i>					<i>25%</i>	<i>Shut down.</i>
	<i>0248</i>	<i>7-8</i>	<i>111</i>				<i>1/600</i>	<i>Pump Displ - wash-up tak.</i>
	<i>0300</i>	<i>7-2</i>					<i>60/500</i>	<i>Reduce rate</i>
	<i>0307</i>	<i>2-0</i>					<i>65/1200</i>	<i>Plug landed</i>
	<i>0308</i>	<i>0</i>					<i>120%</i>	<i>RELEASE PRESS. - Float "hold"</i>
								<i>Cement to SURFACE</i>
								<i>Good Returns</i>
								<i>Thanks</i>
								<i>Tom Payne + CREW</i>
								<i>CONFIDENTIAL</i>

RELEASED

JUN 28 1995

FROM CONFIDENTIAL



JOB SUMMARY

HALLIBURTON DIVISION

Mid Continent

HALLIBURTON LOCATION

Liberal KS

BILLED ON TICKET NO.

574567

CONSERVATION DIVISION

WELL DATA

FIELD 38 SEC 31/2 TWP. 35W COUNTY STEFENS STATE KS

FORMATION NAME STATE CONSERVATION TYPE _____

FORMATION THICKNESS 12 1/4 FROM _____ TO _____

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 _____

JOB DATA

TYPE AND SIZE	QTY.	MAKE
FLOAT COLLAR	<u>1 Comp</u>	<u>KOC</u>
FLOAT SHOE		
GUIDE SHOE		
CENTRALIZERS		<u>MAY 11</u>
BOTTOM PLUG		<u>CONFIDENTIAL</u>
TOP PLUG		
HEAD		
PACKER		
OTHER		

CALLLED OUT	ON LOCATION	JOB STARTED	JOB COMPLETED
DATE <u>1-22-94</u>	DATE <u>1-22-94</u>	DATE <u>1-22-94</u>	DATE <u>1-23-94</u>
TIME <u>1900</u>	TIME <u>2000</u>	TIME <u>0200</u>	TIME <u>0308</u>

PERSONNEL AND SERVICE UNITS

NAME	UNIT NO. & TYPE	LOCATION
<u>T. Poyer</u>	<u>40048</u>	<u>Liberal ks</u>
<u>B. SAUBER</u>	<u>76900</u>	<u>" "</u>
<u>J. JUAN</u>	<u>75819</u>	<u>Hugoton, ks</u>
<u>R. MARTINEZ</u>	<u>7620</u>	<u>" "</u>

ORIGINAL

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. _____ IN

PERFPAC BALLS TYPE _____ QTY. _____

DEPARTMENT 5001

DESCRIPTION OF JOB SET 894 S.P.

JOB DONE THRU: TUBING CASING ANNULUS TBG./ANN.

CUSTOMER REPRESENTATIVE Tom Poyer

HALLIBURTON OPERATOR Tom Poyer COPIES REQUESTED _____

CEMENT DATA

STAGE	NUMBER OF SACKS	CEMENT	BRAND	BULK SACKED	ADDITIVES	YIELD CU.FT./SK.	MIXED LBS./GAL.
	<u>525</u>	<u>10' 4" wt.</u>			<u>1% Gel, 2% CC, 1/4 Fl.</u>	<u>2.1</u>	<u>12.2</u>
	<u>125</u>	<u>10"</u>			<u>2% CC, 1/4 1/2 Fl.</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. 110.9

SHUT-IN: INSTANT _____ 5-MIN _____ 15-MIN _____ CEMENT SLURRY: BBL.-GAL. 196 + 29

HYDRAULIC HORSEPOWER _____ TOTAL VOLUME: BBL.-GAL. 335.9

ORDERED _____ AVAILABLE _____ USED _____ AVERAGE RATES IN BPM _____

TREATING _____ DISPL. _____ OVERALL _____ CEMENT LEFT IN PIPE _____

FEET 144.65 REASON Shoe Joint

REMARKS Cement to Surface Good Returns

CUSTOMER: OK USA LEASE: STANDARD WELL NO: 574567 JOB TYPE: 894 S.P. DATE: 1-23-94



HALLIBURTON

CONFIDENTIAL

DATE 1-23-94 PAGE NO.

JOB LOG FORM 2013 R-4

CUSTOMER Dxy USA WELL NO. C-2 LEASE Wonder JOB TYPE 8 1/4 S.P. TICKET NO. 571567

Table with columns: CHART NO., TIME, RATE (BPM), VOLUME (BBL) (GAL), PUMPS (T, C), PRESSURE (PSI) (TUBING, CASING), DESCRIPTION OF OPERATION AND MATERIALS. Includes handwritten entries like 'Called out - Rea 2300 hrs.', 'Safety Meeting', 'Rig-up - 0030 RUN csg.', 'Hook-up to cirk.', 'Pump lead cmt.', 'Pump tail cmt.', 'Shut down.', 'Pump Displ - wash up tak.', 'Reduce RATE', 'Plug landed', 'RELEASE PRESS. - float "hold"', 'Cement to SURFACE', 'Good Returns', 'Thanks Tom Payne + CREW'.

ORIGINAL

RELEASED JUN 2 8 1995 FROM CONFIDENTIAL



HALLIBURTON

HALLIBURTON ENERGY SERVICES

FORM 1906 R-13

SERVICE LOCATIONS
1. 25540
2. 25535

WELL/PROJECT NO.
C-2

LEASE
Wonder

COUNTY/PARISH
STEVENS

STATE
ks

CITY/OFFSHORE LOCATION

DATE
1-22-94

OWNER

TICKET TYPE
 SERVICE JOB? YES
 SALES NO

CONTRACTOR
BREDCO

RIG NAME/NO.
#2

SHIPPED VIA
CT

DELIVERED TO
LOCATION

ORDER NO.

WELL TYPE
01

WELL CATEGORY
01

JOB PURPOSE
010

WELL PERMIT NO.

WELL LOCATION
28-345-35W

REFERRAL LOCATION

INVOICE INSTRUCTIONS

CHARGE TO:

ADDRESS
Oxy USA

CITY, STATE, ZIP CODE

COPY

TICKET

No.

574567 - 4

PAGE 1 OF 2

PRICE REFERENCE	SECONDARY REFERENCE / PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.		U/M		UNIT PRICE	AMOUNT
		LOG	ACCT	DF							
300-117	CONFIDENTIAL				MILEAGE	EA	mi	116	mi	2.75	880.00
201-014					Pump Chg.	6	hrs	1700	ft		1220.00
230-018					5w Top plug	1	EA	85	min		130.00
ORIGINAL	KCC MAY 11				RELEASED JUN 28 1995						
					FROM CONFIDENTIAL						

LEGAL TERMS: Customer hereby acknowledges and agrees to the terms and conditions on the reverse side hereof which include, but are not limited to, PAYMENT, RELEASE, INDEMNITY, and LIMITED WARRANTY provisions.

CUSTOMER OR CUSTOMER'S AGENT SIGNATURE

DATE SIGNED

TIME SIGNED

A.M.
 P.M.

SUB SURFACE SAFETY VALVE WAS:

PULLED & RETURN PULLED RUN

TYPE LOCK

DEPTH

BEAN SIZE

SPACERS

TYPE OF EQUALIZING SUB.

CASING PRESSURE

TUBING SIZE

TUBING PRESSURE

WELL DEPTH

TREE CONNECTION

TYPE VALVE

SURVEY

AGREE

UN-DECIDED

DIS-AGREE

OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN?

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

FROM CONTINUATION PAGE(S)

SUB-TOTAL APPLICABLE TAXES WILL BE ADDED ON INVOICE

1438.00

7801.4

9239.4

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)

CUSTOMER OR CUSTOMER'S AGENT (SIGNATURE)

HALLIBURTON OPERATOR/ENGINEER

EMP #

HALLIBURTON APPROVAL

[Signature]

[Signature]

[Signature]

48920