

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

API NO. 15-025-21139 0000

ORIGINAL

County Clark County, Kansas

250'E C - SW - Sec. 12 Twp. 31S Rge. 21 XXX

Operator: License # 5988

Name: Halliburton Oil Producing Co.

Address 1001 NW 63rd St. - Suite 250

City/State/Zip Oklahoma City, OK 73116

Purchaser: _____

Operator Contact Person: John S. Clark

Phone (405) 843-0261

Contractor: Name: Duke Drilling Co., Inc.

License: 5929

Wellsite Geologist: Daniel Fredlund

Designate Type of Completion

New Well Re-Entry Workover

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

If Workover:

Operator: _____

Well Name: _____

Comp. Date _____ Old Total Depth _____

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

10-28-95 11-06-95 11-06-95
Spud Date Date Reached TD Completion Date

1320 Feet from S/N (circle one) Line of Section

3710 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 Bonus Well # 1

Field Name _____

Producing Formation _____

Elevation: Ground 2211 KB 2220

Total Depth 5285' PBTD _____

Amount of Surface Pipe Set and Cemented at 643 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
(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 Rng. _____ E/W _____

County _____ Docket No. _____

INSTRUCTIONS: An original and two copies of this form shall be filed with the Kansas Corporation Commission, 130 S. Market - Room 2078, 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.

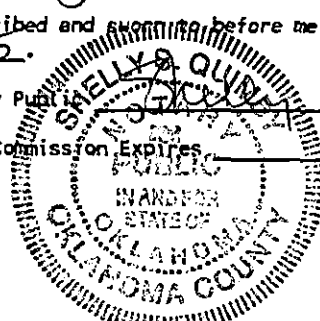
Signature John S. Clark

Title John S. Clark, Operations Mgr Date 12/20/95

Subscribed and sworn to before me this 20th day of December, 19 95.

Notary Public S. Quimby

Date Commission Expires 4-1-98



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 Halliburton Oil Producing Co. Lease Name Bonus Well # 1

Sec. 12 Twp. 31S Rge. 21
 East
 West

County Clark County, Kansas

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.)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name	Top	Datum
Cores Taken	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Electric Log Run (Submit Copy.)	<input type="checkbox"/> Yes <input type="checkbox"/> No			
List All E.Logs Run:				

CASING RECORD <input type="checkbox"/> New <input checked="" 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"	28#	243	midcon 2 premium	140 110	2%cc 1/4 flo seal 2%cc

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

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated		Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used)		Depth

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

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: _____



HALLIBURTON ENERGY SERVICES

HAL-1906-N

CHARGE TO: HALLIBURTON INC.
 ADDRESS: 1001 101 ST. SUITE 250
 CITY, STATE, ZIP CODE: SKELTON, LA 70110

CUSTOMER COPY

TICKET

No. **906733 - 3**

PAGE 1 OF 2

SERVICE LOCATIONS 1. <u>North E</u>	WELL/PROJECT NO. <u>1</u>	LEASE <u>Lowry</u>	COUNTY/PARISH <u>CLARK</u>	STATE <u>LA</u>	CITY/OFFSHORE LOCATION	DATE <u>10-29-95</u>	OWNER <u>SAME</u>
TICKET TYPE 2. <input type="checkbox"/> SERVICE <input type="checkbox"/> SALES	NITROGEN JOB? <input type="checkbox"/> YES <input type="checkbox"/> NO	CONTRACTOR <u>Duke Oil</u>	RIG NAME/NO.	SHIPPED VIA <u>PT</u>	DELIVERED TO <u>WELL SITE</u>	ORDER NO.	
WELL TYPE <u>OL</u>	WELL CATEGORY <u>01</u>	JOB PURPOSE <u>OL</u>	WELL PERMIT NO. <u>AP-15025 2139-000</u>	WELL LOCATION <u>12-315-21W</u>			
REFERRAL LOCATION	INVOICE INSTRUCTIONS						

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.	U/M	QTY.	U/M	UNIT PRICE	AMOUNT
		LOC	ACCT	DF							
500-119		1			MILEAGE	14.0	MI			2.85	399.00
001-016		1			TRIP	6	HR	04		15.00	90.00
030-016		1			TRIP	1	CA			12.00	12.00
24A	815.19502	1			11 SET FLOAT VALVE	1	EA			17.15	17.15
27	815.19415	1			1 SET FLOP VALVE	1	EA			17.15	17.15
46	806.60659	1			2 CA	2	CA			11.00	22.00
001-018		1			2 CA	2	CA			11.00	22.00

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

DATE SIGNED: 10-29-95 TIME SIGNED: 2:30 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: 1779

FROM CONTINUATION PAGE(S): 4359

SUB-TOTAL APPLICABLE TAXES WILL BE ADDED ON INVOICE: 111334

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>KAROL CLAYPOOL</u>	CUSTOMER OR CUSTOMER'S AGENT (SIGNATURE) <u>X Karol Claypool</u>	HALLIBURTON OPERATOR/ENGINEER <u>M. R. Bohannon 30848</u>	EMP # <u>30848</u>	HALLIBURTON APPROVAL <u>mkc</u>
--	---	--	-----------------------	------------------------------------



JOB LOG HAL-2013-C

DATE 10-28-90 PAGE NO. 1

CUSTOMER Halliburton OK CO WELL NO. 1 LEASE BOWEN JOB TYPE CLEANUP TICKET NO. 906733

CHART NO.	TIME	RATE (GPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	1800							DRILLED OUT
	2440							ON LOCATION 10-28-90 RIG STUCK DUE TO
								RUN LOG INSERT FOOT & FILL UP 2 CEMENTIZERS BREAK LOG
	0545	7	0				200	SALT MUD @ 200 FT MUD UNIT
							300	ADD.
	0610		102					FINISHED MIX SHOT IN RELEASE PUMP
	0600	7	0				150	START DASH
							250	
	0600	2					250	SLOW RATE
	0610		37.39				300	RING DOWN
								SET CEMENT FOR GOOD COST RETURN RECEIVED & HEED SILTY HEAD & LEAVE AS PER RECORD
								WASH UP PACK UP JOB CAMP
	0715							

ADDRESS _____
 CITY, STATE, ZIP CODE _____

SERVICE LOCATIONS	WELL/PROJECT NO.	LEASE	COUNTY/PARISH	STATE	CITY/OFFSHORE LOCATION	DATE	OWNER
7-10-13	1	2	CLACK	MS		11/15/13	
TICKET TYPE <input type="checkbox"/> SERVICE <input type="checkbox"/> SALES	NITROGEN JOB? <input type="checkbox"/> YES <input type="checkbox"/> NO	CONTRACTOR	RIG NAME/NO.	SHIPPED VIA	DELIVERED TO	ORDER NO.	
		D. R. ...	#		LOC		
WELL TYPE	WELL CATEGORY	JOB PURPOSE	WELL PERMIT NO.	WELL LOCATION			
	2	115					
REFERRAL LOCATION	INVOICE INSTRUCTIONS						
	IPI # 220-01137-000						

PRICE REFERENCE	SECONDARY REFERENCE PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.	U/M	QTY.	U/M	UNIT PRICE	AMOUNT
		LOC.	ACCT.	DF							
					MILEAGE	140	mi			0.79	110.60
					RD TP	2	hrs			7.50	15.00
					1 TRK						

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

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

DATE SIGNED: 11/15/13
 TIME SIGNED: 1:30
 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	114
FROM CONTINUATION PAGE(S)	114 TRK
SUB-TOTAL	125.60
APPLICABLE TAXES WILL BE ADDED ON INVOICE	13.90

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
Karl C. ...	X [Signature]	Daniel Scott	131415	



JOB SUMMARY

HALLIBURTON DIVISION
HALLIBURTON LOCATION

Mid-Cont
Proff KS

BILLED ON TICKET NO. 835544

WELL DATA

FIELD _____ SEC 12 TWP 31 RING 21 COUNTY Clark 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 _____

JOB DATA

CALLED OUT	ON LOCATION	JOB STARTED	JOB COMPLETED
DATE <u>11.6</u>	DATE <u>11.6</u>	DATE <u>11.6</u>	DATE <u>11.6</u>
TIME <u>1230</u>	TIME <u>1430</u>	TIME <u>1620</u>	TIME <u>1730</u>

PERSONNEL AND SERVICE UNITS

NAME	UNIT NO. & TYPE	LOCATION
<u>D Scott B9475</u>	<u>41278 P14</u>	<u>Proff KS</u>
<u>K Gardley C8500</u>	<u>51236 Comb</u>	<u>" "</u>
<u>S Orlando H1865</u>	<u>5621 Bulk</u>	<u>" "</u>

TOOLS AND ACCESSORIES

TYPE AND SIZE	QTY.	MAKE
FLOAT COLLAR		
FLOAT SHOE		
GUIDE SHOE		
CENTRALIZERS		
BOTTOM PLUG		
TOP PLUG		
HEAD		
PACKER		
OTHER <u>4 1/2 XH D.P.</u>	<u>1</u>	<u>Howco</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. _____ 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 Cmt

DESCRIPTION OF JOB PTA

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

CUSTOMER REPRESENTATIVE X Paul Claypool

HALLIBURTON OPERATOR D Scott COPIES REQUESTED _____

CEMENT DATA

STAGE	NUMBER OF SACKS	CEMENT	BRAND	BULK SACKED	ADDITIVES	YIELD CU.FT./SK.	MIXED LBS./GAL.
<u>1</u>	<u>135</u>	<u>40-60</u>	<u>Poz</u>	<u>B</u>	<u>690 6e1</u>	<u>167</u>	<u>12.8</u>

PRESSURES IN PSI

SUMMARY

VOLUMES

CIRCULATING _____ DISPLACEMENT _____ PRESURUSH: 6 GAL. TYPE H2O

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

AVERAGE _____ FRACTURE GRADIENT _____ TREATMENT: BBL.-GAL. DISPL: 10.4 mud GAL.

SHUT-IN: INSTANT _____ 5-MIN _____ 15-MIN _____ CEMENT SLURRY: 40.1 GAL.

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

ORDERED _____ AVAILABLE _____ USED _____ REMARKS See Job Log

AVERAGE RATES IN BPM _____

TREATING _____ DISPL. _____ OVERALL _____

CEMENT LEFT IN PIPE _____

FEET _____ REASON _____

CUSTOMER: Halliburton PTA Proff Co. LEASE: Bonus WELL NO. DATE: 11.6.95 JOB TYPE: PTA



JOB LOG HAL-2013-C

CUSTOMER: Halliburton Oil	WELL NO.: 1	LEASE: Bonus	JOB TYPE: PTA	TICKET NO.: 895544
---------------------------	-------------	--------------	---------------	--------------------

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	1230							Called Out
	1430							On Loc w/Trks Safety mtg
								1st Plug @ 1150' 50 sks Cmt
	1610	6	6	✓		200		Pump H2O
	1611	6	14.8	✓		200		mix & pump Cmt @ 12.8 ppg
	1614	6	2	✓		230		Pump H2O
	1620	6	10.4	✓		220		Disp & Balance w/ mud
								2nd Plug @ 680' 50 sks
	1637	5	6	✓		175		Pump H2O
	1639	5	14.8	✓		175		mix & pump Cmt @ 12.8 ppg
	1642	5	2	✓		190		Pump H2O
	1650	5	3.7	✓		-0-		Disp & Balance w/ mud
	1705	3	2.9	✓				mix & pump 20 sks @ 40'
	1711	3	4.4	✓				Plug Rat Hole w/ 15 sks
	1725	3	2.9	✓				Plug mouse Hole w/ 10 sks Cmt
								Pump total 135 sks Cmt @ 12.8 ppg
								Job Complete
								Thank you
								D. Scott
								K. Gordley
								S. Orlando