

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

Operator: License # 4549

Name: ANADARKO PETROLEUM CORPORATION

Address P. O. BOX 351

City/State/Zip LIBERAL, KANSAS 67905-0351

Purchaser: TO BE DETERMINED

Operator Contact Person: J. L. ASHTON

Phone (316) 624-6253

Contractor: Name: GABBERT-JONES, INC.

License: 5842

Wellsite Geologist: NA

Designate Type of Completion

New Well Re-Entry Workover

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

If Workover:

Operator: _____

Well Name: _____

Comp. Date _____ Old Total Depth _____

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

9/13/94 9/16/94 11/20/94
Spud Date Date Reached TD Completion Date

API NO. 15- 189-21,788-60-00 **ORIGINAL**

County STEVENS

NE - NE - SW - SW Sec. 25 Twp. 33S Rge. 35 E W

1250 Feet from X (circle one) Line of Section

1250 Feet from X W (circle one) Line of Section

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

Lease Name JACKSON "B" Well # 1H

Field Name HUGOTON

Producing Formation HUGOTON (CHASE)

Elevation: Ground 2966.4 KB --

Total Depth 3066 PBTD 3002

Amount of Surface Pipe Set and Cemented at 690 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 cm.

Drilling Fluid Management Plan ALT 1 JH 12-4-95
(Data must be collected from the Reserve Pit)

Chloride content 25,211 ppm Fluid volume 700 bbls

Dewatering method used NATURAL 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 confidentially 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.

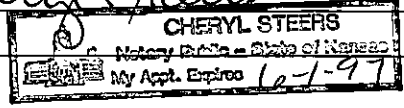
Signature Leslie I. Barnes

Title SR. TECHNICAL ASSISTANT Date 11/28/94

Subscribed and sworn to before me this 28th day of November 1994.

Notary Public Cheryl Steers

Date Commission Expires _____



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)

Form ACO-1 (7-91)

RECEIVED
STATE CORPORATION COMMISSION
DEC 09 1994
12-09-94
WICHITA, KANSAS

Operator Name **ANADARKO PETROLEUM CORPORATION** Lease Name **JACKSON "B"** Well # **1H**

Sec. **25** Twp. **33S** 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 (Attach Additional Sheets.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Log	Formation (Top), Depth and Datums	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Name	Top	Datum
Cores Taken	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	B. STONE CORRAL	1700	
Electric Log Run (Submit Copy.)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	HERRINGTON	2668	
List All E.Logs Run:		KRIDER	2704	
		WINFIELD	2749	
		TOWANDA	2804	
		COUNCIL GROVE	3016	
		COMPENSATED SPECTRAL GAMMA LONG-SPACED SONIC DUAL INDUCTION DUAL-SPACED NEUTRON		

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	690	75/25 POZMIX/ CLASS H	420/150	2%CC, 1/4#SX FLOC 2%CC, 1/4#SX FLOC
PRODUCTION	7 7/8	5 1/2	15.5	3050	CLASS C/ CLASS C	270/40	20%DCD, 2%CC, 1/4# SX FLOC/10%DCD, 2%CC, 1/4#/SX FLOCELE

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

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used) Depth
2	2668-2680	ACIDIZE IN 2' INTERVALS W/50 GAL/FT 15% FEHCL ACID, TOTAL ACID = 600 GALS 2668-2680
		FRAC W/4000 GALS 30# LINEAR GELLED 2% KCL WTR & 2500# 40/70 SD, TAG W/SCANDIUM (DIVERTA) & FOLLOW W/16,000 GALS 30# LINEAR GELLED 2% KCL WTR & 26,000# 20/40 SD, LAST 3000# PROP-LOCK 2668-2680
4	2704-2732	

TUBING RECORD	Size 2 3/8	Set At 2757	Packer At	Liner Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Date of First, Resumed Production, SWD or Inj. **SI WOPL** Producing Method Flowing Pumping Gas Lift Other (Explain)

Estimated Production Per 24 Hours	Oil -- Bbls.	Gas 985 Mcf	Water 7 Bbls.	Gas-Oil Ratio --	Gravity --
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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 **2668-2680 OA**

GABBERT-JONES, INC.
WICHITA, KANSAS

- DRILLERS' WELL LOG -

ORIGINAL

WELL NAME: Jackson B-1H
Sec 25-33S-35W
Stevens County, Kansas

COMMENCED: 9/13/94
COMPLETED: 9/17/94
OPERATOR: Anadarko Petroleum Corp.

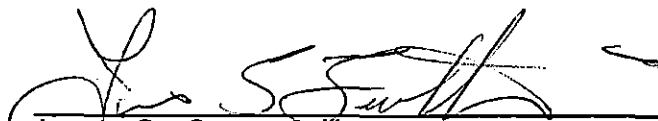
API #15-189-21788

DEPTH		FORMATION	REMARKS
From	To		
0	690	Water Sand-Clay	
690	1170	Redbed	Ran 17 jts of 8 5/8" 24#
1170	1344	Glorietta Sand	set @ 690' w/420 sks 75/25
1344	2091	Redbed	Posmix 2% CC 1/4# Cellophane
2091	2684	Redbed-Shale	150 sks Common 2% CC 1/4#
2684	3066	Shale	Cellophane
	3066 TD		PD @ 11:00PM 9/13/94
			Ran 70 jts of 15 1/2# 5 1/2"
			csg set @ 3050' w/270 sks
			Class C 2/20% Diecel "D"
			2% CC 1/4# Cellophane
			Tailed w/40 sks Class C
			10% Diecel "D" 2% CC
			1/4# Cellophane
			PD @ 10:00AM 9/17/94
			RR @ 11:00AM 9/17/94

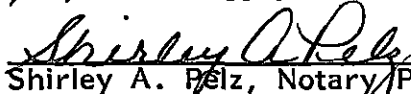
STATE OF KANSAS]
COUNTY OF SEDGWICK]

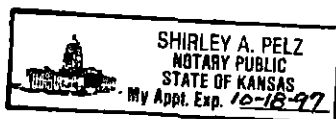
I, the undersigned, being sworn on oath, state that the above Drillers' Well log is true and correct to the best of my knowledge and belief and according to the records of this office.

GABBERT-JONES, INC.


James S. Sutton, II President

Subscribed & sworn to before me this 21st day of September, 1994


Shirley A. Pelz, Notary Public
My commission expires October 18, 1997



RECEIVED
STATE CORPORATION COMM

DEC 09 1994

CONSERVATION DIVI
WICHITA, KANSAS



JOB SUMMARY

HALLIBURTON DIVISION
HALLIBURTON LOCATIONMid. Cont.
Liberal Ks

BILLED ON TICKET NO. 635458

FIELD Hugoton SEC 25 TWP. 33S RING. 35W COUNTY Stevens STATE KsFORMATION 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 Chem MUD WT. 8.9
PACKER TYPE _____ SET AT _____
BOTTOM HOLE TEMP. _____ PRESSURE _____
MISC. DATA _____ TOTAL DEPTH 3065

	NEW USED	WEIGHT	SIZE	FROM	TO	MAXIMUM PSI ALLOWABLE
CASING	N	15.5	5 1/2	GL	3050	1500
LINER						
TUBING						
OPEN HOLE			7 7/8	S.P.	3065	SHOTS/FT.
PERFORATIONS						
PERFORATIONS						
PERFORATIONS						

JOB DATA

CALLLED OUT	ON LOCATION	JOB STARTED	JOB COMPLETED
DATE <u>9-17-94</u>	DATE <u>9-17-94</u>	DATE <u>9-17-94</u>	DATE <u>9-17-94</u>
TIME <u>04:00</u>	TIME <u>06:00</u>	TIME <u>09:02</u>	TIME <u>10:00</u>

TOOLS AND ACCESSORIES

TYPE AND SIZE	QTY.	MAKE
Float collar <u>inscat 5 1/2</u>	1	<u>HCS</u>
Float shoe <u>fillo p</u>	1	
GUIDE SHOE <u>Rel p</u>	1	
CENTRALIZERS <u>S.A</u>	14	
BOTTOM PLUG	1	
TOP PLUG <u>S-W</u>	1	
HEAD <u>QCPC</u>	1	
PACKER		
OTHER		

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. _____ IN
PERFPAC BALLS TYPE _____ QTY. _____
OTHER _____
OTHER _____

NAME	UNIT NO. & TYPE	LOCATION
<u>T Bohannon</u>	<u>40076 P.U.</u>	<u>Liberal Ks</u>
<u>K Boone</u>	<u>52823</u>	<u>" "</u>
<u>G McIntyre</u>	<u>75374 P.</u>	<u>" "</u>
<u>C Cornelison</u>	<u>3026</u>	<u>Hugoton Ks</u>
	<u>5302</u>	
	<u>52827</u>	
	<u>5839</u>	

DEPARTMENT 5001
DESCRIPTION OF JOB 035 5 1/2
JOB DONE THRU: TUBING CASING ANNULUS TBG./ANN.
CUSTOMER REPRESENTATIVE Jim Bohannon
HALLIBURTON OPERATOR Jim Bohannon COPIES REQUESTED _____

CEMENT DATA

STAGE	NUMBER OF SACKS	CEMENT	BRAND	BULK SACKED	ADDITIVES	YIELD CU.FT./SK.	MIXED LBS./GAL.
1	270	P+	C	D	20% Diacel D, 2% CC, 4# Flocc	2.69	12
2	40	P+	C	B	10% Diacel D, 2% CC, 4# Flocc	2.09	13

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 40 REASON Shoc ST

SUMMARY

PRESLUSH: BBL.-GAL. 10, 30, 10 TYPE 2% chl, mud flush
LOAD & BKDN: BBL.-GAL. _____ PAD: BBL.-GAL. _____
TREATMENT: BBL.-GAL. _____ DISPL: BBL.-GAL. 71.8
CEMENT SLURRY: BBL.-GAL. 125.3 + 14.8
TOTAL VOLUME: BBL.-GAL. _____

REMARKS

CUSTOMER Anadarko PRT. PRT. LEASE Seckman B WELL NO. 1-H JOB TYPE 035 DATE 9-17-94



CHARGE TO: Anadarko Petroleum Corp.
 ADDRESS:
 CITY, STATE, ZIP CODE:

COPY

TICKET No. 635458 - X

PAGE 1 OF 1

FORM 1806 R-13

SERVICE LOCATIONS 1. <u>Liberal Ks 025540</u> 2. <u>Hugoton Ks 025535</u>	WELL/PROJECT NO. <u>1-H</u>	LEASE <u>Jackson B"</u>	COUNTY/PARISH <u>Stevens Ks</u>	STATE <u>Ks</u>	CITY/OFFSHORE LOCATION	DATE <u>9-17-94</u>	OWNER <u>APC</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. <u>GAS 49</u>	SHIPPED <u>APC</u>	DELIVERED TO <u>N-W of Liberal Ks</u>	ORDER NO.	
3.	WELL TYPE <u>02</u>	WELL CATEGORY <u>01</u>	JOB PURPOSE <u>035</u>	WELL PERMIT NO.	WELL LOCATION <u>25-33^S-35^W</u>		
4.	REFERRAL LOCATION	INVOICE INSTRUCTIONS					

PRICE REFERENCE	SECONDARY REFERENCE PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.		U/M		UNIT PRICE	AMOUNT
		LOC	ACCT	DF							
000-117		1			MILEAGE	40	mi	1	hr	2.75	110
001-016		1			Pump Charge	3050	ft	6	hr		1455
030-018		1			5-W Plug	52	in	1	EA		65.00
00											
12 A	825.205	1			Guide shoe	5 1/2	in	1	EA		121
24 A	815.19251	1			insert float						110
27	815.15311	1			fill-up						55
40	806.60022	1			centralizers			12	EA	441	528

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 <u>Jim Barlow</u> DATE SIGNED <u>9-17-94</u> TIME SIGNED <u>08:00</u> <input checked="" type="checkbox"/> A.M. <input type="checkbox"/> P.M. <input type="checkbox"/> do <input type="checkbox"/> do not require IPC (Instrument Protection). <input type="checkbox"/> Not offered	SUB SURFACE SAFETY VALVE WAS: <input type="checkbox"/> PULLED & RETURN <input type="checkbox"/> PULLED <input type="checkbox"/> RUN			SURVEY <input type="checkbox"/> AGREE <input type="checkbox"/> UN-DECIDED <input type="checkbox"/> DIS-AGREE			PAGE TOTAL <u>2444</u> FROM CONTINUATION PAGE(S) <u>7,650</u> <u>10,094</u> SUB-TOTAL APPLICABLE TAXES WILL BE ADDED ON INVOICE
	TYPE LOCK	DEPTH	OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN?				
	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>Jim Barlow</u>	CUSTOMER OR CUSTOMER'S AGENT (SIGNATURE) <u>Jim Barlow</u>	HALLIBURTON OPERATOR/ENGINEER <u>Tim Behrens</u>	EMP # <u>87748</u>	HALLIBURTON APPROVAL
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In writing by # 7056.



HALLIBURTON

HALLIBURTON ENERGY SERVICES

TICKET CONTINUATION

DUNCAN COPY

66 M.G.

TICKET No. 635458

CUSTOMER Anadarko Petroleum Corp.	WELL Jackson "B" 1-H	DATE 09-17-94	PAGE 1	OF 1
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FORM 1911 R-10

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.		U/M		UNIT PRICE	AMOUNT
		LOC	ACCT	DF							
504-050	516.00265	2			Premium Plus Cement	310	sk			11.19	3468.90
5070210	890.50071	2			Flocele 1/2#W/310	79	lb			1.65	130.25
500-959	70.15524	2			Diacel D 20%W/270,10%W/ 40	6204	lb			.42	2605.68
509-406	890.50812	2			Calcium Chloride 2%W/ 310	6	sk			36.75	220.50
ORIGINAL											
500-207					SERVICE CHARGE	CUBIC FEET 693				1.35	935.55
500-306					MILEAGE CHARGE	TOTAL WEIGHT 35,903	LOADED MILES 17	TON MILES 305.1755		.95	289.92

No. B 262880

CONTINUATION TOTAL 7,650.90

JOB LOG HAL-2013-C

CUSTOMER ANADARKO	WELL NO. 1 H	LEASE Jackson "B"	JOB TYPE 8 5/8 S.P.	TICKET NO. 635284
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CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	1530							Called out — Reg. 1830
	1750							On loc. — Drilling — w. on cat.
	1930							T.O.H. — Safety meeting
	2100							Run csg.
	2210							Hook-up to circ.
	2219							Hook-up to cont. ORIGINAL
	2223	0-6	96.5		✓	↑ 1/250		Pump lead
	2240	6	28			↑ 250/300		Pump tail
	2245	6-0				↓ 300/0		Shut down. — Drop plug
	2246	6-6	42		✓	↑ 1/200		Pump Displ. — wash-up trk.
	2253	6-2			✓	↓ 300/200		Reduce RATE
	2257	2-0			✓	↑ 300/900		Plug landed
						↓ 900/2		RELEASE PRESS. — Float "hold"
								Thanks For calling out — SERVICES
								Tom Payer & CREW
								Cement to surface
								Approx 25 bbls on 10R sy

RECEIVED
STATE CORPORATION COMMISSION
DEC 09 1994
CONSERVATION DIVISION
WICHITA, KANSAS



JOB SUMMARY

HALLIBURTON DIVISION Mid-Continent
 HALLIBURTON LOCATION Liberal ks

BILLED ON TICKET NO. 635 281

WELL DATA

FIELD _____ SEC 25 TWP. 33s RNG. 35w COUNTY STEVENS 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			8 5/8	G.L.	1088	
LINER						
TUBING						
OPEN HOLE			12 1/4	G.L.	1089	SHOTS/FT.
PERFORATIONS						
PERFORATIONS						
PERFORATIONS						

JOB DATA

CALLED OUT	ON LOCATION	JOB STARTED	JOB COMPLETED
DATE <u>9-13-94</u>	DATE <u>9-13-94</u>	DATE <u>9-13-94</u>	DATE <u>9-13-94</u>
TIME <u>1530</u>	TIME <u>1750</u>	TIME <u>2223</u>	TIME <u>2300</u>

PERSONNEL AND SERVICE UNITS

NAME	UNIT NO. & TYPE	LOCATION
<u>T. Poyer</u>	<u>40048 / P.V.</u>	<u>Liberal, ks</u>
<u>J. Broadfoot</u>	<u>76900 / 7570-4</u>	<u>" "</u>
<u>M. Howe</u>	<u>7620 / Bulk</u>	<u>Hugoton, ks</u>
<u>J. Booth</u>	<u>6612 / Bulk</u>	<u>" "</u>

TOOLS AND ACCESSORIES

TYPE AND SIZE	QTY.	MAKE
Float collar <u>insert fillup 8 5/8"</u>	<u>1</u>	<u>Howco</u>
Float shoe		
Guide shoe <u>Tx. pattern 8 5/8"</u>	<u>1</u>	<u>"</u>
Centralizers <u>Reg</u>	<u>3</u>	<u>"</u>
Bottom plug		
Top plug <u>5w</u>	<u>1</u>	<u>"</u>
Head <u>M.F.</u>	<u>1</u>	<u>"</u>
Other <u>weld A</u>		
Other <u>Basket</u>	<u>1</u>	<u>"</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 5001
 DESCRIPTION OF JOB Sat 8 5/8 S.P.

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

CUSTOMER REPRESENTATIVE X David Moore

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>420</u>	<u>13/25 4/100</u>		<u>B</u>	<u>2% Gel, 1/4 1/2% Flo, 2% CC</u>	<u>1.29</u>	<u>14.5</u>
	<u>150</u>	<u>"H"</u>		<u>B</u>	<u>2% CC, 1/4 1/2% Flo</u>	<u>1.06</u>	<u>16.4</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. _____
 SHUT-IN: INSTANT _____ 5-MIN _____ 15-MIN. _____ CEMENT SLURRY (BBL.-GAL.) 96.5 + 28.3
 HYDRAULIC HORSEPOWER _____ TOTAL VOLUME: BBL.-GAL. 41.7

ORDERED _____ AVAILABLE _____ USED _____
 AVERAGE RATES IN BPM _____

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

FEET 42.16 REASON Shoe jt.

REMARKS

Cement to SURFACE
Approx 25 bbls

CUSTOMER Audarka Pet. Comp
 LEASE JACKSON
 "B"
 WELL NO. 1H
 JOB TYPE 8 5/8 S.P.
 DATE 9-13-94

ORIGINAL



HALLIBURTON ENERGY SERVICES

FORM 1906 R-13

CHARGE TO: Anadarko Pet Corp.
 ADDRESS: _____
 CITY, STATE, ZIP CODE: _____

COPY

TICKET No. 635284

PAGE 1 OF 2

1. <u>25540</u>	WELL/PROJECT NO. <u>IH</u>	LEASE <u>Jackson "B"</u>	COUNTY/PARISH <u>STEVENS</u>	STATE <u>KS</u>	CITY/OFFSHORE LOCATION	DATE <u>9-13-94</u>	OWNER
2. <u>25535</u>	TICKET TYPE <input checked="" type="checkbox"/> SERVICE <input type="checkbox"/> SALES	NITROGEN JOB? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	CONTRACTOR <u>G+J.</u>	RIG NAME/NO. <u># 9°</u>	SHIPPED VIA <u>CT</u>	DELIVERED TO <u>well site</u>	ORDER NO.
3.	WELL TYPE <u>02</u>	WELL CATEGORY <u>01</u>	JOB PURPOSE <u>010</u>	WELL PERMIT NO.	WELL LOCATION <u>Land (25-333-35W)</u>		
4.	REFERRAL LOCATION	INVOICE INSTRUCTIONS					

PRICE REFERENCE	SECONDARY REFERENCE / PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.		U/M		UNIT PRICE	AMOUNT
		LOC	ACCT.	DF							
<u>000-117</u>					<u>MILEAGE</u>	<u>EA</u>	<u>mi</u>	<u>16</u>	<u>mi</u>	<u>2.75</u>	<u>88.00</u>
<u>001-016</u>					<u>Pump Chg.</u>	<u>6</u>	<u>hrs</u>	<u>1.88</u>	<u>ft</u>		<u>890.00</u>
<u>030-018</u>					<u>Top Plug</u>	<u>1</u>	<u>EA</u>	<u>8 5/8</u>	<u>in</u>		<u>130.00</u>
<u>16A</u>	<u>830.2171</u>				<u>8 5/8 Type M Guide Shoe</u>	<u>1</u>	<u>EA</u>	<u>8 5/8</u>	<u>in</u>		<u>161.00</u>
<u>24A</u>	<u>815.19502</u>				<u>insert</u>						<u>171.00</u>
<u>27</u>	<u>815.19415</u>				<u>Fill-up</u>						<u>55.00</u>
<u>40</u>	<u>806.61048</u>				<u>Centralizer</u>	<u>3</u>				<u>65.00</u>	<u>195.00</u>
<u>320</u>	<u>806.70060</u>				<u>Cmt. Basket</u>	<u>1</u>					<u>122.00</u>
<u>350</u>	<u>890.10802</u>				<u>weld A</u>	<u>1</u>	<u>lb</u>				<u>14.50</u>

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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 <u>X David C. Moore</u> DATE SIGNED _____ TIME SIGNED _____ <input type="checkbox"/> A.M. <input type="checkbox"/> P.M. <input type="checkbox"/> do <input type="checkbox"/> do not require IPC (Instrument Protection). <input type="checkbox"/> Not offered	SUB SURFACE SAFETY VALVE WAS: <input type="checkbox"/> PULLED & RETURN <input type="checkbox"/> PULLED <input type="checkbox"/> RUN		SURVEY AGREE _____ UN-DECIDED _____ DIS-AGREE _____		PAGE TOTAL <u>1826.50</u> FROM CONTINUATION PAGE(S) <u>7326.36</u> SUB-TOTAL <u>9152.86</u> APPLICABLE TAXES WILL BE ADDED ON INVOICE
	TYPE LOCK _____	DEPTH _____	OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN?		
	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 _____	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>David C. Moore</u>	CUSTOMER OR CUSTOMER'S AGENT SIGNATURE <u>X David C. Moore</u>	HALLIBURTON OPERATOR/ENGINEER <u>Tom Pappas</u>	EMP # <u>48120</u>	HALLIBURTON APPROVAL
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