

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

API NO. 15- 129-21321-00-00

County MORTON

SE - SE - NW - NW Sec. 19 Twp. 33S Rge. 40 X W ^E

1250 Feet from X(N) (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 USA LOW "B" Well # 3H

Field Name HUGOTON

Producing Formation NONE

Elevation: Ground 3270.1 KB

Total Depth 2480' PBDT 2440'

Amount of Surface Pipe Set and Cemented at 753 Feet

Multiple Stage Cementing Collar Used? Yes X 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 8-7-11-6-95
(Data must be collected from the Reserve Pit)

Chloride content 2000 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. _____

Operator: License # 4549

Name: ANADARKO PETROLEUM CORPORATION

Address P. O. BOX 351

City/State/Zip LIBERAL, KANSAS 67905-0351

Purchaser: ANADARKO TRADING COMPANY

Operator Contact Person: J. L. ASHTON

Phone (316) 624-6253

Contractor: Name: NORSEMAN DRILLING, INC.

License: 3779

Wellsite Geologist: NA

Designate Type of Completion
X New Well _____ Re-Entry _____ Workover _____

Oil _____ SWD _____ SIOW _____ Temp. Abd.
X 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 _____ PBDT _____

_____ Commingled _____ Docket No. _____

_____ Dual Completion _____ Docket No. _____

_____ Other (SWD or Inj?) _____ Docket No. _____

11-10-94 _____ 11-13-94 _____ 6-9-95 _____
Spud Date _____ Date Reached TD _____ Completion Date _____

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 David W. Kapple
DAVID W. KAPPLE
Title DIVISION DRILLING ENGINEER Date 7/6/95

Subscribed and sworn to before me this 6th day of July, 1995.

Notary Public L. Marc Harvey
MARC HARVEY
Notary Public - State of Kansas
My Appt. Expires 6-12-99

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

JUL 14 1995

CONFIDENTIAL
WICHITA, KANSAS

ORIGINAL

SIDE TWO

Operator Name ANADARKO PETROLEUM CORPORATION Lease Name USA LOW "B" Well # 3H

Sec. 19 Twp. 33S Rge. 40 East County MORTON 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.)
Samples Sent to Geological Survey
Cores Taken
Electric Log Run (Submit Copy.)
List All E.Logs Run: CBL, CCL, GR, DIL, NGR, MSFL, CNL-LDT

Log Formation (Top), Depth and Datums Table with columns: Name, Top, Datum. Includes entries for B/CIMARRON ANHY, KRIDER, WINFIELD, TOWANDA, FT.RILEY, T.D.

CASING RECORD Table with columns: 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. Includes SURFACE and PRODUCTION rows.

ADDITIONAL CEMENTING/SQUEEZE RECORD Table with columns: Purpose, Depth Top Bottom, Type of Cement, #Sacks Used, Type and Percent Additives.

PERFORATION RECORD - Bridge Plugs Set/Type Table with columns: 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 Table with columns: Size, Set At, Packer At, Liner Run, Date of First, Resumed Production, SWD or Inj., Producing Method, Estimated Production Per 24 Hours, Oil Bbls., Gas Mcf, Water Bbls., Gas-Oil Ratio, Gravity.

Disposition of gas METHOD OF COMPLETION
Vented Sold Used on Lease Open Hole Perf. Dually Comp. Commingled
Other (Specify) 2200-2290' (OA)

NORSEMAN DRILLING, INC.
WICHITA, KANSAS
DRILLERS' WELL LOG

ORIGINAL

WELL NAME: USA LOW B-3H
SECTION 19-33S-40W
MORTON COUNTY, KANSAS

COMMENCED: NOVEMBER 10, 1994

COMPLETED: NOVEMBER 14, 1994

OPERATOR: ANADARKO PETROLEUM CORPORATION

API # 15-129-21321

Depth		Formation	Remarks
From	To		
0	1081	Sand & Redbed	Ran 18 jts of 24#
1082	1222	Glorietta Sand	8 5/8" csg set @
1223	2480	Redbed & Shale	754'; w/150 SX of Class H-Common; 2% CC; 1/4# SX Flocele; Plug down at 1:15 a.m. on 11/11/94.

Ran 57 jts 5 1/2" 15.5#, Set @ 2480'; w/140 SX Class
C; 20% Diacel D; 2% CC; 1/4# SX Flocele; Tailed w/40
SX Class C; 10% Diacel D; 2% CC; 1/4# SX Flocele; Plug
down at 9:30 a.m., on 11/14/94

STATE OF KANSAS)I, the undersigned, being duly 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.

COUNTY OF SEDGWICK

RECORDED
STATE COMMISSION

NORSEMAN DRILLING, INC.

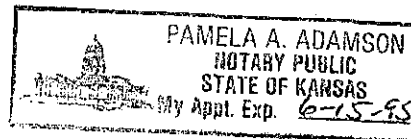
MAR 09 1995

CONFIRMED
WICHITA, KANSAS

James P. Reilly
JAMES P. REILLY, PRESIDENT

Subscribed & sworn to before me this

November 21, 1994



My Appointment Expires:

June 15, 1995

Pamela A. Adamson
Pamela A. Adamson, Notary Public
340 Seville
Wichita, KS 67209

DATE: 11-10-9

CUSTOMER: Antares KO WELL NO: 311 LEASE: U.S.A Low "B" JOB TYPE: Surface Pipe TICKET NO: 635616

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	1845							Called out
	2115							on location
	2330							Run casing
	0010							Hook iron to circulate
	0015							circulating to pit
	0030							Hook iron to truck
	0035	6	78			0-200		Pump lead cement 14.5
	0048	6	28			200-210		Pump Tail out
	0153							Shut down + prep for
	0155	6	35			0-350		Pump 2.50 sac cement
	0601	2	10			50-100		Slow Rate
	0103					400-800		Bump Plug float held
	0106							Job End

Thank you for calling
Halliburton Energy Service

MR O 1095



JOB SUMMARY

HALLIBURTON DIVISION
HALLIBURTON LOCATION

MID CONTINENT

BILLED ON TICKET NO. 639

WELL DATA

FIELD _____ SEC. 19 TWP. 33S RING. 40W COUNTY. MARTON 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 ALLOWABLE
CASING		247	8 5/8	61	751	
LINER						
TUBING						
OPEN HOLE						SHOTS/FT.
PERFORATIONS						
PERFORATIONS						
PERFORATIONS						

ORIGINAL

JOB DATA

CALLED OUT	ON LOCATION	JOB STARTED	JOB COMPLETED
DATE <u>11-10-94</u>	DATE <u>11-10-94</u>	DATE <u>11-11-94</u>	DATE <u>11-11-94</u>
TIME <u>1845</u>	TIME <u>2115</u>	TIME <u>0010</u>	TIME <u>0105</u>

TOOLS AND ACCESSORIES

TYPE AND SIZE	QTY.	MAKE
FLOAT COLLAR		
FLOAT SHOE		
GUIDE SHOE		
CENTRALIZERS		
BOTTOM PLUG		
TOP PLUG		
HEAD		
PACKER		
OTHER		

PERSONNEL AND SERVICE UNITS	NAME	UNIT NO. & TYPE	LOCATION
	R Crist	38242	Liberal
	D 7653	PU	
	R martinez	75496	11
	G-2 731		
	G McIntyre	5302	Hugoton
		Bulk	
	R Anderson	75817	11

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: Cement

DESCRIPTION OF JOB: Surface Pipe

JOB DONE THRU: TUBING CASING ANNULUS TBG/ANN.

CUSTOMER REPRESENTATIVE: X E. Ehlert

HALLIBURTON OPERATOR: Ronald Crist COPIES REQUESTED: 2

CEMENT DATA

STAGE	NUMBER OF SACKS	CEMENT	BRAND	BULK SACKED	ADDITIONS	YIELD CU. FT./SK.	MIXED LBS./GAL.
	240	42/55 Port. H		B	2% CLC 2% Total Gel 1/4" Flt	1.29	14.5
	150	Prem		B	2% CL 1/4" Flt	1.06	16.7

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 413 REASON Shoe Joint

PRESLUSH: BBL. GAL. _____ TYPE _____

LOAD & BKDN: BBL. GAL. _____ PAD: BBL. GAL. _____

TREATMENT: BBL. GAL. _____ DISPL: BBL. GAL. _____

CEMENT SLURRY: BBL. GAL. _____

TOTAL VOLUME: BBL. GAL. _____

REMARKS

Circulated 150 sacks cement to P.T. 25 BBLs

Adanko Vet
 USA Low
 B
 3 H
 JOB TYPE: Surface Pipe
 DATE: 11-10-94



CHARGE TO: Amulirka PET
 ADDRESS:
 CITY, STATE, ZIP CODE:

COPY

TICKET WP
 No. 635616 - 3

PAGE 1 OF

FORM 1906 R-13

SERVICE LOCATIONS 1. <u>Amulirka</u>	WELL/PROJECT NO. <u>314</u>	LEASE <u>USA LOWB</u>	COUNTY/PARISH <u>Morton</u>	STATE <u>Ks</u>	CITY/OFFSHORE LOCATION	DATE <u>11-10-94</u>	OWNER <u>APC</u>
2. <u>plug</u>	TICKET TYPE <input checked="" type="checkbox"/> SERVICE JOB?	NITROGEN <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	CONTRACTOR <u>Norseman</u>	RIG NAME/NO. <u>2</u>	SHIPPED VIA	DELIVERED TO <u>Loc'n Roller</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>19-335-704</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					MILEAGE	50	mi			2.75	137.50
001-816					Pump Chng	750	BT	6	hr		890.00
030-018					Top Plug SW	8 5/8	in	1	EA		130.00
16 A	820-2171				Guide Shoe	8 5/8	in	1	EA		161.00
24 A	815-89702				insert float	8 5/8	in	1	EA		171.00
27	810-19415				Fill Assy			1	EA		55.00
40	206-61078				Centralizer	8 5/8	in	4	EA	11.50	260.00
320	800-7060				Cement Basket	8 5/8	in	1	EA		122.00
350	890-10802				Weld A	1	EA	1	EA		14.50

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 [Signature]

DATE SIGNED: _____ TIME SIGNED: _____ A.M. P.M.

do do not require IPC (Instrument Protection). 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>1941.00</u>
TYPE LOCK	DEPTH	OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN?	<input checked="" type="checkbox"/>			FROM CONTINUATION PAGE(S) <u>653678</u>	
BEAN SIZE	SPACERS	WE UNDERSTOOD AND MET YOUR NEEDS?	<input checked="" type="checkbox"/>				SUB-TOTAL APPLICABLE TAXES WILL BE ADDED ON INVOICE
TYPE OF EQUALIZING SUB.	CASING PRESSURE	OUR SERVICE WAS PERFORMED WITHOUT DELAY?	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> CUSTOMER DID NOT WISH TO RESPOND	
TUBING SIZE	TUBING PRESSURE	WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY?	<input checked="" type="checkbox"/>				
TREE CONNECTION	TYPE VALVE	ARE YOU SATISFIED WITH OUR SERVICE?	<input checked="" type="checkbox"/>				

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>EE DEITMER</u>	CUSTOMER OR CUSTOMER'S AGENT (SIGNATURE) <u>X [Signature]</u>	HALLIBURTON OPERATOR/ENGINEER <u>Ronald Coit</u>	EMP #	HALLIBURTON APPROVAL
--	--	---	-------	----------------------



on is made in **HALLIBURTON ENERGY SERVICES**
n, Texas FORM 1911 R-10

TICKET CONTINUATION

DUNCAN COPY

50 MG

TICKET No.

CUSTOMER
Anadarko Petroleum Corp.

WELL
USA LOW "B" 3H

DATE
11-10-94

PAGE OF

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.		U/M		UNIT PRICE	AMOUNT		
		LOC	ACCT	DF		QTY.	U/M						
504-043	516.00272				Premium Cement	150	sk			10.61	1591.50		
					340 C.F. 25/75 Premium Poz Cem								
504-043	516.00272				Premium Cement	255	sk			10.61	2705.55		
506-105	516.00286				Pozmix A	6290	lb			.074	465.46		
506-121	516.00259				Halliburton Gel 2%	6	sk				N7C		
507-210	890.50071				Flocele 1/2W/ 490	123	lb			1.65	202.95		
509-406	890.50812				Calcium Chloride 2%W/ 490	9	sk			36.75	330.75		
ORIGINAL													
500-207					SERVICE CHARGE			CUBIC FEET	516	11.35	6961.60		
500-306					MILEAGE CHARGE	TOTAL WEIGHT	45,808	LOADED MILES	25	TON MILES	572.6	95	543.97

No. B 263150

CONTINUATION TOTAL **6536.78**



JOB LOG HAL-2013-C

DATE 11-14-94
TICKET NO. 705506

CUSTOMER Anadarko WELL NO. 3H LEASE USA Low "B" JOB TYPE (035) 5 1/2 L.S.

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	2330							Called out — Reg 2330
	0250							On Loc — Safety Meeting
	0300							T. O. H. — L. D. D. P.
	0615							Run Csg @ 5 1/2 1515
	0815							Hookup to circ. on bottom
	0841							Hookup to cnt.
	0843	0-5	10					1/300 Pump 2% KCl ORIGINAL
		6	30					300 Pump Mud Flush
	0848	6	10					500 Pump 2% KCl — mix cnt.
	0851	6	67					500 1/250 Pump lead cnt. — 140sx @ 12 1/4
	0901	6	15					250 Pump tail cnt. — 40sx @ 13 1/4
	0904	6-0						250 Shut. down — Drop plug — wash-up Trk.
	0906	0-6	58					1/650 Pump Displ. — H2O
	0914	6-3						650 Reduce Rate
	0918	3-0						550 Plug landed
								1650 RELEASE PRESS. — Float "held"
	0853							Stop reciprocate — lost circ.
	0906							REGAIN CIRC.
								circ. when plug land
								Shank's
								Tom & Crew

STATE COMMISSION

MAR 09 1995

CONSERVATION DIVISION WICHITA, KANSAS

WELL DATA

FIELD _____ SEC *17* TWP *35N* RING *40W* COUNTY *Nowata* 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 *Flow collar for AP* TOTAL DEPTH *2450*

	NEW USED	WEIGHT	SIZE	FROM	TO	MAXIMUM PSI ALLOWABLE
CASING	<i>W</i>	<i>15.5</i>	<i>5 1/2</i>	<i>153</i>	<i>2475</i>	
LINER						
TUBING						
OPEN HOLE			<i>7 1/2</i>	<i>751</i>	<i>2470</i>	SHOTS/FT
PERFORATIONS						
PERFORATIONS						
PERFORATIONS						

JOB DATA

CALLER OUT	ON LOCATION	JOB STARTED	JOB COMPLETED
DATE <i>1-15-94</i>	DATE <i>11-14-94</i>	DATE <i>11-14-94</i>	DATE <i>11-14-94</i>
TIME <i>2330</i>	TIME <i>0250</i>	TIME <i>0841</i>	TIME <i>0918</i>

PERSONNEL AND SERVICE UNITS

NAME	UNIT NO. & TYPE	LOCATION
<i>T. Payer</i>	<i>10048 / P.U.</i>	<i>Liberal, KS</i>
<i>T. Davis</i>	<i>16900 / 25704</i>	<i>"</i>
<i>S. Puffer</i>	<i>16100 / Bulk</i>	<i>Hugoton, KS</i>
<i>J. Booth</i>	<i>16617 / Bulk</i>	<i>"</i>

TOOLS AND ACCESSORIES

TYPE AND SIZE	QTY.	MAKE
Float collar <i>ASCA/ Fill-up</i>		<i>Hausco</i>
Float shoe		
Guide shoe <i>RC9 5 1/2</i>		<i>"</i>
Centralizers <i>"</i>		<i>"</i>
Bottom plug		
Top plug <i>5w</i>		<i>"</i>
Head <i>M.F.</i>		<i>"</i>
Packer		
Other <i>weld</i>		<i>"</i>

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 *Soul*

DESCRIPTION OF JOB *Set 5 1/2 - 10bb KCL, 30 MF, 10 KCL, 400x, 400x*

JOB DONE THRU: TUBING CASING ANNULUS TBG/ANN

CUSTOMER REPRESENTATIVE *X [Signature]*

HALLIBURTON OPERATOR *Sam Payer* COPIES REQUESTED _____

CEMENT DATA

STAGE	NUMBER OF BAGS	CEMENT	BRAND	BULK SACKED	ADDITIVES	YIELD CU. FT. / SX	MIXED LBS. / GAL.
<i>13</i>	<i>140</i>	<i>Pt</i>		<i>B</i>	<i>20% Diced-D, 2% cc, 1/4 1 1/2% Flo</i>	<i>2.69</i>	<i>12</i>
<i>24</i>	<i>40</i>	<i>Pt</i>		<i>B</i>	<i>10% Diced-D, 2% cc, 1/4 1 1/2% Flo</i>	<i>2.09</i>	<i>13</i>

PRESSURES IN PSI

SUMMARY

VOLUMES

CIRCULATING _____ DISPLACEMENT _____ PRESLUSH *10, 30, 10* BBL. -GAL. TYPE *2% KCL, MF, 2% KCL*

BREAKDOWN _____ MAXIMUM _____ LOAD & BRN. BBL. -GAL. PAD. BBL. -GAL.

AVERAGE _____ FRACTURE GRADIENT _____ TREATMENT BBL. -GAL. DISPL. BBL. -GAL. *56*

SHUT-IN INSTANT _____ 5-MIN _____ 15-MIN _____ CEMENT SLURRY BBL. -GAL. *17 + 15*

HYDRAULIC HORSEPOWER _____ TOTAL VOLUME BBL. -GAL. _____

ORDERED _____ AVAILABLE _____ USED _____ AVERAGE RATES IN BPM _____

TREATING _____ DISPL. _____ OVERALL _____

CEMENT LEFT IN PIPE _____

FEET *41.84* REASON *Shot Jto.*

REMARKS

JOB TYPE *5 1/2 L.S.*
 WELL NO *3 H 1*
 LEASE *ALSQ. Lease B*
 DATE *11-14-94*



HALLIBURTON

HALLIBURTON ENERGY SERVICES

FORM 1806 R-13

CHARGE TO: Anadarko
 ADDRESS: _____
 CITY, STATE, ZIP CODE: _____

COPY

TICKET

No.

705506 - X

PAGE 1 OF 2

1. SERVICE LOCATIONS <u>25540</u>	WELL/PROJECT NO. <u>3H</u>	LEASE <u>USA Low "B"</u>	COUNTY/PARISH <u>Morton</u>	STATE <u>Ks</u>	CITY/OFFSHORE LOCATION	DATE <u>11-14-94</u>	OWNER
2. <u>25535</u>	TICKET TYPE <input checked="" type="checkbox"/> SERVICE	NITROGEN JOB? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	CONTRACTOR <u>NORSEMAN</u>	RIG NAME/NO. <u>2</u>	SHIPPED VIA <u>HES</u>	DELIVERED TO <u>wellsite</u>	ORDER NO.
3.	WELL TYPE	WELL CATEGORY <u>01</u>	JOB PURPOSE <u>035</u>	WELL PERMIT NO.	WELL LOCATION <u>19-353-40w</u>		
4. REFERRAL LOCATION	INVOICE INSTRUCTIONS						

PRICE REFERENCE	SECONDARY REFERENCE/PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.		UNIT PRICE		AMOUNT
		LOC	ACCT.	DF		EA	UM	EA	UM	
<u>000-117</u>					<u>MILEAGE</u>	<u>2</u>	<u>EA</u>	<u>27</u>	<u>mi</u>	<u>148.50</u>
<u>001-016</u>					<u>Pump Chg</u>	<u>6</u>	<u>hrs</u>	<u>2495</u>	<u>ft</u>	<u>1395.00</u>
<u>030-016</u>					<u>Top Plug 5 in. PL</u>	<u>1</u>	<u>EA</u>	<u>5 1/2</u>	<u>in.</u>	<u>60.00</u>
<u>314-163</u>					<u>Clay Fix II</u>	<u>EA</u>	<u>gl.</u>	<u>2</u>	<u>gl.</u>	<u>24.00</u>
<u>018-315</u>					<u>Mud Flush</u>	<u>EA</u>	<u>gl.</u>	<u>1260</u>	<u>gl.</u>	<u>80.65</u>
<u>12A</u>	<u>825.205</u>				<u>REGULAR Guide Shoe</u>	<u>1</u>	<u>EA</u>	<u>5 1/2</u>	<u>in.</u>	<u>121.00</u>
<u>24A</u>	<u>815.19251</u>				<u>insert float</u>					<u>110.00</u>
<u>27</u>	<u>815.19311</u>				<u>Fillup</u>					<u>55.00</u>
<u>40</u>	<u>806.60022</u>				<u>CENTRALIZER</u>	<u>14</u>	<u>EA</u>			<u>44.00</u>

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 Mike Godfrey</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>3372.50</u> FROM CONTINUATION PAGE(S) <u>4250.47</u> SUB-TOTAL APPLICABLE TAXES WILL BE ADDED ON INVOICE <u>7622.97</u>
	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?					
WELL DEPTH	TYPE VALVE	ARE YOU SATISFIED WITH OUR SERVICE? <input type="checkbox"/> YES <input type="checkbox"/> NO						
TREE CONNECTION	<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>Mike Godfrey</u>	CUSTOMER OR CUSTOMER'S AGENT SIGNATURE <u>X Mike Godfrey</u>	HALLIBURTON OPERATOR/ENGINEER <u>Tom Payer</u>	EMP # <u>48120</u>	HALLIBURTON APPROVAL
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HALLIBURTON

HALLIBURTON ENERGY SERVICES

TICKET CONTINUATION

DUNCAN COPY
M.G. 59

TICKET
No. **705506**

CUSTOMER Anadarko Petroleum Corp.	WELL USA LOW "B" 3H	DATE 11 14-94	PAGE 2	OF 2
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FORM 1911 R-10

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.		U/M	QTY.	U/M	UNIT PRICE	AMOUNT	
		LOC	ACCT	DF									
504-050	516.00265				Premium Plus Cement	180		sk			11 19	2014	20
507-210	890.50071				Flocele 1/2#W/ 180	45		lb			1 65	74	25
500-959	70.15524				Diacel D 20%W/ 140, 10%W/ 40	3008		lb			42	1263	36
509-406	890.50812				Calcium Chloride 2%W/ 180	4		sk			36 75	147	00
ORIGINAL													
500-2076					SERVICE CHARGE				CUBIC FEET	364	1 35	491	40
500-306					MILEAGE CHARGE	TOTAL WEIGHT	20293	LOADED MILES	27	TON MILES	273.9555	94	260 26

No. B 263160

CONTINUATION TOTAL

4250.47