

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

Operator: License # 4058 **ORIGINAL**
Name: American Warrior, Inc.
Address P.O. Box 399

City/State/Zip Garden City, KS 67846

Purchaser: NONE

Operator Contact Person: Kevin Wiles

Phone (316) 275-2963

Contractor: Name: Val Energy

License: 5822

Wellsite Geologist: Kevin Wiles

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/Re-Entry: old well info as follows:

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. _____

3-25-97 3-29-97 5-1-97
Spud Date Date Reached TD Completion Date

API NO. 15- 175216070000

County Seward

NE NE SE Sec. 26 Twp. 32 Rge. 32 W

2310 Feet from S/N (circle one) Line of Section

330 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 Ball Well # 1

Field Name Hugoton

Producing Formation Chase

Elevation: Ground 2820 KB 2808

Total Depth 3200' PBTB 3160'

Amount of Surface Pipe Set and Cemented at 540' 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 cat.

Drilling Fluid Management Plan A.H. 1, 3-11-98 U.C.
(Data must be collected from the Reserve Pit)

Chloride content 4600 ppm Fluid volume 250 bbls

Dewatering method used _____

Location of fluid disposal if hauled offsite: _____

Operator Name OCT 13 1997

Lease Name _____ License No. _____

CONSERVATION DIVISION
Quarter WICHITA Sec. KS 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 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 Kevin Wiles

Title Production Manager Date 10-9-97

Subscribed and sworn to before me this 10th day of October 1997.

Notary Public Debra J. Purcell

Date Commission Expires Nov 9 1999

Debra J. Purcell
NOTARY PUBLIC
State of Kansas
MY APPT. EXPIRES 11/9/99

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 American Warrior, Inc.

Lease Name Ball

Well # 1

Sec. 26 Twp. 32 Rge. 32

East
 West

County Seward

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.)

Log Formation (Top), Depth and Datum Sample

Name	Top	Datum
Herrington	2605	
Upper Krider	2639	
Lower Krider	2678'	

List All E.Logs Run:

Gamma Ray Neutron

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"	23#	540	60/40 poz	305	1/4 floeels 3% CC
Production	7-7/8"	4-1/2"	10.5#	3199	Midcon	595	2% CC 1/4# floeels

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	2611 - 2617	6000 gallons 20% Fe Acid	2611
2	2643 - 2649		
2	2684 - 2688		2688

TUBING RECORD	Size	Set At	Packer At	Liner Run	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	2-3/8"	2700			

Date of First, Resumed Production, SMD or Inj. Shut In _____ Producing Method Flowing Pumping Gas Lift Other (Explain)

Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
		Shut In			Shut in

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

2611
2688



HALLIBURTON

HALLIBURTON ENERGY SERVICES

HAL-1000-P

CHARGE TO

AMERICAN OPERATOR, INC.

ADDRESS

CITY STATE ZIP CODE

ORIGINAL - DUNCAN COPY TICKET

No. 219082-6

PAGE 1 OF 2

1. SERVICE LOCATION <i>HALL # 2555</i>	WELL PROJECT NO <i>#1</i>	LEASE <i>BALL</i>	COUNTY PARISH <i>SEWARD KS</i>	STATE <i>KS</i>	CITY OFFSHORE LOCATION	DATE <i>3-27-97</i>	OWNER <i>STATE</i>
2. TICKET TYPE <input checked="" type="checkbox"/> SERVICE JOB	NITROGEN <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	CONTRACTOR <i>UHL ENERGY</i>	WIG NAME <i>#2</i>	SHIPPED TO	DELIVERED TO <i>P.T. WELL SITE</i>	CORDER NO	
3. WELL TYPE <i>02</i>	WELL CATEGORY <i>0-1</i>	JOB PURPOSE <i>010 CONT. SURF. CSE.</i>	WELL PERMIT NO	WELL LOCATION <i>LAND # 325-32W</i>			
4. REFERRAL LOCATION	INVOICE INSTRUCTIONS <i>APD # 15175 216070000</i>						

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.		UNIT PRICE	AMOUNT
		LOC	ACCT	DF		U/M	U/M		
000-117		1			MILEAGE 1 UNIT P.T.	1	0 mile	299	299.00
000-119		1			TRAIL MILEAGE	1	80 miles	1.60	128.00
001-016		1			PUMP PLUMBING	6	US. 590 Pk	915.00	915.00
030-503		1			TOP PUMP WOOD	1	EM 8 3/8 in.	95.00	95.00
ORIGINAL COPY									
ATTN: KEVIN WILKES									

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: *3-27-97* TIME SIGNED: *02:15*
 AM PM
 to not include 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: L.A. DECIDED D.S. 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: *1193.60*

REFROM CONTINUATION TICKET: *4015 03*

SUB-TOTAL APPLICABLE TAXES WILL BE ADDED UNLESS NOTED: *5208.63*

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): *Kevin Wilkes* CUSTOMER OR CUSTOMER'S AGENT SIGNATURE: *x Mike Harmon* HALLIBURTON OPERATOR/ENGINEER: *Kevin P. Cordley* EMP #: *08500* HALLIBURTON APPROVAL: *[Signature]*



CALL FOR SERVICE AND SALES HAL-0074-F

COMPANY *American Warrior* DATE *3-26-97*
 CONTRACTOR *UAL Energy* TOWN OR FIELD _____
 LEASE *Ball* WELL NO. *1* COUNTY *Seward* MILEAGE *40/40*
 DIRECTIONS *GET From RIG when Job Calls in*
Kornet 5 West on 160 Hwy to Panhandle Road
3 side

PUMPING SERVICE
 SURFACE INTERMEDIATE LONG STRING LINER PLUG BACK PLUG TO ABANDON
 SQUEEZE ACID OTHER
 CASING SIZE *8 5/8* THREAD *8RI* TUBING SIZE _____ PLUG CONTAINER BRIDGE CEMENT _____ TOP PLUG *16A WOOD*
 NUMBER AND TYPE TRUCKS WANTED *RCM/BULK* BOTTOM PLUG _____
 REMAINS *Hay or Pratt to catch* HOLE SIZE *12 1/4*
 MUD WEIGHT _____

MATERIALS

CEMENT	# OF BAGS	TYPE	ADDITIVES
	<i>170</i>	<i>HLC STD</i>	<i>3%CC, 4y# Fluore mix at 12.7#/gal</i>
	# OF BAGS	TYPE	ADDITIVES
	<i>135</i>	<i>40/60 PDZ</i>	<i>2% Gel, 3%CC mix at 14.7#/gal</i>
	# OF BAGS	TYPE	ADDITIVES
	# OF BAGS	TYPE	ADDITIVES
	# OF BAGS	TYPE	ADDITIVES
SPACER OR FLUSH	QUANTITY	TYPE	REMARKS
OTHER	QUANTITY	TYPE	REMARKS

REMARKS: *ORIGINAL* *Slime floke* *Take 46 Central 2 in to Liberal Camp*

TESTING & TOOLS SERVICE

TYPE JOB	TOOL
CASING SIZE	CASING GRADE
SIZE AND TYPE DRILL PIPE OR TUBING	PACKER DEPTH
WIRELINE SETTING TOOL	TUBING TESTER
SWIVEL	MECHANICAL SETTING TOOL
	SQUEEZE MANIFOLD
	OTHER

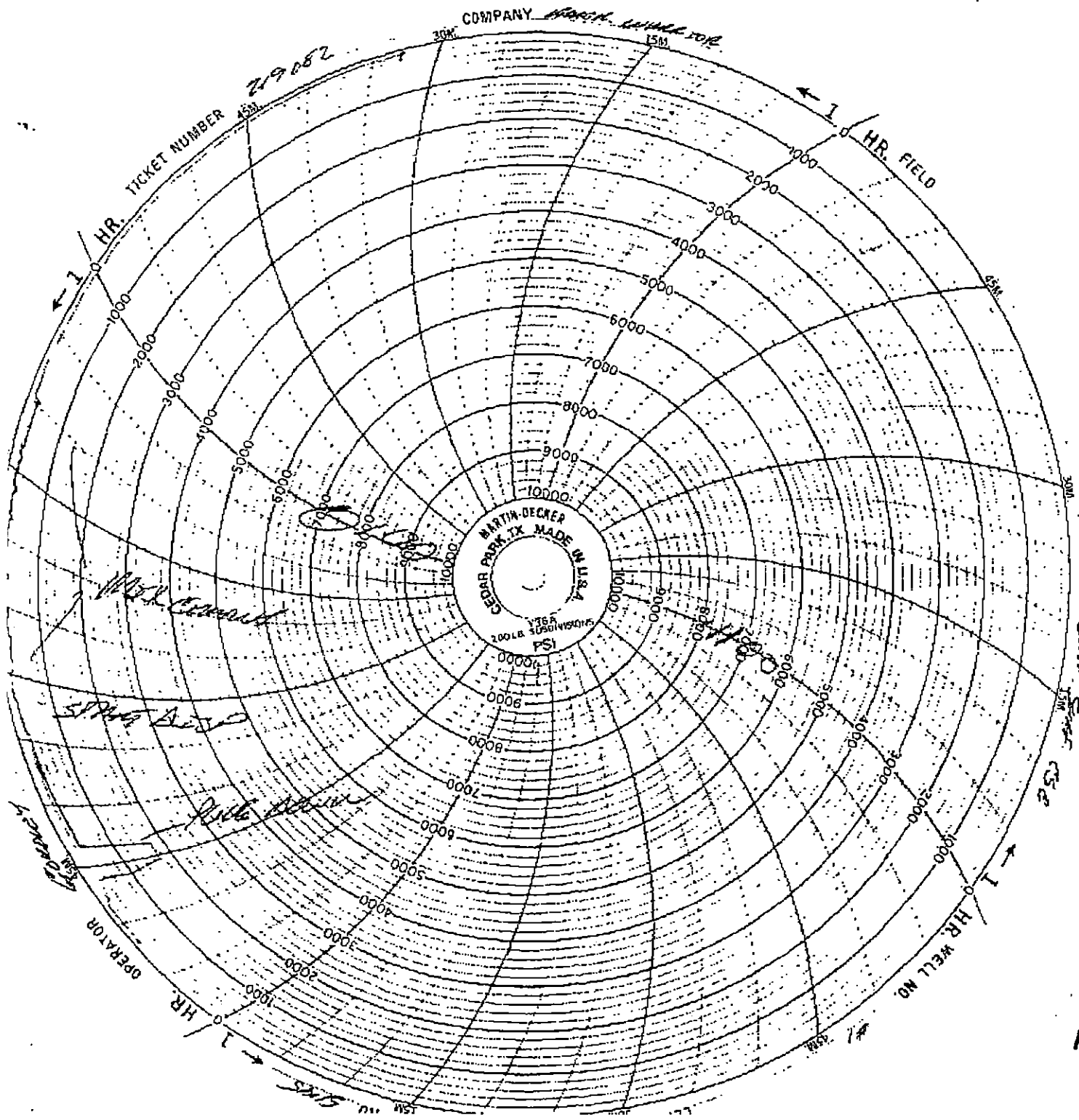
REMARKS _____

SALES ITEMS

CASING SIZE	CASING WEIGHT	THREAD
FLUID SHOE	FLUID SHOE	FLUID COLLAR
CENTRALIZERS - NUMBER	SIZE	TYPE
WELL CLEANERS - NUMBER	TYPE	DV TOOL
UNIT CLAMPS	WELD-A	OTHER

REMARKS _____

ORDERED BY *Kevin Wiles* TIME OF CALL _____
 CALL TAKEN BY *Lenny* TIME READY *w/c 3-26*
 OPERATOR OR DRIVER CALLED _____ TIME _____



ORIGINAL

JOB LOG 4239-5

TICKET #

TICKET DATE

REGION North America	WV/COUNTRY	BDA/STATE KS	COUNTY Seward
MBH/IT/EMP # American Warrior	EMPLOYEE NAME	PSL DEPARTMENT	
LOCATION	COMPANY	CUSTOMER REP / PHONE	
TICKET AMOUNT	WELL TYPE	API/UWI #	
WELL LOCATION	DEPARTMENT	JOB PURPOSE CODE	
LEASE / WELL # BAN #1	SEC / TWP / RMB		

HES EMP NAME/EMP#(EXPOSURE HOURS)	HRS	HES EMP NAME/EMP#(EXPOSURE HOURS)	HRS	HES EMP NAME/EMP#(EXPOSURE HOURS)	HRS	HES EMP NAME/EMP#(EXPOSURE HOURS)	HRS

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL)(GAL)	PUMPS		PRESS. (PSI)		JOB DESCRIPTION / REMARKS
				T	C	Tbg	Cog	
	1800							CALLER OUT 3-26-97
	1930							ON LOCATION 3-26-97
								REG DETAILING
	2300							BACK TO WORK ON LOCATION 3-26-97
								REG RUN 8 3/4 CORDS
								CASING ON BOTTOM, BREAK CIRC
								HOOK UP HOSES TO CASING
	0110	6	0			250		START WASH CONCRETE
								(170 SCS. HOWE COTE 3100, 1/4" FLORE)
								(135 SCS. 40/60 PZ 340 CC)
	0130	6	82			200		FINISH WASH CONCRETE
								START DOWN
								RELEASE PLUG
	0132	6	0			0		START DISP
	0142	6	37			100		PLUG DOWN
								RELEASE - FLOAT TEST
								PLUG - 25 3/4 CONCRETE ✓
								WASH UP
								RACK UP
	0230							JOB COMPLETE
								THANKS DEWON

ORIGINAL



HALLIBURTON ENERGY SERVICES

HAL-1906-P

CHARGE TO:
AMERICAN WARAJOL
 ADDRESS:
Po Box 399
 CITY, STATE, ZIP CODE:
CARDW CITY KS 67846

CUSTOMER COPY

TICKET

No.

104866 - [

PAGE 1 OF

1. SERVICE LOCATIONS PRATT Ks	WELL/PROJECT NO. #2	LEASE BALL	COUNTY/PARISH SEWARD	STATE Ks	CITY/OFFSHORE LOCATION	DATE 3-29-97	OWNER
2. TICKET TYPE <input checked="" type="checkbox"/> SERVICE <input type="checkbox"/> SALES	NITROGEN JOB? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	CONTRACTOR VAL ENERGY	RIG NAME/NO. #2	SHIPPED CCT	DELIVERED TO WELL SITE	ORDER NO.	
3. WELL TYPE 02 Gns	WELL CATEGORY 01	JOB PURPOSE 035	WELL PERMIT NO. 175-216070000	WELL LOCATION 26-325-32W			
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 Round Trip TEL # S250F	40		1		2 95	119
000-119		1			CREW MILEAGE	40		1		1 60	69
001-016		1			Pump CHARGE	1		6	hrs	1545 100	1545
12 A	825-201	1			GUIDE SHOE	1		4	1/2	95 00	95
29 A	815-19101	1			INSERT	1		4	1/2	98 00	98
27	815-19113	1			Auto FILL up	1		4	1/2	17 00	47
030-016		1			SW Plug	1		4	1/2	45 00	45
40	806-60009	1			CENTRALIZERS	5		4	1/2	50 00	400
320	806 71415	1			CEMENT BASKET	1		4	1/2	97 00	197
018-315		1			PLWD FLUSH	500		gal		65	325
018-303		1			CIA FIX II	2		gal		28 00	56

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MUST BE SIGNED BY CUSTOMER OR CUSTOMER'S AGENT PRIOR TO START OF WORK OR DELIVERY OF GOODS

[Signature]

DATE SIGNED: **3-29-97** TIME SIGNED: **16:00**

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
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			

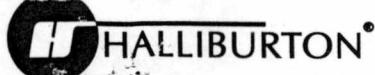
PAGE TOTAL: **2891**

FROM CONTINUATION PAGE(S): **11,759**

SUB-TOTAL APPLICABLE TAXES WILL BE ADDED ON INVOICE

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) <i>Kevin Wilson</i>	CUSTOMER OR CUSTOMER'S AGENT (SIGNATURE) <i>[Signature]</i>	HALLIBURTON OPERATOR/ENGINEER 1000A St/30	EMP # G1622	HALLIBURTON APPROVAL
--	--	---	-----------------------	----------------------



JOB SUMMARY 4239-1

TICKET # 109866 TICKET DATE 3-29-97

REGION <u>North America</u>	NW/COUNTRY <u>MID CONTINENT</u>	BDA / STATE <u>Ks</u>	COUNTY <u>SEWARD</u>
MBU/ID / EMP # <u>P20509 G1622</u>	EMPLOYEE NAME <u>1000 SERBA</u>	PSL DEPARTMENT <u>STIM</u>	
LOCATION <u>PRATT</u>	COMPANY <u>AMERICAN UPHOLZ</u>	CUSTOMER REP / PHONE <u>KEVIN WILES</u>	
TICKET AMOUNT	WELL TYPE <u>OZ GAS</u>	API / UWI # <u>175-216070000</u>	
WELL LOCATION <u>U-W KISMPT Ks</u>	DEPARTMENT <u>CEMENT</u>	JOB PURPOSE CODE <u>035</u>	
LEASE / WELL # <u>Ball #1</u>	SEC / TWP / RNG <u>26-32S-32W</u>		

HES EMP NAME/EMP#/(EXPOSURE HOURS)	HRS	HES EMP NAME/EMP#/(EXPOSURE HOURS)	HRS	HES EMP NAME/EMP#/(EXPOSURE HOURS)	HRS	HES EMP NAME/EMP#/(EXPOSURE HOURS)	HRS
<u>1000 SERBA</u>		<u>C BAKER</u>		<u>S. GIOCARITTE</u>		<u>B. DRAKE</u>	
<u>G1622</u>		<u>C 9997</u>		<u>C 8239</u>		<u>H-2658</u>	

HES UNIT NUMBERS	R/T MILES	HES UNIT NUMBERS	R/T MILES	HES UNIT NUMBERS	R/T MILES	HES UNIT NUMBERS	R/T MILES
<u>3923 PU</u>	<u>40</u>						
<u>5250 PTL</u>	<u>40</u>						
<u>50736-7488 BIL</u>	<u>40</u>						
<u>5250 BILITE</u>	<u>40</u>						

Form Name CHESTER Type: _____
 Form Thickness _____ From _____ To _____
 Packer Type _____ Set At _____
 Bottom Hole Temp. _____ Pressure _____
 Misc. Data _____ Total Depth _____

DATE	CALLED OUT	ON LOCATION	JOB STARTED	JOB COMPLETED
<u>3-29-97</u>	<u>12:00</u>	<u>3-27-97</u>	<u>15:15</u>	<u>3-29-97</u>
			<u>18:45</u>	<u>20:15</u>

TOOLS AND ACCESSORIES

TYPE AND SIZE	QTY	MAKE
<u>Float Collar Insult</u>	<u>1</u>	<u>H.E.S.</u>
<u>Float Shoe Fillup</u>	<u>1</u>	<u>H.E.S.</u>
<u>Guide Shoe</u>	<u>1</u>	<u>H.E.S.</u>
<u>Centralizers</u>	<u>2</u>	<u>H.E.S.</u>
<u>Bottom Plug</u>		
<u>Top Plug SW</u>	<u>1</u>	<u>H.E.S.</u>
<u>Head</u>		
<u>Packer</u>		
<u>Other CMT Baskets</u>	<u>2</u>	<u>H.E.S.</u>

WELL DATA

	NEW/USED	WEIGHT	SIZE	FROM	TO	MAX ALLOW
<u>Casing</u>	<u>U</u>	<u>10.5</u>	<u>4 1/2</u>	<u>KB</u>	<u>3200</u>	
<u>Liner</u>						
<u>Liner</u>						
<u>Tbg/D.P.</u>						
<u>Tbg/D.P.</u>						
<u>Open Hole</u>						<u>SHOTS/FT.</u>
<u>Perforations</u>						
<u>Perforations</u>						
<u>Perforations</u>						

MATERIALS

Treat Fluid	Density	Lb/Gal
Disp. Fluid	Density	Lb/Gal
Prop. Type	Size	Lb.
Prop. Type	Size	Lb.
Acid Type	Gal.	%
Acid Type	Gal.	%
Surfactant	Gal.	In
NE Agent	Gal.	In
Fluid Loss	Gal/Lb	In
Gelling Agent	Gal/Lb	In
Fric. Red.	Gal/Lb	In
Breaker	Gal/Lb	In
Blocking Agent	Gal/Lb	
Perfpac Balls	Qty.	
Other		
Other		
Other		
Other		

HOURS ON LOCATION		OPERATING HOURS		DESCRIPTION OF JOB
DATE	HOURS	DATE	HOURS	
<u>3-29-97</u>		<u>3-29-97</u>		<u>SFT L.S. 4 1/2</u>
TOTAL		TOTAL		

CEMENT DATA

STAGE	SACKS	CEMENT	BULK/SKS	ADDITIVES	YIELD	LBS/GAL
<u>1</u>	<u>332</u>	<u>MID CONT</u>	<u>13</u>	<u>2% C.C. 1/4" Floccle</u>	<u>2.91</u>	<u>11.4</u>
<u>2</u>	<u>265</u>	<u>MID CONT</u>	<u>13</u>	<u>2% C.C. 1/4" Floccle .5% HALAD 322</u>	<u>1.74</u>	<u>13.5</u>

Circulating _____ Displacement _____ Preflush: Gal - BBI 32 Type CHY 1120 Plus H₂O
 Breakdown _____ Maximum _____ Load & Bkdn: Gal - BBI Pad: BBI - Gal
 Average _____ Frac Gradient _____ Treatment Gal - BBI Disp: BBI - Gal
 Shut In: Instant _____ 5 Min _____ 15 Min _____ Cement Slurr Gal - BBI 171 + 82 = 253
 Total Volume Gal - BBI 253

Ring #1 _____ Frac Ring #2 _____ Frac Ring #3 _____ Frac Ring #4 _____
 ALL INFORMATION STATED HEREIN IS CORRECT CUSTOMER'S REPRESENTATIVE SIGNATURE _____

TICKET # 104866	TICKET DATE 3-29-97
REGION North America	WELL COUNTRY MEXICO CONTINENT
MBU ID / EMP # PRO 509 61622	EMPLOYEE NAME JOSE SERRA
LOCATION PRATI	COMPANY AMERICAN WORKER
TICKET AMOUNT 14645.99	WELL TYPE 02 ONS
WELL LOCATION NEW KESMET KC	DEPARTMENT CLAIMT
LEASE / WELL # BATT #1	SEC / TWP / BNG 26 32 S-32 W
BDA / STATE Ks	CUSTOMER REP / PHONE KEVIN WILKS
PSL DEPARTMENT STPM	APL / HW # 175-216670000
	JOB PURPOSE CODE 035

HES EMP NAME/EMP#/(EXPOSURE HOURS)	HRS	HES EMP NAME/EMP#/(EXPOSURE HOURS)	HRS	HES EMP NAME/EMP#/(EXPOSURE HOURS)	HRS	HES EMP NAME/EMP#/(EXPOSURE HOURS)	HRS
JOS SERRA 61622		C. BAKER C 9447		J. G. GONZALEZ C 3239		B. LARKE H-2658	

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL)(GAL)	PUMPS		PRESS. (psi)		JOB DESCRIPTION / REMARKS
				T	C	Tbg	Csg	
	12:00							Called out
	13:15							on loc Float Equip
	13:00							TRK'S on loc
								SAFETY MITG
	15:15							Req Pulling D Collars
	16:30							START CSG
								GUIDESHOE 4 1/2 Insect Fillup SHOE II
								CENTRALILES on JTS
								2-10-19-18-25-29-33-37
								CMT BASKETS on JTS
								26-50
								Circulate 30 min
1	18:45							START FLUSHES
	18:49		20					CITY FAX II
			23					SPACE
			35					Plug Flush
			33					SPACE
	19:05							START MIXING CMT
			7					Plug ROT Hole
			5					PLUG PI Hole
	19:08							START Down CSG LEAD CMT
	19:45							START TAIL CMT
								FINISHED MIXING
								SHUT IN
								FLUSH LINES
								RELEASE PLUG
	20:25	7				600		START DISP 1
			51					
	20:49					1000		Plug DOWN
	20:45		51					HELB
								CMT 35' Insect-Fillup
								THANKS TOOD
								CONTACT
								CALL RIGHT IN SPRK
								Bobby
								WASH UP
								KICK UP
								Job to site
								OFF loc

ORIGINAL

