

Plugged 9-26-93

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

API NO. 15-129-21229-00-00

County Morton

C - SW - NW - SE Sec. 10 Twp. 33 Rge. 42 X W

1650 Feet from S/X (circle one) Line of Section

2310 Feet from E/X (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:
XX, SE, XX or XX (circle one)

Lease Name Wacker B Well # 3

Field Name Boehm

Producing Formation Dry

Elevation: Ground 3462 KB 3474

Total Depth 4625 PBTD

Amount of Surface Pipe Set and Cemented at 1316 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 DYA 3-494 CB
(Data must be collected from the Reserve Pit)

Chloride content 1900 ppm Fluid volume 3000 bbls

Dewatering method used 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 # 5447

Name: OXY USA Inc.

Address P. O. Box 26100

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

Purchaser:

Operator Contact Person: Jerry Ledlow

Phone (405) 749-2309

Contractor: Name: Beredco

License: 5147

Wellsite Geologist:

Designate Type of Completion

X New Well Re-Entry Workover

Oil SWD SIOW Temp. Abd.

Gas ENHR SIGW

X 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.

9/16/93 9/26/93 9/26/93
Spud Date Date Reached TD Completion Date

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 [Signature] Title Staff Analyst Date 1/13/94
Subscribed and sworn to before me this 3rd day of January 1994.
Notary Public [Signature] Date Commission Expires 8-21-96

K.C.C. OFFICE USE ONLY
F Letter of Confidentiality Attached
C [X] Wireline Log Received
C Geologist Report Received
Distribution
[X] KCC [] SWD/Rep [] NGPA
[] KGS [] Plug [] Other
RECEIVED
COMMISSION

NOV 05 1994
1-5-94
CONSERVATION DIVISION
Wichita, Kansas

SIDE TWO

Operator Name OXY USA Inc. Lease Name Wacker B Well # 3

Sec. 10 Twp. 33 Rge. 42 East West
 County Morton

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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Name	Top	Datum
Cores Taken	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Heebner	3225	+ 249
Electric Log Run (Submit Copy.)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Lansing	3318	+ 156
List All E.Logs Run:		Marmaton	3806	- 332
Z-Densilog Compensated Neutron Minilog		Cherokee	4000	- 526
Dual-Induction Focused Log		Morrow	4393	- 919
Minilog		L-2 sand	4501	- 1027

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	1316	Class C	*See Below	

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		* 525 sxs Class C Dowell lite cmt cont. 2% cacl. & 1/4#sx cello seal mixed @ 12.2 ppg & 2.1 cu ft/sx. Tailed w/ 125 sx Class C cont 2% cacl. & 1/4#/sx cello seal.		

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 checked="" type="checkbox"/> No
Date of First, Resumed Production, SWD or Inj. Pump Testing			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: **METHOD OF COMPLETION** Production Interval

Vented Sold Used on Lease Open Hole Perf. Dually Comp. Commingled
 (If vented, submit ACO-18.) Other (Specify) DRY



ORIGINAL

REMIT TO: P O BOX 890788
DALLAS TX 75389-0788

INVOICE

0312

INVOICE DATE

09/26/93

607491
OXY USA INC

PAGE

1

INVOICE NUMBER

03-12-5563

P O BOX 26100
OKLAHOMA CITY

OK 73126

TYPE SERVICE

CEMENTING
PLUG TO ABANDON

E 0016

WELL NAME / JOB SITE	STATE	COUNTY / CITY	SERVICE FROM LOCATION	SHIPPED VIA	CUSTOMER P.O. NO./REF.
WACKER B-3	KS	MORTON	ULYSSES	DS	
LOCATION / PLANT ADDRESS			DATE OF SERVICE ORDER	CUSTOMER OR AUTHORIZED REPRESENTATIVE	
SEC 10-335-42W			09/26/93	CAL WILEY	

9-1572973 x 2360.1 / 724 10-12

ITEM CODE	DESCRIPTION	UOM	QTY	UNIT PRICE	AMOUNT
059200002	MILEAGE, ALL OTHER EQUIPMENT	MI	60	2.6500	159.00
059697000	PACR TREAT ANALYSIS RECORDER	JOB	1	140.0000	140.00
102072050	LWR/SQZ/PLG 4501-5000' 1ST 8	BHR	1	1,470.0000	1,470.00
049102000	TRANSPORTATION CMNT TON MILE	MI	766	.8800	674.88
049100000	SERVICE CHG CEMENT MATL LAND	CFT	304	1.2000	364.80
040015000	D909, CEMENT CLASS H	CFT	168	7.4700	1,254.96
045008000	D35, LITEPOZ 3 EXTENDER	CFT	112	3.9400	441.28
045014050	D20, BENTONITE EXTENDER	LBS	1444	.1500	216.60
	DISCOUNT - MATERIAL				573.86-
	DISCOUNT - SERVICE				842.36-
				SUB TOTAL --	3,304.50
M C	STATE TAX ON			1,810.84	88.74
N F C	LOCAL TAX ON			1,810.84	10.11
				AMOUNT DUE --	3,411.35

53
WJ
006

RECEIVED
STATE CORPORATION COMMISSION

WITH QUESTIONS CALL 316-356-1272
FEDERAL TAX ID # 38-239-7173
TERMS -- NET 30 DAYS DUE ON OR BEFORE OCT 26, 1993

THANK YOU. WE APPRECIATE YOUR BUSINESS.

for T B MATSON
JAN 05 1994

** WE CAN INVOICE YOU VIA EDI. CALL (713)556-7700 FOR INQUIRY
SERVATION DIVISION
Wichita, Kansas

DOWELL SCHLUMBERGER INCORPORATED

P.O. BOX 4378 HOUSTON, TEXAS 77210

CUSTOMER

ORIGINAL

OILFIELD SERVICES

DSI SERVICE ORDER
RECEIPT AND INVOICE NO.
03-12-5563

DSI SERVICE LOCATION NAME AND NUMBER
Ulysses, Ks. 03-12

CUSTOMER NUMBER _____ CUSTOMER P.O. NUMBER _____
TYPE SERVICE CODE _____ BUSINESS CODES _____

CUSTOMER'S NAME
OXY USA INC

WORKOVER NEW WELL OTHER W N API OR IC NUMBER _____

ADDRESS _____

IMPORTANT SEE OTHER SIDE FOR TERMS & CONDITIONS
ARRIVE LOCATION MO. DAY YR. TIME
9 26 93 0500

CITY, STATE AND ZIP CODE _____

DSI will furnish and Customer shall purchase materials and services required in the performance of the following SERVICE INSTRUCTIONS in accordance with the general terms and conditions as printed on the reverse side of this service order and/or attached to this service order. This service order is subject to alternative dispute resolution.

SERVICE ORDER I authorize work to begin per service instructions in accordance with terms and conditions printed on the reverse side of this form and/or attached to this form and represent that I have authority to accept and sign this order.
SIGNATURE OF CUSTOMER OR AUTHORIZED REPRESENTATIVE
[Signature]

JOB COMPLETION MO. DAY YR. TIME
9 26 93 1300

SERVICE RECEIPT I certify that the materials and services listed were received and all services performed in a workmanlike manner.
SIGNATURE OF CUSTOMER OR AUTHORIZED REPRESENTATIVE
[Signature]

STATE **Ks.** CODE _____ COUNTY / PARISH **Morton** CODE _____ CITY _____

WELL NAME AND NUMBER / JOB SITE **Wacker B-3** LOCATION AND POOL / PLANT ADDRESS **Sec. 10-335-42w** SHIPPED VIA **Dowell**

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
059200-002	mileage	mi.	60	2.65	159.00
059697-000	PACK chg	EA.	1	140.00	140.00
102872-045	PUMP chg	EA.	1	1410.00	1410.00
049102-000	HAULING	Ton mi	766	.88	674.08
049100-000	service chg	RUFT	304	1.20	364.80
040015-000	D909 class H	SK.	168	7.47	1254.96
045008-000	D35 11ep02	SK.	112	3.94	441.28
045014-050	D20 gol	lb.	1445	.15	216.75

SERVICE ORDER RECEIPT

Thanks For using Dowell

SUB TOTAL

Field est. **4660.87**

LICENSE/REIMBURSEMENT FEE

LICENSE/REIMBURSEMENT FEE

REMARKS:

STATE _____ % TAX ON \$ _____

COUNTY _____ % TAX ON \$ _____

CITY _____ % TAX ON \$ _____

SIGNATURE OF DSI REPRESENTATIVE

TOTAL \$

James Erquimed

RECEIVED
STATE COMMISSION
JAN 05 1994
CONSERVATION DIVISION
Wichita, Kansas

CEMENTING SERVICE REPORT



DOWELL SCHLUMBERGER INCORPORATED

TREATMENT NUMBER: 03-12-5563 DATE: 9-26-93
 STAGE: DS DISTRICT: Wlysses, Ks

DS-496 PRINTED IN U.S.A.

WELL NAME AND NO.: Wacker B-3
 LOCATION (LEGAL) FORMATION: Sec 10-33s-42w

RIG NAME: Beredro #7
 WELL DATA: BIT SIZE: 7 7/8, CSG/Liner Size, TOTAL DEPTH: 4625, WEIGHT, FOOTAGE, MUD TYPE, GRADE, BHST, BHCT, THREAD, MUD DENSITY, LESS FOOTAGE SHOE JOINT(S), MUD VISC., Disp. Capacity

COUNTY/PARISH: Morton STATE: Ks. API. NO.

NAME: OXY USA INC AND

ADDRESS: ZIP CODE

SPECIAL INSTRUCTIONS

STAGE	TYPE	DEPTH	STAGE	TYPE	DEPTH

IS CASING/TUBING SECURED? YES NO
 LIFT PRESSURE: PSI CASING WEIGHT + SURFACE AREA (3.14 x R²)
 PRESSURE LIMIT: PSI BUMP PLUG TO: PSI
 ROTATE: RPM RECIPROCATATE FT No. of Centralizers

Head & Plugs: TBG D.P. SQUEEZE JOB
 Double SIZE: 4 1/2 TYPE
 Single WEIGHT: 16.6 DEPTH
 Swage GRADE TAIL PIPE: SIZE DEPTH
 Knockoff THREAD TUBING VOLUME

TOP: R W NEW USED CASING VOL. BELOW TOOL
 BOT: R W DEPTH: 4625 TOTAL ANNUAL VOLUME

JOB SCHEDULED FOR TIME: 0500 DATE: 9-26-93 ARRIVE ON LOCATION TIME: 0500 DATE: 9-26-93 LEFT LOCATION TIME: 1400 DATE: 9-26-93

TIME	PRESSURE		VOLUME PUMPED bbl		INJECT RATE	FLUID TYPE	FLUID DENSITY	SERVICE LOG DETAIL
	TBG OR D.P.	CASING	INCREMENT	CUM				
0808	0		10		6	H ₂ O		start H ₂ O ahead sock. 4391'
0810	350		13		6	cmt	13.6	start cmt.
0812	230		3.5		6	H ₂ O		start H ₂ O behind
0813	190		55		6.3	mud		start mud
0817	170			26	6.3	mud		psi check
0821	150							shutdown plug balanced
0918	20		10		6	H ₂ O		start H ₂ O ahead 100sk. 2896'
0920	240		27		6	cmt	13.6	start cmt.
0924	130		3.5		6	H ₂ O		start H ₂ O behind
0925	140		30		6	mud		start mud
0929	170							shutdown plug balanced

REMARKS

SYSTEM CODE	NO. OF SACKS	YIELD CU. FT/SK	COMPOSITION OF CEMENTING SYSTEMS		SLURRY MIXED	
					BBLs	DENSITY
1.	280	1.50	60 H	40 per + 6% gel	74.8	13.
2.						
3.						
4.						
5.						
6.						

BREAKDOWN FLUID TYPE: HESITATION SQ. RUNNING SQ. CIRCULATION LOST YES NO
 PRESSURE: Cement Circulated To Surf. YES NO
 BREAKDOWN: PSI FINAL PSI DISPLACEMENT VOL. Bbls
 WASHED THRU PERFS: YES NO TO FT. MEASURED DISPLACEMENT WIRELINE
 TYPE OF WELL: OIL GAS STORAGE INJECTION
 MAX. CORROSION MIN.: BRINE WATER WILDCAT

PERFORATIONS: TO TO CUSTOMER REPRESENTATIVE: Cal Wylie DS SUPERVISOR: James Esquivel
 RECEIVED CONSERVATION DIVISION WICHITA, KANSAS JAN 05 1994



INVOICE

REMIT TO: P O BOX 890788 DALLAS TX 75389-0788

0312

ORIGINAL

INVOICE DATE
09/18/93

PAGE
1

INVOICE NUMBER
03-12-5541

607491
 OXY USA INC
 P O BOX 26100
 OKLAHOMA CITY OK 73126

TYPE SERVICE
CEMENTING CEMENT SURFACE C

F0016

WELL NAME / JOB SITE	STATE	COUNTY / CITY	SERVICE FROM LOCATION	SHIPPED VIA	CUSTOMER P.O. NO./REF.
WACKER B	KS	MORTON	ULYSSES	DS	
LOCATION / PLANT ADDRESS			DATE OF SERVICE ORDER	CUSTOMER OR AUTHORIZED REPRESENTATIVE	
SEC 10-33S-42W			09/18/93	CAL WILEY	

9-15>2973 x 2360.1/724 10-15

ITEM CODE	DESCRIPTION	UOM	QTY	UNIT PRICE	AMOUNT
102871015	CSHG/CHNT 1001-1500' 1ST 8HR	8HR	1	980.0000	980.00
059200002	MILEAGE, ALL OTHER EQUIPMENT	MI	59	2.6500	156.35
048601000	CEMENT HEAD RENTAL	JOB	1	.0000	N/C
049102000	TRANSPORTATION CHNT TON MILE	MI	1814	.0000	1,596.32
049100000	SERVICE CHG CEMENT MATL LAND	CFT	719	1.2000	862.80
059697000	PACR TREAT ANALYSIS RECORDER	JOB	1	140.0000	140.00
040003000	D903, CEMENT CLASS C	CFT	466	7.9000	3,718.68
045008000	D35, LITEPOZ 3 EXTENDER	CFT	184	3.9400	724.96
045014050	D20, BENTONITE EXTENDER	LBS	2742	.1500	411.30
067005100	S1, CALCIUM CHLORIDE	LBS	1150	.3600	414.00
044003025	D29, CELLOPHANE FLAKES	LBS	163	1.5900	259.17
056702085	PLUG CENG 8-5/8" TOP PLASTIC	EA	1	98.0000	98.00
	DISCOUNT - MATERIAL				2,250.45-
	DISCOUNT - SERVICE				1,494.19-
				SUB TOTAL	5,766.74
N C	STATE TAX ON			4,333.45	212.34
N F C	LOCAL TAX ON			4,333.45	43.33
				AMOUNT DUE	5,872.61

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W 006

WITH QUESTIONS CALL 316-356-1272
FEDERAL TAX ID # 38-239-7173
TERMS -- NET 30 DAYS DUE ON OR BEFORE OCT 18, 1993

THANK YOU, WE APPRECIATE YOUR BUSINESS John Breyant for Ty Watson
T B WATSON

** WE CAN INVOICE YOU VIA EDI. CALL (713)556-7700 FOR INFORMATION **

DOWELL SCHLUMBERGER INCORPORATED

P.O. BOX 4378 HOUSTON, TEXAS 77210

CUSTOMER

ORIGINAL

OILFIELD SERVICES

DSI SERVICE ORDER
RECEIPT AND INVOICE NO.

5541

DSI SERVICE LOCATION NAME AND NUMBER

Ulysses, KS 03-12

CUSTOMER NUMBER

CUSTOMER P.O. NUMBER

TYPE SERVICE CODE

271

BUSINESS CODES

WORKOVER
NEW WELL
OTHER

W
 N

API OR IC NUMBER

CUSTOMER'S
NAME

Oxy USA Inc.

ADDRESS

CITY, STATE AND
ZIP CODE

DSI will furnish and Customer shall purchase materials and services required in the performance of the following SERVICE INSTRUCTIONS in accordance with the general terms and conditions as printed on the reverse side of this service order and/or attached to this service order. This service order is subject to alternative dispute resolution.

IMPORTANT
SEE OTHER SIDE FOR TERMS & CONDITIONS

ARRIVE LOCATION	MO.	DAY	YR.	TIME
	9	18	93	1500

SERVICE ORDER I authorize work to begin per service instructions in accordance with terms and conditions printed on the reverse side of this form and/or attached to this form and represent that I have authority to accept and sign this order.

SIGNATURE OF CUSTOMER OR AUTHORIZED REPRESENTATIVE

X *M. Wolfe*

JOB COMPLETION	MO.	DAY	YR.	TIME
	9	18	93	1917

SERVICE RECEIPT I certify that the materials and services listed were received and all services performed in a workmanlike manner.

SIGNATURE OF CUSTOMER OR AUTHORIZED REPRESENTATIVE

X

STATE Kansas CODE COUNTY / PARISH Morton CODE CITY

WELL NAME AND NUMBER / JOB SITE

Wacker B

LOCATION AND POOL / PLANT ADDRESS

Sec. 10-335-42W

SHIPPED VIA

Dowell

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
102871-015	Pump Truck charge	Eg.	1	980.00	980.00
059200-002	Mileage	mi	59	2.65	156.35
098601-000	Cement head & Manifold	Eg.		63.00	NC
049102-000	Delivery Charge	tmr	1814	0.88	1596.32
049100-000	Service charge	cf	719	1.20	862.80
059697-000	PACK	Eg.	1	140.00	140.00
040003-000	D903 class "C"	cf	466	7.98	3718.68
045008-000	D35 Litepoz.3	cf	184	3.94	724.96
045014-030	D20 Bentonite	lb.	2742	0.15	411.30
067005-100	51 CaCl ₂	lb.	1150	0.36	414.00
044003-025	D29 cellophane Flake	lb.	163	1.59	259.17
056702-085	8 5/8" Top Plug	Eg.	1	98.00	98.00
					<u>9361.58</u>

Field Estimate \$9361.58 w/out Discount.

SUB TOTAL

LICENSE/REIMBURSEMENT FEE

LICENSE/REIMBURSEMENT FEE

REMARKS:

Thanks for
using Dowell!

STATE % TAX ON \$

COUNTY % TAX ON \$

CITY % TAX ON \$

SIGNATURE OF DSI REPRESENTATIVE

Steve Merach

TOTAL

RECEIVED
STATE COMMISSION

JAN 05 1994

CONSERVATION DIVISION
Wichita, Kansas

CEMENTING SERVICE REPORT



TREATMENT NUMBER 03-12-5541 DATE 9-18-93
 STAGE DS DISTRICT Ulysses, KS

DS-496 PRINTED IN U.S.A.

DOWELL SCHLUMBERGER INCORPORATED

WELL NAME AND NO: Wacker B LOCATION (LEGAL): sec. 10-335-42W RIG NAME: Beredco Rig 7
 FIELD-POOL: FORMATION: WELL DATA: BIT SIZE 7 7/8" CSG/Liner Size 8 7/8" BOTTOM TOP
 TOTAL DEPTH/354 WEIGHT 24#
 MUD TYPE GRADE FOOTAGE 1358
 MUD DENSITY LESS FOOTAGE SHOE JOINT(S) 42 TOTAL 83.8
 MUD VISC Disp Capacity 1316
 NOTE: Include Footage From Ground Level To Head In Dip Capacity

COUNTY/PARISH: Morton STATE: Kansas API NO:
 NAME: Oxy USA Inc.
 ADDRESS: ZIP CODE:
 SPECIAL INSTRUCTIONS: Provide Materials & Services to safely cement the 8 7/8" surface casing.
 IS CASING/TUBING SECURED? YES NO
 LIFT PRESSURE 550 PSI CASING WEIGHT - SURFACE AREA (3.14 x R²)
 PRESSURE LIMIT 550 PSI BUMP PLUG TO PSI
 ROTATE RPM RECIPROCATE FT No. of Centralizers 3

TIME	PRESSURE		VOLUME PUMPED BBL		JOB SCHEDULED FOR TIME DATE			ARRIVE ON LOCATION TIME DATE			LEFT LOCATION TIME DATE		
	TBG OR DP	CASING	INCREMENT	CLM	INJECT RATE	FLUID TYPE	FLUID DENSITY	TIME	DATE	TIME	DATE	TIME	DATE
0001 to 2400													
1824		170	10		7	H ₂ O	8.34						
1826		200	196	10	7	cmf	12.2						
1852		310	29	206	7	cmf	14.8						
1857		-		235	-	-	-						
1859		480	73	235	7	H ₂ O	8.34						
1911		430	11	308	2	H ₂ O	8.34						
1915		1090	-	319	-	-	-						
1917													

REMARKS: PRE-JOB SAFETY MEETING
 Start H₂O Ahead.
 Start lead cement.
 Start Tail cement.
 Shutdown / Drop Plug
 Start Displacement.
 Lower Rate.
 Bump Plug
 Check float. If held 1/2 BBL Back
 Release Dowell

SYSTEM CODE	NO OF SACKS	YIELD CU FT/SK	COMPOSITION OF CEMENTING SYSTEMS				SLURRY MIXED	
			BBL	DENSITY	BBL	DENSITY		
1	525	2.1	63% Poz + 6% D20 + 2% S1 + 1/4 #3K D29	196	12.2			
2								
3	125	1.32	Class 'C' + 2% S1 + 1/4 #3K D29	29	14.8			
4								
5								
6								

BREAKDOWN FLUID TYPE: HESITATION SQ. RUNNING SQ. CIRCULATION LOST YES NO
 VOLUME: DISPLACEMENT VOL 83.8 Bbls
 DENSITY: MEASURED DISPLACEMENT B
 PRESSURE: MAX. 1090 PSI
 Cement Circulated To Surf YES
 TYPE OF WELL: OIL GAS STORAGE/INJECTION BRINE WATER WILD
 CUSTOMER REPRESENTATIVE: Cal Wiley
 SUPERVISOR: Steve Mersch
 DIVISION: Ulysses, Kansas