

ORIGINAL

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

API NO. 15- 129-21,304-00-00

County MORTON

SW - SW - NE - NE Sec. 6 Twp. 33S Rge. 40 X E W

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

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

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

Lease Name KREY "A" Well # 2H

Field Name HUGOTON

Producing Formation KRIDER

Elevation: Ground 3377.8 KB 3387.8

Total Depth 2600 PBD 2541

Amount of Surface Pipe Set and Cemented at 568 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 1 894 8-22-95
(Data must be collected from the Reserve Pit)

Chloride content 128,436 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: TO BE DETERMINED

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.
 Gas ENHR X SIG
 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 PBD
 Commingled Docket No.
 Dual Completion Docket No.
 Other (SWD or Inj?) Docket No.

7/20/94 7/23/94 9/15/94
Spud Date Date Reached TD Completion Date

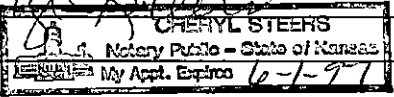
INSTRUCTIONS: An original and two copies of this form shall be filed with the Kansas Corporation Commission, 200 Colorado Derby Building, Wichita, Kansas 67202, within 120 days of the spud date, recompletion, workover or conversion of a well. Rule 82-3-130, 82-3-106 and 82-3-107 apply. Information on 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 Leslie I. Barnes
LESLIE I. BARNES
Title SR. TECHNICAL ASSISTANT Date 11/11/94

Subscribed and sworn to before me this 11th day of November, 1994.

Notary Public Cheryl Steers
Date Commission Expires 6-1-97



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)

NOV 15 1994
11-15-94
CONSERVATION DIVISION
WICHITA, KANSAS

SIDE TWO

Operator Name ANADARKO PETROLEUM CORPORATION Lease Name KREY "A" Well # 2H

Sec. 6 Twp. 33S Rge. 40 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 Yes No
 (Attach Additional Sheets.)
 Samples Sent to Geological Survey Yes No
 Cores Taken Yes No
 Electric Log Run Yes No
 (Submit Copy.)
 List All E.Logs Run: **SEGMENTED BOND
 COMPENSATED NEUTRON
 DUAL INDUCTION
 PRISM**

Name	Top	Datum
B. CIMARRON	1578	
KRIDER SS	2280	
KRIDER LS	2305	
WINFIELD	2350	
TOWANDA	2420	
FT. RILEY	2482	

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	568	75/25 POZMIX/ CLASS H	210/150	2%CC, 1/4#SX FLOC
PRODUCTION	7 7/8	5 1/2	15.5	2600	CLASS C	170	2%CC, 1/4#SX FLOC 20%DCO, 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
4	2305-2315	PMPD 500 GALS 15% FE HCL ACID. FRAC W/14,600 GALS 30# BORAGELLED 2% KCL WTR & 72,500# 16/30 SD, (10# & 11# SD W/PORP-LOCK) 2305-2315

TUBING RECORD	Size	Set At	Packer At	Liner Run
	2 3/8	2348		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date of First, Resumed Production, SWD or Inj. SI WO PRODUCTION EQUIPMENT, SI WOPL	Producing Method <input checked="" 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 57 Mcf	Water 2 BF/HR	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 2305-2315
 Production Interval: 2305-2315
 Other (Specify) _____

ORIGINAL

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

WELL NAME: KREY A-2H
SECTION 6-33S-40W API #15-129-21304
MORTON COUNTY, KANSAS
COMMENCED: JULY 30, 1994
COMPLETED: AUGUST 3, 1994
OPERATOR: ANADARKO PETROLEUM CORPORATION

Depth From	To	Formation	Remarks
0	1149	Sand & Redbed	Ran 13 jts of 24#
1150	1264	Glorietta Sand	8 5/8" csg set @
1265	2570	Redbed	552'; w/210 SX of 75/25 pozmix; 2% CC; 1/4# SX Floceal; Tailed with 150 SX Class H; 2% CC; 1/4# Floceal; 1" w/70 SX Class H; Job Completed @ 12:00 p.m. 07/31/94.

Ran 60 jts. 5 1/2" 15.50#, Set @ 2556'; Cement w/165 SX Class C; 20% Diacel D; 2% CC; 1/4# Floceal; Tailed w/40 SX Class C; 10% Diacel D; 2% CC; 1/4# SX Floceal; Plug down @ 4:45 p.m. on 08/03/94.

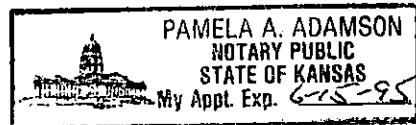
STATE OF KANSAS)I, the undersigned, being duly sworn on
oath, state that the above Drillers' Well
Log is true and correct to the best of my
knowledge and belief and according to the
records of this office.
COUNTY OF SEDGWICK

NORSEMAN DRILLING, INC.

James P. Reilly
JAMES P. REILLY, PRESIDENT

Subscribed & sworn to before me this

August 10, 1994



My Appointment Expires:

June 15, 1995

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

RECEIVED
STATE CORPORATION
NOV 15 1994
CORPORATION



JOB SUMMARY

HALLIBURTON DIVISION MidcontinentHALLIBURTON LOCATION Liberal KSBILLED ON TICKET NO. 634956

WELL DATA

FIELD _____ SEC. 6 TWP. 33S RNG. 40W COUNTY Morton 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	<u>N</u>	<u>15.5</u>	<u>5 1/2</u>	<u>KB</u>	<u>2599</u>	
LINER						
TUBING						
OPEN HOLE						SHOTS/FT.
PERFORATIONS						
PERFORATIONS						
PERFORATIONS						

JOB DATA

CALLLED OUT	ON LOCATION	JOB STARTED	JOB COMPLETED
DATE <u>7-24-94</u>	DATE <u>7-24-94</u>	DATE <u>7-24-94</u>	DATE <u>07-24-94</u>
TIME <u>0200</u>	TIME <u>0500</u>	TIME <u>0740</u>	TIME <u>0900</u>

TOOLS AND ACCESSORIES

TYPE AND SIZE	QTY.	MAKE
FLOAT COLLAR	<u>5</u>	
FLOAT SHOE	<u>0</u>	
GUIDE SHOE	<u>0</u>	
CENTRALIZERS	<u>M</u>	
BOTTOM PLUG	<u>P</u>	
TOP PLUG		
HEAD		
PACKER		
OTHER		

PERSONNEL AND SERVICE UNITS

NAME	UNIT NO. & TYPE	LOCATION
<u>Ron Crist</u>	<u>38242</u>	<u>Liberal</u>
<u>D-7653</u>	<u>PI4</u>	
<u>Tim Broadfoot</u>	<u>75496</u>	<u>''</u>
<u>D4604</u>	<u>RCM</u>	
<u>Chris Cornelson</u>	<u>5839</u>	<u>Hugoton</u>
<u>G2569</u>	<u>Bulk</u>	<u>KS</u>
<u>Wayne Wilson</u>	<u>4734</u>	<u>''</u>
<u>B 9377</u>	<u>Bulk</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 Cement

DESCRIPTION OF JOB Cement Production

Casing

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

CUSTOMER REPRESENTATIVE X Ron Crist

HALLIBURTON OPERATOR Ron Crist COPIES REQUESTED _____

CEMENT DATA

STAGE	NUMBER OF SACKS	CEMENT	BRAND	BULK SACKED	ADDITIVES	YIELD CU.FT./SK.	MIXED LBS./GAL.
	<u>170</u>	<u>C</u>		<u>B</u>	<u>20% Diacel D, 2% cc, 1/4 Fibreg</u>	<u>2.69</u>	<u>12#</u>
	<u>40</u>	<u>C</u>		<u>B</u>	<u>10% Diacel D, 2% cc, 1/4 Fibreg</u>	<u>2.09</u>	<u>13</u>

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 4531 REASON shoe joint

SUMMARY

VOLUMES

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

CUSTOMER Andar KO LEASE Krey A WELL NO. 2-H JOB TYPE Long string DATE 7-24-94



HALLIBURTON

HALLIBURTON ENERGY SERVICES

CHARGE TO:

ADDRESS

CITY, STATE, ZIP CODE

COPY

TICKET

No.

634956 - 3

PAGE 1 OF

FORM 1906 R-13

SERVICE LOCATIONS	WELL/PROJECT NO.	LEASE	COUNTY/PARISH	STATE	CITY/OFFSHORE LOCATION	DATE	OWNER
1. <i>111-117</i>	<i>2-4</i>	<i>Kitty A</i>	<i>Madison</i>	<i>MS</i>		<i>7-2</i>	
2. <i>111-116</i>	TICKET TYPE <input checked="" type="checkbox"/> SERVICE <input type="checkbox"/> SALES	NITROGEN JOB? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	CONTRACTOR <i>Hess</i>	RIG NAME/NO. <i>2</i>	SHIPPED VIA	DELIVERED TO	ORDER NO.
3.	WELL TYPE <i>02</i>	WELL CATEGORY <i>01</i>	JOB PURPOSE <i>035</i>	WELL PERMIT NO.	WELL LOCATION <i>2-2</i>		
4.	REFERRAL LOCATION	INVOICE INSTRUCTIONS					

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.		U/M		UNIT PRICE	AMOUNT
		LOC	ACCT	DF							
<i>000-117</i>		<i>1</i>			MILEAGE	<i>60</i>	<i>mi</i>	<i>1</i>		<i>2.00</i>	<i>1.20</i>
<i>001-116</i>		<i>1</i>			<i>Pump Lease</i>	<i>20</i>	<i>hr</i>				<i>145.00</i>
<i>030-016</i>		<i>1</i>			<i>5 well pad</i>	<i>5 1/2</i>	<i>in</i>	<i>1</i>	<i>pc</i>		<i>6.00</i>
<i>018-314</i>		<i>1</i>			<i>wood floor</i>	<i>126</i>	<i>sq ft</i>				<i>2.00</i>
<i>218-734</i>		<i>1</i>			<i>class II</i>	<i>2</i>	<i>hr</i>			<i>20.00</i>	<i>40.00</i>

ORIGINAL

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 <input checked="" type="checkbox"/> <i>[Signature]</i> DATE SIGNED <i>11-19-11</i> 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 <input type="checkbox"/> AGREE <input type="checkbox"/> UN-DECIDED <input type="checkbox"/> DIS-AGREE		PAGE TOTAL <i>2047</i> FROM CONTINUATION PAGE(S) <i>1170</i> SUB-TOTAL APPLICABLE TAXES WILL BE ADDED ON INVOICE <i>7320</i>
	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)	CUSTOMER OR CUSTOMER'S AGENT (SIGNATURE)	HALLIBURTON OPERATOR/ENGINEER	HALLIBURTON APPROVAL
<i>[Signature]</i>	<i>[Signature]</i>	<i>Ronald Covert</i>	<i>[Signature]</i>



HALLIBURTON

HALLIBURTON ENERGY SERVICES

TICKET CONTINUATION

CUSTOMER COPY

TICKET No. *160*

FORM 1911 R-10

CUSTOMER Anadarko	WELL Krey	DATE 7-24-94	PAGE OF
-----------------------------	---------------------	------------------------	---------

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.		U/M		UNIT PRICE	AMOUNT
		LOC	ACCT	DF							
504-050	516.00265				Premium Plus Cement	295	sk			10 36	3125 80
509-406	890.50812				Calcium Chloride	4	sk			36 75	147 00
507-210	890.50071				Flocele	60	LB			1 65	99 00
500-959	70.15524				Diacel "D"	3450	LB			42	1449 00
ORIGINAL											
500-207					SERVICE CHARGE						
500-306					MILEAGE CHARGE	TOTAL WEIGHT	LOADED MILES	CUBIC FEET	TON MILES		
						23,570	30	426	353.55	1 35	575 10
										95	335 87

No. B 262680

CONTINUATION TOTAL *1111*

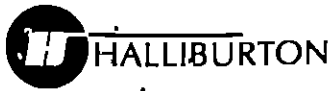


JOB LOG FORM 2013 R-4

DATE	PAGE NO.
7-21-94	1
TICKET NO.	
677548	

CUSTOMER	WELL NO.	LEASE	JOB TYPE
AWAQQANS	2 H.I	KREY A	8 5/8 SURFACE

CHART NO.	TIME	RATE (BPM)	VOLUME (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	00:00							CALLER OUT READY NOW
	02:15							ON LOC RIG SHORT TRIPPING
	03:38							START CASING
	04:20							CASING ON BOTTOM
	04:35							CIRC w/ RIG
	04:39							HOOK TO HALLIBURTON ORIGINAL
	04:41	8.6	43.38				200	START LEAD CMT
	04:47	5.8	28.5				850	START TAIL CMT
	04:52							SHUT DOWN
	04:52							DROP 5 WIPER PLUG
	04:53	3.7	34.7				0	START DISPLACEMENT WASH TO 20
	05:02						250	PLUG ROWAL / HOLDING
								CIRC. TO PIT
								12 BBLs
								58 SKS
								THANK YOU FOR CALLING
								HALLIBURTON
								ROBERT & CREW



JOB SUMMARY

HALLIBURTON DIVISION
HALLIBURTON LOCATIONMer Cont
Leacrai Ks

BILLED ON TICKET NO

677548

WELL DATA

FIELD _____ SEC 60 TWP. 33 S. RING. 40 W. COUNTY Morton 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 571

	NEW USED	WEIGHT	SIZE	FROM	TO	MAXIMUM PSI ALLOWABLE
CASING	<u>N</u>	<u>24</u>	<u>8 3/8</u>	<u>K.A.</u>	<u>568</u>	
LINER						
TUBING						
OPEN HOLE			<u>12 1/4 G.L.</u>	<u>571</u>		SHOTS/FT
PERFORATIONS						
PERFORATIONS						
PERFORATIONS						

JOB DATA

TOOLS AND ACCESSORIES

TYPE AND SIZE	QTY	MAKE
Float Collar		
Float Shoe		
Guide Shoe		
Centralizers		
Bottom Plug		
Top Plug		
Head		
Packer		
Other		

Comp

CALLLED OUT	ON LOCATION	JOB STARTED	JOB COMPLETED
DATE <u>7-21-94</u>	DATE <u>7-21-94</u>	DATE <u>7-21-94</u>	DATE <u>7-21-94</u>
TIME <u>00:00</u>	TIME <u>02:15</u>	TIME <u>04:39</u>	TIME <u>05:50</u>

PERSONNEL AND SERVICE UNITS

NAME	UNIT NO. & TYPE	LOCATION
<u>R. Elwood</u>	<u>40075</u>	
<u>D. 4360</u>	<u>P.O.</u>	<u>Leacrai Ks</u>
<u>D. NEEFEAT</u>	<u>52938</u>	
<u>E1591</u>	<u>(P)</u>	"
<u>M. LEWES</u>	<u>50787</u>	
<u>G. 2896</u>	<u>75506 (B)</u>	<u>Morton Ks</u>

ORIGINAL

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 CMT

DESCRIPTION OF JOB R-518 SURFACE

JOB DONE THRU: TUBING CASING ANNULUS TBG./ANN

CUSTOMER REPRESENTATIVE X Jim Butler

HALLIBURTON OPERATOR R. Elwood COPIES REQUESTED _____

CEMENT DATA

STAGE	NUMBER OF SACKS	CEMENT	BRAND	BULK SACKED	ADDITIVES	YIELD CU FT / SK	MIXED LBS / GAL.
	<u>210</u>	<u>75-25 P2</u>	<u>H</u>	<u>B</u>	<u>2% C.C., 1/4" Flocc</u>	<u>1.16</u>	<u>15.3</u>
	<u>150</u>	<u>H</u>	<u>H</u>	<u>B</u>	<u>2% C.C., 1/4" Flocc</u>	<u>1.06</u>	<u>16.4</u>

PRESSURES IN PSI

SUMMARY

VOLUMES

CIRCULATING _____ DISPLACEMENT _____ PRES LUSH. BBL.-GAL. _____ TYPE _____

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

AVERAGE _____ FRACTURE GRADIENT _____ TREATMENT BBL.-GAL. _____ DISPL. (B) GAL. 34.7

SHUT-IN INSTANT _____ 5-MIN _____ 15-MIN _____ CEMENT SLURRY (B) GAL. 43 + 28.5

HYDRAULIC HORSEPOWER _____ TOTAL VOLUME BBL.-GAL. _____

ORDERED _____ AVAILABLE _____ USED _____ AVERAGE RATES IN BPM _____

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

FELT 38.90 REASON SHOE JOINT

REMARKS _____

CUSTOMER: AMARALLO

LEASE: K&A

WELL NO: 21

JOB TYPE: R-518 SURFACE

DATE: 7-21-94



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

COPY *LB*

TICKET No. **677548 - 3**

PAGE 1 OF 1

FORM 1906 R-13

SERVICE LOCATIONS	WELL/PROJECT NO.	LEASE	COUNTY/PARISH	STATE	CITY/OFFSHORE LOCATION	DATE	OWNER
1. <i>0200</i>	<i>2.12</i>	<i>Karoo A</i>	<i>Madison</i>	<i>LA</i>	<i>7-21-94</i>	<i>Sankar</i>	
2. <i>0200</i>	TICKET TYPE <input checked="" type="checkbox"/> SERVICE <input type="checkbox"/> SALES	NITROGEN JOB? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	CONTRACTOR <i>Anderson</i>	RIG NAME/NO. <i>2</i>	SHIPPED VIA <i>1488</i>	DELIVERED TO <i>Anderson</i>	ORDER NO.
3.	WELL TYPE	WELL CATEGORY	JOB PURPOSE	WELL PERMIT NO.	WELL LOCATION		
4.	<i>02</i>	<i>01</i>	<i>010</i>				
REFERRAL LOCATION	INVOICE INSTRUCTIONS						

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.		U/M		UNIT PRICE	AMOUNT
		LOG.	ACCT.	DF							
					MILEAGE	1	112			2.75	308.00
					Pump Charge	6	571				3426.00
					5 wires Top 1/2	29	1.50				43.50

ORIGINAL

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: *93* TIME SIGNED: *03:15* 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: <input checked="" type="checkbox"/> AGREE <input type="checkbox"/> UN-DECIDED <input type="checkbox"/> DIS-AGREE		PAGE TOTAL <i>1328</i>
TYPE LOCK	DEPTH	OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN?		
BEAN SIZE	SPACERS	WE UNDERSTOOD AND MET YOUR NEEDS?		FROM CONTINUATION PAGE(S) <i>45293</i>
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?		SUB-TOTAL APPLICABLE TAXES WILL BE ADDED ON INVOICE <i>10021</i>
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): *[Signature]* CUSTOMER OR CUSTOMER'S AGENT (SIGNATURE): *X [Signature]* HALLIBURTON OPERATOR/ENGINEER: *[Signature]* EMP # *[Number]* HALLIBURTON APPROVAL: *[Signature]*

HALLIBURTON

HALLIBURTON ENERGY SERVICES

TICKET CONTINUATION

DUNCAN COPY

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TICKET No. 672548

CUSTOMER Apc	WELL Krey A	DATE 7-21-94	PAGE 2	OF 2
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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		QTY.	U/M	QTY.	U/M		
504-043	516.00272				Premium cement	150	sk			9.82	1473.00
					210 sk 75/25 Pozmix						
504-043	516.00272				Premium Cement	158	sk			9.82	1551.56
506-105	516.00286				Pozmix A	3848	LB			0.74	284.75
506-121	516.00259				Gel 2%	4	sk				N/c
507-210	890.50071				Flocele 3/4# /360sk	90	LB			1.65	148.50
509-406	890.50812				Calcium Chloride 2%/360sk	7	sk			36.75	257.25
					SERVICE CHARGE			CUBIC FEET			
500-207								380		1.35	513.00
500-306						MILEAGE CHARGE	TOTAL WEIGHT	LOADED MILES	TON MILES		
							33,789	29	489.955	95	465.46

ORIGINAL

No. B 262646

CONTINUATION TOTAL 4693.52