

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: PANHANDLE EASTERN PIPELINE 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

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 PBDT
 Commingled Docket No. _____
 Dual Completion Docket No. _____
 Other (SWD or Inj?) Docket No. _____

7/30/94 8/2/94 10/26/94
Spud Date Date Reached TD Completion Date

API NO. 15- 129-21,297 **ORIGINAL**

County MORTON

NW - NW - SE - SE Sec. 31 Twp. 33S Rge. 40 X E W

1250 Feet from S/X (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 KNELLER "J" Well # 1H

Field Name HUGOTON

Producing Formation KRIDER/WINFIELD (CHASE)

Elevation: Ground 3339.6 KB --

Total Depth 2570 PBDT 2500

Amount of Surface Pipe Set and Cemented at 552 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 cmt.

Drilling Fluid Management Plan ALT 1 894 8-24-95
(Data must be collected from the Reserve Pit)

Chloride content 77,797 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 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

Title SR. TECHNICAL ASSISTANT Date 11/8/94

Subscribed and sworn to before me this 8th day of November 19 94.

Notary Public Cheeryl 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)

STATE OF KANSAS
NOV 15 1994
OIL & GAS DIVISION
WICHITA, KANSAS

Operator Name ANADARKO PETROLEUM CORPORATION Lease Name KNELLER "J" Well # 1H

Sec. 31 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:

Name	Top	Datum
B. CIMARRON	1550	
KRIDER SS	2304	
KRIDER LS	2327	
ODELL	2352	
WINFIELD	2375	
TOWANDA	2440	
FT. RILEY	2501	

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	552	75/25 POZMIX/ CLASS H	210/150	2%CC, 1/4#SX FLOC 2%CC, 1/4#SX FLOC
PRODUCTION	7 7/8	5 1/2	15.5	2556	CLASS C/ CLASS C	165/40	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	2376-86, 2308-18	SPEARHEAD W/750 GALS 15% FE HCL, FRAC W/40,000 GALS 45# LINEAR GELLED 2% KCL WTR & 124,000# 16/30 SD(6# SD W/PROP-LOCK) 2308-2386

TUBING RECORD Size 2 3/8 Set At 2386 Packer At _____ Liner Run Yes No

Date of First, Resumed Production, SWD or Inj. 10/24/94 Producing Method Flowing Pumping Gas Lift Other (Explain)

Estimated Production Per 24 Hours Oil -- Bbls. Gas 255 Mcf Water 9 Bbls. 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 2308-2386 Production Interval Other (Specify) _____



HALLIBURTON

ORIGINAL

DATE 7-31-94 PAGE NO. 1

JOB LOG FORM 2013 R-4

CUSTOMER Anadarko Pet. WELL NO. 1-H LEASE Kneller "J" JOB TYPE 010 TICKET NO. 634914

CHART NO.	TIME	RATE (BPM)	VOLUME (BBB) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	01:00							Call out Ready Now
	03:30							ON hoc Rig Broke Down wait on Pump.
	06:45							Start 8 3/8 CSG in Hole
	07:30							Wash Down 20' or 8 3/8 TD CSG Cir w Rig Pump
	08:40	3	5			180		5 bbl H ₂ O
		6				"		210 ^{sk} 75-25 Poz "H"
		"	45.2			"		
	08:50	"				100		150 ^{sk} "H"
		"	28.3			"		
	08:57	-	-			-		Step Drop 5-w Plug
	08:58	5 1/2						Displ w H ₂ O
	09:10	2	23			420		lost Cir
		/	33			429		Plug Down float Holding
								Order 1" Pipe d 100 ^{sk} "H" To Top out.
	12:00	1						1" w 40 PD
	12:30	"	14.7					70 ^{sk} "H" at 15.6 lb/gal Pump 7 bbls To Pit

Thank You Tim

7-31-94 634914



JOB SUMMARY

HALLIBURTON DIVISION
HALLIBURTON LOCATION

Mid Cont.
Liberal Ks

BILLED ON TICKET NO. 634914

WELL DATA
FIELD _____ SEC 315 TWP. 33 RNG. 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 Spud MUD WT. _____
PACKER TYPE _____ SET AT _____
BOTTOM HOLE TEMP. _____ PRESSURE _____
MISC. DATA _____ TOTAL DEPTH 556

	NEW USED	WEIGHT	SIZE	FROM	TO	MAXIMUM PSI ALLOWABLE
CASING	N	24	8 7/8	KB	552	1500
LINER						
TUBING						
OPEN HOLE			12 1/4	GL	556	SHOTS/FT.
PERFORATIONS						
PERFORATIONS						
PERFORATIONS						

TOOLS AND ACCESSORIES

TYPE AND SIZE	QTY.	MAKE
FLOAT COLLAR		
FLOAT SHOE		
GUIDE SHOE		
CENTRALIZERS		
BOTTOM PLUG		
TOP PLUG <u>5-W</u>		
HEAD <u>QCPC</u>	<u>8 5/8</u>	<u>HES</u>
PACKER		
OTHER		

JOB DATA

CALLED OUT	ON LOCATION	JOB STARTED	JOB COMPLETED
DATE <u>7-31-94</u>	DATE <u>7-31-94</u>	DATE <u>7-31-94</u>	DATE <u>7-31-94</u>
TIME <u>01:00</u>	TIME <u>03:30</u>	TIME <u>07:30</u>	TIME <u>13:00</u>

PERSONNEL AND SERVICE UNITS

NAME	UNIT NO. & TYPE	LOCATION
<u>T Bohannon</u>	<u>40076 P.U.</u>	<u>Liberal Ks</u>
<u>S Tate</u>	<u>52823 P.</u>	<u>" "</u>
<u>J Adair</u>	<u>4449 B</u>	<u>Hugoton Ks</u>
<u>R Garrison</u>	<u>7649 B</u>	<u>" "</u>
	<u>50866 B</u>	
	<u>75505 B</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 5001
DESCRIPTION OF JOB 010
JOB DONE THRU: TUBING CASING ANNULUS TBG./ANN.
CUSTOMER REPRESENTATIVE X Job Shop
HALLIBURTON OPERATOR Tim Bohannon COPIES REQUESTED _____

CEMENT DATA

STAGE	NUMBER OF SACKS	CEMENT	BRAND	BULK SACKED	ADDITIVES	YIELD CU.FT./SK.	MIXED LBS./GAL.
<u>1</u>	<u>210</u>	<u>7 1/2 25 P02</u>	<u>H</u>		<u>2% Total Gd, 2% cc, 1/4" flocc</u>	<u>1.21</u>	<u>15.3</u>
<u>2</u>	<u>150</u>	<u>Prem</u>			<u>2% cc, 1/4" flocc</u>	<u>1.06</u>	<u>16.4</u>
<u>4</u>	<u>100</u>	<u>Prem</u>			<u>Next</u>	<u>1.18</u>	<u>15.6</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 43 REASON Shoe ST

SUMMARY
PRESLUSH: BBL.-GAL. _____ TYPE _____
LOAD & BKDN: BBL.-GAL. _____ PAD: BBL.-GAL. _____
TREATMENT: BBL.-GAL. _____ DISP.: BBL.-GAL. 33.2
CEMENT SLURRY: BBL.-GAL. 45.2 + 28.2
TOTAL VOLUME: BBL.-GAL. _____
REMARKS
1" Pipe 100 sk H Top-out
NO. 100 INJECTION
7-31-94

CUSTOMER: Anadarko Pct. Corp.
LEASE: Kneller "3"
WELL NO.: 1-H
JOB TYPE: 010
DATE: 7-31-94



CHARGE TO: Am. Archo Petroleum Corp.
 ADDRESS _____
 CITY, STATE, ZIP CODE _____

COPY _____
 TICKET No. 634914-5
 PAGE 1 OF 1

FORM 1906 R-13

SERVICE LOCATIONS 1. <u>22540 bbls</u>	WELL/PROJECT NO. <u>Y 1 H</u>	LEASE <u>Kneller "J"</u>	COUNTY/PARISH <u>Houston</u>	STATE <u>TX</u>	CITY/OFFSHORE LOCATION	DATE <u>7-31-94</u>	OWNER <u>Samc</u>
2. <u>22540 Hydro</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>Morgenson</u>	RIG NAME/NO. <u>Morgenson</u>	SHIPPED <u>YES</u>	DELIVERED TO <u>Waf Kalkas</u>	ORDER NO.
3.	WELL TYPE	WELL CATEGORY	JOB PURPOSE <u>010</u>	WELL PERMIT NO.	WELL LOCATION <u>313-33-40</u>		
4.	REFERRAL LOCATION	INVOICE INSTRUCTIONS					

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.	U/M	QTY.	U/M	UNIT PRICE	AMOUNT
		LOC	ACCT	DF							
001-117	ORIGINAL	1			MILEAGE	44	mi	1	FA	2.75	126
001-016		1			Pump Charge	552	FT	6	hr		890
030-018		1			5-w Plug	3 3/8	in	1	FA		130
011-205		1			Pump Charge 1" Top-out	500	hrs	1			860
019-200		1			1" Tubing						N/A

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 [Signature]</u>	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 <u>2,000</u> FROM CONTINUATION PAGE(S) <u>107</u> SUB-TOTAL APPLICABLE TAXES WILL BE ADDED ON INVOICE
	TYPE LOCK	DEPTH	OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN?	<input checked="" type="checkbox"/>	
	BEAN SIZE	SPACERS	WE UNDERSTOOD AND MET YOUR NEEDS?	<input checked="" type="checkbox"/>	
	TYPE OF EQUALIZING SUB.	CASING PRESSURE	OUR SERVICE WAS PERFORMED WITHOUT DELAY?	<input checked="" type="checkbox"/>	
DATE SIGNED <u>7-31-94</u>	TIME SIGNED <u>03:30</u>	<input checked="" type="checkbox"/> A.M. <input type="checkbox"/> P.M.	TUBING SIZE	TUBING PRESSURE	WELL DEPTH
<input type="checkbox"/> do <input type="checkbox"/> do not require IPC (Instrument Protection). <input type="checkbox"/> Not offered		TREE CONNECTION	TYPE VALVE		WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY? <input checked="" 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>[Signature]</u>	CUSTOMER OR CUSTOMER'S AGENT (SIGNATURE) <u>X [Signature]</u>	HALLIBURTON OPERATOR/ENGINEER <u>Tim Bohannon</u>	EMP # <u>87748</u>	HALLIBURTON APPROVAL
-------------------------------------------------------------------	------------------------------------------------------------------	------------------------------------------------------	-----------------------	----------------------



JOB LOG HAL-2013-C

DATE 8-3-94 PAGE NO. 1

CUSTOMER ANADARKO WELL NO. J 1 H LEASE KNELLER JOB TYPE 5 1/2" Longstring TICKET NO. 635152

Table with columns: CHART NO., TIME, RATE (BPM), VOLUME (BBL)(GAL), PUMPS (T, C), PRESSURE (PSI) (TUBING, CASING), DESCRIPTION OF OPERATION AND MATERIALS. Includes handwritten entries for operations like 'START CASING', 'START LEAD CMT', 'START TAXL CMT', and 'Job Complete'.

Thank You For
Calling Halliburton
Robert & crew



JOB SUMMARY

HALLIBURTON DIVISION MRO CONT
 HALLIBURTON LOCATION LIBERAL KS

BILLED ON TICKET NO. 635152

Leslie B

WELL DATA

FIELD _____ SEC. 31 TWP. 33 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	N	15.5	5 1/2	R.B.	2556	
LINER						
TUBING						
OPEN HOLE			7 7/8	G.C.	2570	SHOTS/FT.
PERFORATIONS						
PERFORATIONS						
PERFORATIONS						

JOB DATA

TOOLS AND ACCESSORIES

TYPE AND SIZE	QTY.	MAKE
FLOAT COLLAR <u>Joint 4/FLL</u>	<u>1</u>	<u>H</u>
FLOAT SHOE		<u>0</u>
GUIDE SHOE	<u>1</u>	<u>W</u>
CENTRALIZERS <u>S-4</u>	<u>14</u>	<u>C</u>
BOTTOM PLUG		<u>H 0</u>
TOP PLUG <u>5-WIPER</u>	<u>1</u>	<u>0</u>
HEAD <u>O.C.P.C.</u>	<u>1</u>	<u>W</u>
PACKER		<u>C</u>
OTHER		<u>0</u>

CALLLED OUT	ON LOCATION	JOB STARTED	JOB COMPLETED
DATE <u>8-3-94</u>	DATE <u>8:3-94</u>	DATE <u>8-3-94</u>	DATE <u>8-3-94</u>
TIME <u>10:30</u>	TIME <u>13:15</u>	TIME <u>15:45</u>	TIME <u>16:59</u>

PERSONNEL AND SERVICE UNITS

NAME	UNIT NO. & TYPE	LOCATION
<u>R. Elwood</u>	<u>40075</u>	
<u>D. NEEBART</u>	<u>O. 4360 P. 12</u>	<u>LIBERAL Ks</u>
<u>E. 1591</u>	<u>52958</u>	"
<u>G. McIntyre</u>	<u>7848 (A)</u>	"
<u>G. 3755</u>	<u>50866</u>	
<u>GHOST</u>	<u>75505 (B)</u>	<u>Hugoton Ks</u>
<u>?????</u>	<u>3625</u>	"
	<u>5302 (B)</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 CMT
 DESCRIPTION OF JOB 5 1/2 Longstring
 JOB DONE THRU: TUBING CASING ANNULUS TBG./ANN.
 CUSTOMER REPRESENTATIVE X Joe Sh...
 HALLIBURTON OPERATOR Robert Elwood COPIES REQUESTED _____

CEMENT DATA

STAGE	NUMBER OF SACKS	CEMENT	BRAND	BULK SACKED	ADDITIVES	YIELD CU.FT./SK.	MIXED LBS./GAL.
	<u>165</u>	<u>C</u>	<u>C</u>	<u>B</u>	<u>20% Dincel D., 2% C.C., 1/4" / SK Flo.</u>	<u>2.6</u>	<u>12</u>
	<u>40</u>	<u>C</u>	<u>C</u>	<u>B</u>	<u>10% Dincel D., 2% C.C., 1/4" / SK Flo</u>	<u>2.09</u>	<u>13</u>

PRESSURES IN PSI

SUMMARY

VOLUMES

CIRCULATING _____ DISPLACEMENT _____ PRESFLUSH (BBL) GAL. 10, 30, 10 TYPE 22 BBL, M.F., 23 BBL
 BREAKDOWN _____ MAXIMUM _____ LOAD & BKDN: BBL-GAL. _____ PAD: BBL-GAL. _____
 AVERAGE _____ FRACTURE GRADIENT _____ TREATMENT: BBL-GAL. _____ DISPL (BBL) GAL. 60.1
 SHUT-IN: INSTANT _____ 5-MIN _____ 15-MIN _____ CEMENT SLURRY (BBL) GAL. 76.5 + 14.9
 HYDRAULIC HORSEPOWER _____ TOTAL VOLUME: BBL-GAL. _____
 ORDERED _____ AVAILABLE _____ USED _____ REMARKS _____
 AVERAGE RATES IN BPM _____
 TREATING _____ DISPL. _____ OVERALL _____
 CEMENT LEFT IN PIPE _____
 FEET 41 REASON SHOE Joint

CUSTOMER Ambarro
 LEASE KARLEEN
 WELL NO. 511 H
 JOB TYPE 5 1/2 Longstring
 DATE 8-3-94



HALLIBURTON

HALLIBURTON ENERGY SERVICES

FORM 1806 R-13

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

COPY: _____
 No. **635152 - 1**
 TICKET: **635152 - 1**
 PAGE 1 OF 2

SERVICE LOCATIONS 1. 025540 Leberal	WELL/PROJECT NO. JH	LEASE KNELLER	COUNTY/PARISH MORTON	STATE Ks	CITY/OFFSHORE LOCATION	DATE 8-3-94	OWNER SAME
2. 025535 Hugoton	TICKET TYPE <input checked="" type="checkbox"/> SERVICE <input type="checkbox"/> SALES	NITROGEN JOB? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	CONTRACTOR ABRSEMAN	RIG NAME/NO.	SHIPPED VIA HES	DELIVERED TO LOCATION	ORDER NO.
3.	WELL TYPE	WELL CATEGORY	JOB PURPOSE	WELL PERMIT NO.	WELL LOCATION		
4.	02	01	035				
REFERRAL LOCATION	INVOICE INSTRUCTIONS						

PRICE REFERENCE	SECONDARY REFERENCE / PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.		UNIT		PRICE	AMOUNT
		LOC	ACCT	DF			U/M				
000-117					MILEAGE	1	U	108	M	2.75	297.00
001-016					Pump Charge	6	HR	2556	FT		1455
030-016					5-WIPER TOP P129	5 1/2	IN	1	EA		60.00
12A	825.205				COUPE SHOES	5 1/2	IN	1	EA		121.00
24A	815.19251				INSERT FLAT	5 1/2	IN	1	EA		110.00
27	815.19311				FILL ASSEMBLY	5 1/2	IN	1	EA		55.00
40	806.60022				CENTRALIZERS	5 1/2	IN	14	EA	44.00	616.00
314-163					CIA FEA II	1	QAL	2	EA	24.00	48.00
018-315					M.F.	1	QAL	1260	EA	65	819.00

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: _____ 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 3,581.00 FROM CONTINUATION PAGE(S) 4,636.50 SUB-TOTAL APPLICABLE TAXES WILL BE ADDED ON INVOICE 8,217.50
	TYPE LOCK	DEPTH	OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN?	<input checked="" type="checkbox"/>	
	BEAN SIZE	SPACERS	WE UNDERSTOOD AND MET YOUR NEEDS?	<input checked="" type="checkbox"/>	
	TYPE OF EQUALIZING SUB.	CASING PRESSURE	OUR SERVICE WAS PERFORMED WITHOUT DELAY?	<input checked="" type="checkbox"/>	
	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"/> 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) Joel Shilling	CUSTOMER OR CUSTOMER'S AGENT (SIGNATURE) [Signature]	HALLIBURTON OPERATOR/ENGINEER Roger Shwood	EMP # P. 4360	HALLIBURTON APPROVAL
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CUSTOMER APC

WELL Kneller

DATE 8-3-94

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PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.		U/M		UNIT PRICE	AMOUNT	
		LOC	ACCT	DF								
504-050	516.00265				Premium Plus Cement	205		sk		10.36	2123.80	
507-210	890.500.71				Flocele 3/4"/205sk	51		lb		1.65	84.15	
509-406	890.50812				Calcium Chloride 2%/205sk	4		sk		36.75	147.00	
500-959	70.15524 x890789077x				Diacel D 20%/165sk/10%/40sk	3478		lb		42	1460.76	
500-207					SERVICE CHARGE				CUBIC FEET	421	1.35	568.35
500-306					MILEAGE CHARGE				TON MILES	265.73	.95	252.44
					TOTAL WEIGHT							
					23,107							
					LOADED MILES							
					23							

ORIGINAL