

MUST BE TYPED

SIDE ONE

ORIGINAL

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

Operator: License # 30129

Name: Eagle Creek Corporation

Address 107 No. Market #509

Wichita, Kansas 67202

City/State/Zip Wichita, Kansas 67202

Purchaser: Centanna Gas Gathering,

& Farmland Industries,

Operator Contact Person: William D. Harrison

Phone (316) 264-8044

Contractor: Name: Abercrombie RTD Inc.

License: 30684

Wellsite Geologist: David Callewaert

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. _____

8/17/94 9/6/94 9/19/94
Spud Date Date Reached TD Completion Date

API NO. 15- 119-20924-0000

County Meade

-W/2-NW-SE Sec. 22 Twp. 32 Rge. 30 W⁴

1980 Feet from (circle one) Line of Section

2310 Feet from (circle one) Line of Section

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

Lease Name Fox #1-22 Well # 1-22

Field Name Wildcat

Producing Formation Morrow Sand

Elevation: Ground 2746 xa 2751

Total Depth 6103 PBTB 6022

Amount of Surface Pipe Set and Cemented at 1627 Feet

Multiple Stage Cementing Collar Used? Yes No

If yes, show depth set n/a Feet

If Alternate II completion, cement circulated from _____

feet depth to _____ w/ _____ sx cat.

Drilling Fluid Management Plan ALT 1 JH 3-1-96
(Data must be collected from the Reserve Pit)

Chloride content 1,000 ppm Fluid volume 500 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. _____

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 William D. Harrison

Title President Date 4/6/95

Subscribed and sworn to before me this 6th day of APRIL, 19 95.
STATE CORPORATION COMMISSION

Notary Public David L. Callewaert

Date Commission Expires 6/27/97

RECEIVED
APR - 7 1995
4-7-95
CONSERVATION DIVISION
WICHITA, KANSAS

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 Eagle Creek Corporation Lease Name Fox Well # 1-2E
 Sec. 22 Twp. 32 Rge. 30 East West
 County Meade

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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Log	Formation (Top), Depth and Datum	<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	Wreford	2987	[-236]
Electric Log Run (Submit Copy.)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Lansing	4478	[-1727]
List All E.Logs Run:		Marmaton	5089	[-2338]
Dual Induction		Cherokee Sh.	5232	[-2481]
Neutron/Density Porosity		Morrow Shale	5536	[-2785]
Sonic		Morrow Sand	5539	[-2788]
Microlog		Chester Lime	5571	[-2820]
		Saint Gen.	5830	[-3079]
		Saint Louis	5936	[-3185]

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
Conductor	24"	20"	n/a	56'	Ready mix	7yds	none
Surface	12.25"	8.625"	24#	1627	Premium Lt Premium Ft	585 100	3% cc & Flose 2% cc
Production	7.875"	4.5"	10.5	6067	Supreme	250	EA-2 8% HALAD-322 1% CaCl ₂

ADDITIONAL CEMENTING/SQUEEZE RECORD					
Purpose:	Depth		Type of Cement	#Sacks Used	Type and Percent Additives
	Top	Bottom			
<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	5540-5544		natural	

TUBING RECORD	Size 2.375	Set At 5544	Packer At none	Liner Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Date of First, Resumed Production, SWD or Inj. 1/2/95	Producing Method <input checked="" type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)
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Estimated Production Per 24 Hours	Oil	Bbls. 3.48	Gas	Mcf 600MCF	Water	Bbls. 3.48	Gas-Oil Ratio	Gravity 37
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Disposition of Gas:	<input type="checkbox"/> Vented <input checked="" type="checkbox"/> Sold <input type="checkbox"/> Used on Lease (If vented, submit ACO-18.)	METHOD OF COMPLETION	Production Interval
		<input type="checkbox"/> Open Hole <input checked="" type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <input type="checkbox"/> Other (Specify) _____	5540-5544

ORIGINAL

RPI#15-119-20924

DST #1 5153'-5234', 30-30 30-30, WEAK BLOW DIED IN 30 MINUTES,

RECOVERED 90' MUD, SIP 465-250, IFP 102-90, FFP 147-102, TEMP 128°

DST #2, 5523'-5551', 30-60 75-150, GAS TO SURFACE IN 30 SECONDS:

<u>FIRST FLOW PERIOD</u>		<u>SECOND FLOW PERIOD</u>	
<u>MINUTES</u>	<u>CF</u>	<u>MINUTES</u>	<u>CF</u>
10	3,871,000	10	3,871,000
4,468,000			50
20	4,946,000	20	4,946,000
4,468,000			60
30	4,707,000	30	4,707,000
4,349,000			70
		40	4,827,000
4,349,000			75

RECOVERED 120' CLEAN OIL, 100' SALT WATER, SIP 1830-1797, IFP 1345-1291, FFP 1280-1216 TEMP 130°

DST #3, 5523'-5551' 30-60 75-150, GAS TO SURFACE I MINUTE:

<u>MINUTES</u>	<u>CF</u>	<u>MINUTES</u>	<u>CF</u>
10	3,752,000	10	3,871,000
4,051,000			50
20	4,110,000	20	4,230,000
3,811,000			60
30	3,991,000	30	4,230,000
3,991,000			70
		40	4,051,000
3,991,000			75

RECOVERED 90' CLEAN OIL, 110' GASSY SALTWATER, SIP 1797-1776, IFP 1237-1216 FFP 1205-1162, TEMP. 120°

DST#4 5564-5641, 30-60 75-120, STRONG BLOW OFF BOTTOM OF BUCKET 2 MINUTES, GAS TO SURFACE 50 MINUTES IN SECOND FLOW PERIOD GAUGED 2 MCF GAS, RECOVERED 100' GAS CUT MUD, SIP 756-812, IFP 147-125, FFP 136-136.

RECEIVED
STATE CORPORATION COMMISSION

APR - 7 1995

CONSERVATION DIVISION
WICHITA, KANSAS



CHARGE TO: **EAGLE CREEK Corp.**
 ADDRESS: **105 N. MARKET SUITE 509**
 CITY, STATE, ZIP CODE: **WICHITA Ks. 67202**

TICKET No. **635108 - 1**
 PAGE 1 OF 2

FORM 1906 R-13

1. SERVICE LOCATIONS LIBERAL Ks. 025540	WELL/PROJECT NO. 1-22	LEASE FOX	COUNTY/PARISH MEADE	STATE Ks.	CITY/OFFSHORE LOCATION	DATE 8-23-94	OWNER SARNE
2. Hugoton Ks. 025535	TICKET TYPE <input checked="" type="checkbox"/> SERVICE	NITROGEN JOB? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	CONTRACTOR ABERCOMBIE DRUS.	RIG NAME/NO. ABERCOMBIE 5#	SHIPPED P.U.	DELIVERED TO LOCATION S/ PLAINS	ORDER NO.
3.	<input type="checkbox"/> SALES		WELL TYPE 01	WELL CATEGORY 01	JOB PURPOSE 010	WELL PERMIT NO.	WELL LOCATION 22-325-30W
4. REFERRAL LOCATION	INVOICE INSTRUCTIONS						

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.		U/M.		UNIT PRICE	AMOUNT
		LOC	ACCT	DF							
					MILEAGE	30	mi	1	UNIT	2.75	165 -
001-016					Pump CHARGE	1629	FT	6	HR		1320 -
030-016					SW Top PLUG	8 5/8	IN	1	EA		120 -
24A	815.19502				INSERT FLOAT VALVE	"	"	"	"		171 -
27	815.19415				FILL up ASSY.	"	"	"	"		55 -

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 W.C. Craig**

DATE SIGNED: **8-24-94** TIME SIGNED: **0830** 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	WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY?		
TUBING SIZE	TUBING PRESSURE	ARE YOU SATISFIED WITH OUR SERVICE?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
TREE CONNECTION	TYPE VALVE	<input type="checkbox"/> CUSTOMER DID NOT WISH TO RESPOND		

PAGE TOTAL: **1831 -**
 FROM CONTINUATION PAGE(S): **9245 43**
 SUB-TOTAL APPLICABLE TAXES WILL BE ADDED ON INVOICE: **11076 43**

CUSTOMER ACCEPTANCE OF MATERIALS AND SERVICES The customer hereby acknowledges receipt of the materials and services listed on this ticket.

FOR CUSTOMER'S AGENT (PLEASE PRINT): **CRAIG** CUSTOMER OR CUSTOMER'S AGENT (SIGNATURE): **X W.C. Craig** HALLIBURTON OPERATOR/ENGINEER: **Jim Broadway** EMP #: **54604** HALLIBURTON APPROVAL: **JKearns 32%**



TICKET CONTINUATION

ORIGINAL

TICKET No. 635108

HALLIBURTON ENERGY SERVICES

DC 78

FORM 1911 R-10

CUSTOMER Eagle Creek	WELL Fox	DATE 8-23-94	PAGE 2	OF 2
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PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.		U/M		UNIT PRICE	AMOUNT
		LOC	ACCT	DF							
504-043 ⁵⁰	516.002 ²⁶⁵	2			Premium Plus Cement	100	sk			10.36	1036.00
504-120		2			Halliburton Light Cement	585	sk			9.28	5428.80
504-050	516.00265					380					
506-105	516.00286					15151					
506-121	516.00259					31					
507-210	890.50071	2			Flocele 1/4 w/585	150	LB			1.65	247.50
09406	890.50812	2			Calcium Chloride 3%w/585 2%w/100	17	sk			36.75	624.75
					SERVICE CHARGE			CUBIC FEET			
500-207		2						729		1.35	984.15
306		2			MILEAGE CHARGE	TOTAL WEIGHT	LOADED MILES	TON MILES			
						64,858	30	922.87		1.95	924.23
								1716.737			1632.80

RECEIVED
 STATE CORPORATION COMMISSION
 APR - 7 1995
 CONSTRUCTION DIVISION
 WICHITA, KANSAS

ORIGINAL

262809

CONTINUATION TOTAL 9245.43

WELL DATA
FIELD **WILD CAT** SEC **22** TWP **32S** RNG. **30W** COUNTY **MEADE** 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	24	8 5/8	KB	1630	
LINER						
TUBING						
OPEN HOLE			12 1/4	P.B.	1629	SHOTS/FT.
PERFORATIONS						
PERFORATIONS						
PERFORATIONS						

JOB DATA

CALLED OUT	ON LOCATION	JOB STARTED	JOB COMPLETED
DATE 8-23-94	DATE 8-24-94	DATE 8-24-94	DATE 8-24-94
TIME 2230	TIME 0030	TIME 0700	TIME 0830

TOOLS AND ACCESSORIES

TYPE AND SIZE	QTY.	MAKE
FLOOR COLLAR INSERT 8 5/8	1	H
FRAC SHOE Fillup	1	D
GUIDE SHOE		D
CENTRALIZERS		
BOTTOM PLUG		W
TOP PLUG 5W	1	C
HEAD		C
PACKER		
OTHER		D

PERSONNEL AND SERVICE UNITS

NAME	UNIT NO. & TYPE	LOCATION
T. BROADFOOT	D4604 38242	LIBERAL KS.
R. MARTINEZ	G 2731 52947 75496	"
A. HAMILTON	4673 4515	HUGOTON KS.
J. BOOTH	G 3090 4461 5839	"

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 **CMT 8 5/8 SURFACE CSG.**

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

CUSTOMER REPRESENTATIVE **X W.C. Craig**

HALLIBURTON OPERATOR **Jim Broadfoot**

COPIES REQUESTED _____

CEMENT DATA

STAGE	NUMBER OF SACKS	CEMENT	BRAND	BULK SACKED	ADDITIVES	YIELD CU.FT./SK.	MIXED LBS./GAL.
1	585	PREM PLUS LT.		B	3% C.C. - 1/4 #70 CELE	2.1	12.3
1	100	PREM PLUS		B	2% C.C.	1.32	14.8

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 **45** REASON **SHOE JT.**

PRESLUSH: BBL.-GAL. _____ TYPE _____
LOAD & BKDN: BBL.-GAL. _____ PAD: BBL.-GAL. _____
TREATMENT: BBL.-GAL. _____ DISPL BBL.-GAL. **100.8**
CEMENT SLURRY: BBL. GAL. **219 - 23.5**
TOTAL VOLUME: BBL.-GAL. _____

REMARKS

CEMENT TO SURFACE

STATE CORPORATION COMMISSION

APR - 7 1995

#HAL-2013-C

WELL NO. **1-22** LEASE **FOX** JOB TYPE **8 5/8 SURFACE CSG.** TICKET NO. **635108**

WEEK Corp **1-22**

TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
			T	C	TUBING	CASING	
0230							called out READY 0100
0030							ON LOCK CIRCULATING HOLE
0330							START RUNNING CSG.
0500							Hook up to CSG to circulate PIPE DOWN PIPE wouldn't go
0600							Circulation OK UNHOOK RUN PIPE
0630							Hook up HEAD to circulate
0650							Circulation to PIT - SAFETY MEETING
0700							Hook up to CMT LINE
0710	6	219				180	START LEAD CMT 12.3"/GAL
0747	4.7	23.5				180	START TAIL CMT 14.8"/GAL
0752	0	0				0	SHUT DOWN DROP PLUG
0754	4.7	90				0/1100	START DISPLACEMENT H ₂ O
0813	2	100.8				400/1100	SLOW RATE DOWN 100.8 BBL TOTAL
0820						1100	PLUG LANDED - FLOAT DIDN'T HOLD SHUT IN MANIFOLD

ORIGINAL

THANKS FOR CALLING
HALLIBURTON ENERGY SERVICES
LIBERAL KS.
HAVE A GOOD DAY
BROADFOOT - MARTINEZ - HAMILTON
BOOTH

ORIGINAL



REMIT TO:
P.O. BOX 951046
DALLAS, TX 75395-1046

INVOICE

ORIGINAL

INVOICE NO.	DATE
677967	09/05/1994

WELL LEASE NO./PROJECT	WELL/PROJECT LOCATION	STATE	OWNER
FOX 1-22	MEADE	KS	EAGLE CREEK
SERVICE LOCATION	CONTRACTOR	JOB PURPOSE	TICKET DATE
LIBERAL	ABERCROMBIE	CEMENT PRODUCTION CASING	09/05/1994
ACCT. NO.	CUSTOMER AGENT	VENDOR NO.	CUSTOMER P.O. NUMBER
260934	DAVE CALLOUNT		
		COMPANY TRUCK	76380

DIRECT CORRESPONDENCE TO:

EAGLE CREEK CORPORATION
107 N. MARKET, SUITE 509
WICHITA, KS. 67202.

OKLAHOMA TOWER
210 WEST PARK AVENUE
SUITE 2000
OKLAHOMA CITY, OK 73102-5601

REFERENCE NO.	DESCRIPTION	QUANTITY	UNIT PRICE	AMOUNT
	*-KANSAS STATE SALES TAX			308.91
	*-SEWARD COUNTY SALES TAX			63.06

ENTERED

VEN. NO. _____ WELL # 11920
 ACCT. # 73550 AMT. 8376.27
 ACCT. # _____ AMT. _____
 ACCT. # _____ AMT. _____
 ACCT. # _____ AMT. _____

P A I D
9/15/94 5775

INVOICE TOTAL - PLEASE PAY THIS AMOUNT =====> \$8,376.27

TERMS: If Customer does not have an approved open account with Halliburton, all sums due are payable in cash at the time of performance of services or delivery of equipment, products or materials. If customer has an approved open account, invoices are payable on the twentieth day after date of invoice. Customer agrees to pay interest on any unpaid balance from the date payable until paid at the highest lawful contract rate applicable, but never to exceed 18% per annum. In the event Halliburton employs an attorney for collection of any account, Customer



HALLIBURTON

ORIGINAL

REMIT TO:

P.O. BOX 751014
DALLAS, TEXAS 75275

VOICE

INVOICE NO. 100	DATE 09/05/74
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WELL LEASE NO./PROJECT	WELL/PROJECT LOCATION	STATE	OWNER
74-1-25	FLUOR	KS	PAUL S. LEE
SERVICE LOCATION	CONTRACTOR	JOB PURPOSE	TICKET DATE
	ABERCROMBIE	CEMENT PRODUCTION CASING	09/05/1974
ACCT. NO.	CUSTOMER AGENT	VENDOR NO.	CUSTOMER P.O. NUMBER
134	DAVE CALLENT		
			SHIPPED VIA
			DISPATCH
			FILE NO.
			75201

DIRECT CORRESPONDENCE TO:

INGLE BREEK CORPORATION
107 N. MARKET, SUITE 509
ULSHITA, KS 67202

OKLAHOMA TOWER
210 WEST PARK AVENUE
SUITE 2000
OKLAHOMA CITY, OK 73101

REFERENCE NO.	DESCRIPTION	QUANTITY	UNIT	UNIT PRICE	AMOUNT
00-117	TRIP AREA - MID CONTINENT MILEAGE CEMENTING ROUND TRIP	1.5 MI		2.00	10.00
00-01A	CEMENTING CASING	2061 FT	1 UNT	2,070.00	2,070.00
00-01b	CEMENTING FLUG SW ALUM TOP	4 1/2 IN	1 EA	45.00	45.00
00-317	SUPER FLUGH	27 SK	1 EA	100.00	2,700.00
00-318	FLUG UNIT - 4 1/2" 8' 1/2" HGT	1 EA		95.00	95.00
00-319	INSERT FLUG VALVE - 4 1/2" 8' 1/2" HGT	1 EA		73.00	73.00
00-320	FILL-UP UNIT 4 1/2"-5"	1 EA		45.00	45.00
00-321	CENTRALIZER-TURBO-4-1/2 X 7-7/8	3 EA		57.00	171.00
00-322	CEMENT BASKET-4-1/2 X 7-7/8	1 EA		105.00	105.00
00-323	CASING SWIVEL W/O WALL CLEANER	1 JJB		185.00	185.00
00-324	CLAYFIX II	9 GAL		24.00	216.00
00-325	CEMENT - PREMIUM	275 SK		19.63	2,930.50
00-326	KALAB-312	194 LB		7.00	1,358.00
00-327	CAL SEAL 60	10 SK		25.90	259.00
00-328	ANHYDROUS CALCIUM CHLORIDE	3 SK		38.75	116.25
00-329	SALT	152 LB		1.00	152.00
00-330	BULK SERVICE CHARGE	232 CFT		1.35	313.20
00-331	FLUG UNIT MAT DEL SR PREMIUM	249 1/2 LB		1.00	249.50
	INVOICE NET TOTAL				11,771.70
	DISCOUNT-(0.00)				0.00
	INVOICE BID AMOUNT				11,771.70

***** CONTINUE ON REVERSE PAGE *****

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JOB SUMMARY

HALLIBURTON DIVISION Mid-Continent
 HALLIBURTON LOCATION Liberal

BILLED ON TICKET NO. 677967

WELL DATA

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 _____

SEC. _____ TWP. _____ RNG. _____ COUNTY Meade STATE Kansas

	NEW USED	WEIGHT	SIZE	FROM	TO	MAXIMUM PSI ALLOWABLE
CASING	<u>2</u>	<u>10.5</u>	<u>4 1/2</u>	<u>0</u>	<u>6061</u>	
LINER						
TUBING						
OPEN HOLE						SHOTS/FT.
PERFORATIONS						
PERFORATIONS						
PERFORATIONS						

JOB DATA

CALLED OUT	ON LOCATION	JOB STARTED	JOB COMPLETED
DATE <u>9-5-94</u>	DATE <u>9-5-94</u>	DATE <u>9-6-94</u>	DATE <u>9-6-94</u>
TIME <u>15:00</u>	TIME <u>17:20</u>	TIME <u>01:45</u>	TIME <u>02:30</u>

PERSONNEL AND SERVICE UNITS

NAME	UNIT NO. & TYPE	LOCATION
<u>K. Boone</u>	<u>4784</u>	<u>Liberal</u>
<u>D. Neifert</u>	<u>E1591</u>	<u>"</u>
<u>D. McIntyre</u>	<u>D9704</u>	<u>Hugoton</u>

TOOLS AND ACCESSORIES

TYPE AND SIZE	QTY.	MAKE
FLOAT COLLAR		
FLOAT SHOE		
GUIDE SHOE <u>Rg 4 1/2</u>	<u>1</u>	<u>Hallib</u>
CENTRALIZERS <u>Rm 4 1/2</u>	<u>8</u>	
BOTTOM PLUG		
TOP PLUG <u>SW 4 1/2</u>		
HEAD <u>Robot, 4 1/2</u>	<u>1</u>	
PACKER		
OTHER <u>insert FH</u>	<u>1</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 6061' of 4 1/2 casing
 JOB DONE THRU: TUBING CASING ANNULUS TBG./ANN.

CUSTOMER REPRESENTATIVE X [Signature]
 HALLIBURTON OPERATOR K. Boone COPIES REQUESTED _____

CEMENT DATA

STAGE	NUMBER OF SACKS	CEMENT	BRAND	BULK SACKED	ADDITIVES	YIELD CU.FT./SK.	MIXED LBS./GAL.
	<u>225</u>	<u>Expand P</u>		<u>6</u>	<u>7 1/2 EA-2, 15 1/2 Salt, 1 1/2 CC, 75 1/2 Halam-522</u>	<u>1.30</u>	<u>15.8</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 45 REASON shoe joint

SUMMARY

PRESLUSH: BBL. 20 TYPE Super Flush
 LOAD & BKDN: BBL.-GAL. _____ PAD: BBL.-GAL. _____
 TREATMENT: BBL.-GAL. _____ DISPL: BBL.-GAL. 95.6
 CEMENT SLURRY: BBL.-GAL. 63
 TOTAL VOLUME: BBL.-GAL. _____

REMARKS

CUSTOMER Eagle Creek
 LEASE Fox
 WELL NO. 1-22
 JOB TYPE 4 1/2 L.S.
 DATE 9-5-94