

FORM MUST BE TYPED

SIDE ONE

ORIGINAL

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

Operator: License # 5447

Name: OXY USA Inc.

Address P. O. Box 26100

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

Purchaser: Enron

Operator Contact Person: Jerry Ledlow

Phone (405) 749-2309

Contractor: Name: _____

License: _____

Wellsite Geologist: _____

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: OXY USA Inc. (Formerly Cabot Oil & Gas)

Well Name: Longcor B #2 (Boles Trust 2-18)

Comp. Date 3/19 Old Total Depth 5800

Deepening Re-perf. Conv. to Inj/SWD
 Plug Back 2733 PBDT
 Commingled Docket No. _____
 Dual Completion Docket No. _____
 Other (SWD or Inj?) Docket No. _____

NO 11/13/93 5/7/94
~~Start~~ Date Date Reached TD Completion Date of **WORKOVER**

API NO. 175-21302 0001

County Seward

 - C - NE - SE Sec. 18 Twp. 32 Rge. 33 X W E

1980 Feet from S/X (circle one) Line of Section

660 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 Longcor B Well # 2

Field Name Hugoton

Producing Formation Chase

Elevation: Ground 2711 KB 2722

Total Depth 5800 PBDT 2733

Amount of Surface Pipe Set and Cemented at _____ 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 REWORK JH 9-22-94
(Data must be collected from the Reserve Pit)

Chloride content _____ ppm Fluid volume _____ 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 [Signature]

Title STATE AWACOST Date 5/12/94

Subscribed and sworn to before me this 12th day of May, 1994.

Notary Public Sammy Padilla

Date Commission Expires 8-21-96

K.C.C. OFFICE USE ONLY		
F	<input checked="" type="checkbox"/>	Letter of Confidentiality Attached
C	<input checked="" type="checkbox"/>	Wireline Log Received
C	<input type="checkbox"/>	Geologist Report Received
Distribution		
<input checked="" type="checkbox"/>	KCC	<input type="checkbox"/> SWD/Rep
<input type="checkbox"/>	KGS	<input type="checkbox"/> Plug
<input type="checkbox"/>		<input type="checkbox"/> NGPA
<input type="checkbox"/>		<input type="checkbox"/> Other
(Specify)		

RECEIVED
STATE CORPORATION C

Form ACO-1 (7-91)

MAY 16 1994

5-16-94

CONSERVATION DIV.
Wichita, Kansas

SIDE TWO

Operator Name OXY USA Inc. Lease Name Longcor B Well # 2

Sec. 18 Twp. 32 Rge. 33 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 (Attach Additional Sheets.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Samples Sent to Geological Survey <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Electric Log Run (Submit Copy.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No List All E.Logs Run: Cement Bond	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datums <input type="checkbox"/> Sample <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Name</th> <th>Top</th> <th>Datum</th> </tr> </thead> <tbody> <tr><td>Hollenberg</td><td>2429</td><td>+ 293</td></tr> <tr><td>Herington</td><td>2456</td><td>+ 266</td></tr> <tr><td>Krider</td><td>2488</td><td>+ 234</td></tr> <tr><td>Winfield</td><td>2538</td><td>+ 184</td></tr> <tr><td>Towanda</td><td>2584</td><td>+ 138</td></tr> <tr><td>Heebner</td><td>3968</td><td>- 1246</td></tr> <tr><td>Toronto</td><td>3987</td><td>- 1265</td></tr> <tr><td>Lansing</td><td>4102</td><td>- 1380</td></tr> <tr><td>Marmaton</td><td>4682</td><td>- 1960</td></tr> <tr><td>Cherokee</td><td>4930</td><td>- 2208</td></tr> <tr><td>Morrow</td><td>5266</td><td>- 2544</td></tr> <tr><td>Chester</td><td>5398</td><td>- 2676</td></tr> <tr><td>Ste. Genevieve</td><td>5540</td><td>- 2818</td></tr> <tr><td>St. Louis</td><td>5622</td><td>- 2900</td></tr> </tbody> </table>	Name	Top	Datum	Hollenberg	2429	+ 293	Herington	2456	+ 266	Krider	2488	+ 234	Winfield	2538	+ 184	Towanda	2584	+ 138	Heebner	3968	- 1246	Toronto	3987	- 1265	Lansing	4102	- 1380	Marmaton	4682	- 1960	Cherokee	4930	- 2208	Morrow	5266	- 2544	Chester	5398	- 2676	Ste. Genevieve	5540	- 2818	St. Louis	5622	- 2900
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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 #	1530'	Class H	725	6% gel 2% CaCl ₂
Production	7 7/8"	5 1/2"	14.5 #	2790'	Class C	460	2% gel 2% CaCl ₂

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 checked="" type="checkbox"/> Plug Back TD <input type="checkbox"/> Plug Off Zone	2705'-3005'	Class H	100	2% CaCl ₂

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type	Acid, Fracture, Shot, Cement Squeeze Record
	Specify Footage of Each Interval Perforated	(Amount and Kind of Material Used) Depth
2	2431-33, 2459-63, 2488-92, 2510-12, 2538-42	Acidized w/3500 gal 7 1/2% FE.
		Frac w/52000 gal gel,
		185,000 # 10/20 sand

TUBING RECORD	Size <u>2 3/8</u>	Set At <u>2574</u>	Packer At	Liner Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date of First, Resumed Production, SWD or Inj.	Producing Method <input type="checkbox"/> Flowing <input checked="" type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)			
1/31/94				
Estimated Production Per 24 Hours	Oil Bbls.	Gas Bbls.	Water Bbls.	Gas-Oil Ratio
2/18/94		18	546	

Disposition of Gas: **METHOD OF COMPLETION** Production Interval 2431- 2542

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

ORIGINAL



WORK ORDER CONTRACT AND PRE-TREATMENT DATA

FORM 1005-7

A Division of Halliburton Company

ATTACH TO INVOICE & TICKET NO. 305071

DISTRICT Liberal, KS DATE 3-17-95

TO: HALLIBURTON SERVICES YOU ARE HEREBY REQUESTED TO FURNISH EQUIPMENT AND SERVICEMEN TO DELIVER AND OPERATE THE SAME AS AN INDEPENDENT CONTRACTOR TO: - 284-USA AND DELIVER AND SELL PRODUCTS, SUPPLIES, AND MATERIALS FOR THE PURPOSE OF SERVICING

WELL NO. B-2 LEASE Langcar SEC TWP RANGE

FIELD Liberal COUNTY Seward STATE KS OWNED BY Same

THE FOLLOWING INFORMATION WAS FURNISHED BY THE CUSTOMER OR HIS AGENT

Table with columns: FORMATION NAME, TYPE, CASING, LINER, TUBING, OPEN HOLE, PERFORATIONS. Includes data for casing weight (16.60), tubing weight (7 3/4), and casing length (3005).

PREVIOUS TREATMENT: DATE TYPE MATERIALS

TREATMENT INSTRUCTIONS: TREAT TUBING [X] ANNULUS [] CASING [] TUBING/ANNULUS [] HYDRAULIC FRACTURE []

Set Plug Back 3005-2705

CUSTOMER OR HIS AGENT WARRANTS THE WELL IS IN PROPER CONDITION TO RECEIVE THE PRODUCTS, SUPPLIES, MATERIALS, AND SERVICES

- As consideration, the above-named Customer agrees: THIS CONTRACT MUST BE SIGNED BEFORE WORK IS COMMENCED. 1) To pay Halliburton in accordance with the terms and conditions... 2) To defend, indemnify, release and hold harmless Halliburton, its divisions, subsidiaries, parents and affiliated companies... 3) The defense, indemnity, release and hold harmless obligations of Customer provided for in this Section b) and Section c) below shall apply to claims or liability even if caused or contributed to by Halliburton...

I HAVE READ AND UNDERSTOOD THE CONTRACT AND REPRESENT THAT I AM AUTHORIZED TO SIGN IN THE NAME OF THE CUSTOMER'S AGENT. Signature: [Handwritten Signature] DATE: 3-17-95

ORIGINAL



JOB SUMMARY

HALLIBURTON DIVISION
HALLIBURTON LOCATION

OKL
Liberal Mo

WELL OR
FOUNTAIN NO. *305071*

WELL DATA

FIELD *N. Liberal* SEC. _____ TRIP _____ WEL _____ COUNTY *Seward* STATE *Mo*

FORMATION NAME _____ TYPE _____

FORMATION THICKNESS FROM _____ TO _____

INITIAL PROD. OIL _____ SPD. WATER _____ SPD. GAS _____ HCFO _____

PRES. PROD. OIL _____ SPD. WATER _____ SPD. GAS _____ HCFO _____

COMPLETION DATE _____ MUD TYPE _____ MUD WT. _____

PACKER TYPE _____ SET AT _____

BOTTOM HOLE TEMP. _____ PRESSURE _____

WELL DATA TOTAL DEPTH _____

	NEW USED	WEIGHT	SIZE	FROM	TO	REMARKS FOR ALLOWANCE
CASING						
LINE						
TUBING	<i>U</i>	<i>16.60</i>	<i>4 1/2</i>	<i>0</i>	<i>3005</i>	
OPEN HOLE		<i>7 3/4</i>			<i>3005</i>	<i>+ INTDPT.</i>
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			

CALLED OUT	ON LOCATION	JOB STARTED	JOB COMPLETED
DATE	DATE	DATE	DATE
TIME	TIME	TIME	TIME
<i>3-17</i>	<i>3-17</i>	<i>3-17</i>	<i>3-17</i>
<i>1200</i>	<i>2000</i>	<i>2202</i>	<i>2230</i>

PERSONNEL AND SERVICE UNITS		
NAME	UNIT NO. & TYPE	LOCATION
<i>Lidomith</i>	<i>C4463</i>	<i>40078 Liberal Mo</i>
<i>L. Williams</i>	<i>C9591</i>	<i>8408</i>
<i>R. McIntyre</i>	<i>09709</i>	<i>5307 Hogstank</i>

MATERIALS			
TREAT. FLUID	DENSITY	CONCENTRATION	REMARKS
DEPL. FLUID			
FRESH TYPE			
PROP. TYPE			
ACID TYPE			
ACID TYPE			
ACID TYPE			
SURFACTANT TYPE			
HE AGENT TYPE			
FLUID LOSS ADD. TYPE			
GELLING AGENT TYPE			
FRC. RED. AGENT TYPE			
BREASER TYPE			
BLOCKING AGENT TYPE			
PIPING BALLS TYPE			
OTHER			

DEPARTMENT *Coat*

DESCRIPTION OF JOB *Plug Back 3005-2705*

JOB REPRESENTATIVE *James T. Mergold*

HALLIBURTON OPERATOR *Smith*

CEMENT DATA

STAGE	NUMBER OF BAGS	COMBT	BRAND	BULK SACKED	ADVERTISE	YIELD CUBIC FT.	WELL LEGEND
	<i>100</i>	<i>Premium</i>		<i>0</i>	<i>22cc</i>	<i>106</i>	<i>16-4</i>

PRESSURES IN PSI		SUMMARY		VOLUMES	
CIRCULATING	DISPLACEMENT	PRESSURE SCL. GAL.	<i>10</i>	TYP.	<i>Water</i>
BREAKDOWN	MARRS	LOAD & BRIDG. SCL. GAL.		PAC. SCL. GAL.	
AVERAGE	FRACTURE GRADIENT	TREATMENT SCL. GAL.		DISPL. SCL. GAL.	<i>328</i>
SHUT-IN INSTANT.	HYDRAULIC HORSEPOWER	CEMENT SLURRY SCL. GAL.	<i>19</i>	TOTAL VOLUMES SCL. GAL.	<i>662</i>
ORDERED	AVAILABLE	USED		REMARKS	<i>See Job Log</i>
TREATING	AVERAGE RATES IN GPM	OVERALL			
FEET	CEMENT LEFT IN PIPE	REASON			

ORIGINAL

HALLIBURTON SERVICES
JOB LOG

WELL NO. B-2 LEASE LONGCOR TICKET NO. 305071
 CUSTOMER Oxy USA PAGE NO. _____
 FORM 2013 R-2 JOB TYPE Plug Back DATE 3-17-83

CHART NO.	TIME	RATE (BPM)	VOLUME (REL.) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	1900							Call-out
	2000							on loc
	2202	5	10			200		Pump Water
	2204	5	19			250		Pump Cement
	2208		3 1/2			50		Pump water
	2210	5				100		Pump Mud
	2217		34					Shut Down - Pull Drill Pipe
	2230							Job Complete

Thank you
 Larry Smith & crew

ORIGINAL



WORK ORDER CONTRACT AND PRE-TREATMENT DATA

FORM 1800 F-7

A Division of Halliburton Company

ATTACH TO INVOICE & TICKET NO. 305021

DISTRICT Liberal Ki

DATE 3-17-93

TO: HALLIBURTON SERVICES YOU ARE HEREBY REQUESTED TO FURNISH EQUIPMENT AND SERVICEMEN TO DELIVER AND OPERATE THE SAME AS AN INDEPENDENT CONTRACTOR TO - OXY-USA AND DELIVER AND SELL PRODUCTS, SUPPLIES, AND MATERIALS FOR THE PURPOSE OF SERVING (CUSTOMER)

WELL NO. B-2 LEASE Langrod SEC TWP RANGE

FIELD All Liberal COUNTY Sevier STATE Ki OWNED BY Same

THE FOLLOWING INFORMATION WAS FURNISHED BY THE CUSTOMER OR HIS AGENT

Table with columns: FORMATION NAME, TYPE, FROM, TO, CASING, LINER, TUBING, OPEN HOLE, PERFORATIONS. Includes handwritten data for Tubing (U, 1660, 4 1/2, 0, 3005) and Open Hole (7 3/4, 3005).

PREVIOUS TREATMENT: DATE TYPE MATERIALS

TREATMENT INSTRUCTIONS: TREAT THROUGH TUBING [X] ANNULUS [] CASING [] TUBING/ANNULUS [] HYDRAULIC FLOPPY POWER CURED

Set Plug Back 3005-2705

CUSTOMER OR HIS AGENT WARRANTS THE WELL IS IN PROPER CONDITION TO RECEIVE THE PRODUCTS, SUPPLIES, MATERIALS, AND SERVICES

As consideration, the above-named Customer agrees: THIS CONTRACT MUST BE SIGNED BEFORE WORK IS COMMENCED.

- 1) To pay Halliburton in accord with the rates and terms stated in Halliburton's current price list. Invoices are payable NET by the 20th of the following month after date of invoice. Upon Customer's payment of Customer's account by the last day of the month following the month in which the invoice is dated, Customer agrees to pay interest thereon after defined at the highest annual interest rate... 2) To obtain, indemnify, release and hold harmless Halliburton, its divisions, subsidiaries, parent and affiliate companies and the officers, directors, employees, agents and servants of all of them from and any claims, liability, expenses, attorney fees and costs of defense to the extent permitted by law for: 1. Damage to property owned by, in the possession of, or leased by Customer, and/or the well owner (if different from Customer), including, but not limited to, surface and subsurface damage... 3) That because of the uncertainty of variable well conditions and the necessity of relying on facts and supporting services furnished by others, Halliburton is unable to guarantee the effectiveness of the treatment or otherwise, nor the results of any treatment or service, nor the accuracy of any chart, log, or other data furnished by Halliburton... 4) That Halliburton warrants only title to the products, supplies and materials and that the same are free from defects in workmanship and materials. THERE ARE NO WARRANTIES, EXPRESS OR IMPLIED OF MERCHANTABILITY, FITNESS OR OTHERWISE WHICH EXTEND BEYOND THOSE STATED IN THE IMMEDIATELY PRECEDING SENTENCE... 5) That Customer shall, at its risk and expense, endeavor to recover any Halliburton equipment, tools or instruments which are lost in the well and if such equipment, tools or instruments are not recovered, it shall pay Halliburton its replacement cost unless such loss is due to the sole negligence of Halliburton... 6) To waive the protection of the Deceptive Trade Practices - Consumer Protection Act, to the extent permitted by law. 7) That this contract shall be governed by the law of the state whose services are performed or materials are furnished. 8) That Halliburton shall not be bound by any changes or modifications in the contract, except where such change or modification is made in writing by a duly authorized executive officer of Halliburton.

I HAVE READ AND UNDERSTAND THIS CONTRACT AND I AGREE THAT I AM AUTHORIZED TO SIGN THE SAME AS CUSTOMER'S AGENT. SIGNED: [Signature] DATE: 3-17-93

ORIGINAL

HALLIBURTON SERVICES **JOB SUMMARY** HALLIBURTON DIVISION OKC
 HALLIBURTON LOCATION Liberal Mo BILLED ON TICKET NO. 305071

WELL DATA

FIELD N Liberal SEC. _____ TRIP _____ AREA _____ COUNTY Seward STATE Mo

FORMATION NAME _____ TYPE _____

FORMATION THICKNESS _____ FROM _____ TO _____

INITIAL PROD. OR _____ SPD. WATER _____ SPD. GAS _____ HCPO _____

PRESIDENT PROD. OR _____ SPD. WATER _____ SPD. GAS _____ HCPO _____

COMPLETION DATE _____ MUD TYPE _____ MUD WT. _____

PACKER TYPE _____ SET AT _____

BOTTOM HOLE TEMP. _____ PRESSURE _____

MISC. DATA _____ TOTAL RETURN _____

ITEM	REQD	WEIGHT	SIZE	FROM	TO	MAXIMUM PSI ALLOWABLE
CASING						
LINE						
TUBING	<u>U</u>	<u>16.60</u>	<u>4 1/2</u>	<u>0</u>	<u>3005</u>	
OPEN HOLE		<u>7 3/4</u>			<u>3005</u>	7 INCHES
PERFORATIONS						
PERFORATIONS						
PERFORATIONS						

JOB DATA

CHANGED OUT	ON LOCATION	JOB STARTED	JOB COMPLETED
DATE <u>3-17</u>	DATE <u>3-17</u>	DATE <u>3-17</u>	DATE <u>3-19</u>
TIME <u>1800</u>	TIME <u>2000</u>	TIME <u>2202</u>	TIME <u>2330</u>

PERSONNEL AND SERVICE UNITS

NAME	UNIT NO. & TYPE	LOCATION
<u>L Smith</u>	<u>4002P</u>	<u>Liberal Mo</u>
<u>L Williams</u>	<u>8408</u>	
<u>D McIntyre</u>	<u>5303</u>	<u>Hogstanks</u>

TOOLS AND ACCESSORIES

TYPE AND SIZE	QTY.	NAME
FLAT COLLAR		
FLAT END		
GRIP END		
CENTRALIZERS		
ROTOR FLUID		
TOP FLARE		
HEAD		
PACKER		
OTHER		

MATERIALS

TREAT. FLUID _____ DENSITY _____ LBS/GAL _____

DISPL. FLUID _____ DENSITY _____ LBS/GAL _____

PROP. TYPE _____ SIZE _____ LB _____

PROP. TYPE _____ SIZE _____ LB _____

ACID TYPE _____ GAL _____

ACID TYPE _____ GAL _____

ACID TYPE _____ GAL _____

SUSPENSANT TYPE _____ GAL _____

HE AGENT TYPE _____ GAL _____

FLUID LOSS AGENT TYPE _____ GAL _____

CELLING AGENT TYPE _____ GAL _____

FRC. RES. AGENT TYPE _____ GAL _____

SEALER TYPE _____ GAL _____

BLOCKING AGENT TYPE _____ GAL _____

PERFOR. GALLS TYPE _____ QTY. _____

OTHER _____

OTHER _____

DEPARTMENT Plant

DESCRIPTION OF JOB Plug Back 3005-2705

JOB DONE THRU _____ TUBING CASING ANNULAR TREATING

CUSTOMER REPRESENTATIVE James T Mergold

HALLIBURTON OPERATOR Smith COPIES _____

CEMENT DATA

STAGE	NUMBER OF BAGS	CEMENT	BRAND	BULK BAGGED	ADDITIONS	YIELD CUBIC FT.	WATER LBS/GAL
	<u>100</u>	<u>Premium</u>		<u>B</u>	<u>22cc</u>	<u>1.06</u>	<u>16.4</u>

PRESSURES IN PSI _____ **SUMMARY** _____ **VOLUMES** _____

CIRCULATION _____ DISPLACEMENT _____ PRESSURE IN PSI _____ TYPE Water

BREAKDOWN _____ MAXIMUM _____ LOAD IN PSI _____ FAD IN PSI _____

AVERAGE _____ FRACTURE GRADIENT _____ TREATMENT IN PSI _____ DISPL. IN PSI _____

SHUT-IN INSTANT _____ HYDRAULIC HORSEPOWER _____ CEMENT SLURRY IN PSI _____

ORDERED _____ AVAILABLE _____ USED _____ TOTAL VOLUME IN PSI _____

AVERAGE RATES IN BPM _____

TREATING _____ DISPL. _____ OVERALL _____

FEET _____ REASON _____

REMARKS See Job Log

ORIGINAL

**HALLIBURTON SERVICES
JOB LOG**

WELL NO. B-2 LEASE Longcor TICKET NO. 305071
 CUSTOMER Oxy USA PAGE NO.
 JOB TYPE Plug Back DATE 3-17-83

FORM 2013 R-2

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	1800							Call-dant
	2000							on loc
	2202	5	10			200		Pump Water
	2204	5	19			250		Pump Cement
	2208		3 1/2			50		Pump water
	2210	5				100		Pump Mud
	2217		74					Shut Down - Pull Drill Pipe
	2230							Job Complete

Thank You
 Larry Smith & crew