

CONFIDENTIAL

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

API NO. 15- _____ 175-21412-0000
County SEWARD
_____ - SW - NW Sec. 5 Twp. 32S Rge. 33 X W

Operator: License # 4549

Name: ANADARKO PETROLEUM CORPORATION

Address P. O. BOX 351

City/State/Zip LIBERAL, KANSAS 67905-0351

Purchaser: TEXACO TRADING & TRANSPORTATION, INC.

Operator Contact Person: J. L. ASHTON

Phone (316) 624-6253

Contractor: Name: GABBERT-JONES

License: 5842

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

1-17-95 2-1-95 4-4-95
Spud Date Date Reached TD Completion Date

1980 Feet from X(N) (circle one) Line of Section
660 Feet from X(W) (circle one) Line of Section

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

Lease Name MORGAN "M" Well # 1

Field Name ANGMAN

Producing Formation CHESTER

Elevation: Ground 2815.9 KB --

Total Depth 5800 PBSD 5723

Amount of Surface Pipe Set and Cemented at 1668' Feet

Multiple Stage Cementing Collar Used? Yes No

If yes, show depth set 4490 Feet

If Alternate II completion, cement circulated from _____

feet depth to _____ w/ _____ sx cmt.

Drilling Fluid Management Plan all I 4-26-96
(Data must be collected from the Reserve Pit) SL

Chloride content 1100 ppm Fluid volume 5000 bbls

Dewatering method used NATURAL EVAPORATION

Location of fluid disposal if hauled offsite: _____

Operator Name KCC **RELEASED**

Lease Name MAY 2 Lease No. 1996

Quantity CONFIDENTIAL Sec. CONFIDENTIAL Twp. _____ S Rng. _____ E/W

County SEWARD Docket No. CONFIDENTIAL

INSTRUCTIONS: An original and two copies of this form shall be filed with the Kansas Corporation Commission, 130 S. Market - Room 2078, 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.

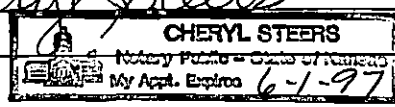
All requirements of the statutes, rules and regulations promulgated to regulate the oil and gas industry have been fully complied with and the statements herein are complete and correct to the best of my knowledge.

Signature L. Marc Harvey
Title DRILLING TECHNICAL ASSISTANT Date 4-20-95

Subscribed and sworn to before me this 20 day of April, 1995.

Notary Public Cheryl 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)

RECEIVED
KANSAS CORPORATION COMMISSION

MAY 04 1995 5-4-95

JAN 1990

Operator Name ANADARKO PETROLEUM CORPORATION Lease Name MORGAN "M" Well # 1

Sec. 5 Twp. 32S 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	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datums <input type="checkbox"/> Sample Name Top Datum CHASE 2542 COUNCIL GROVE 2882 LANSING 4190 MARMATON 4808 MORROW 5324 CHESTER 5457 L. CHESTER 5520 STE. GENEVIEVE 5595 ST. LOUIS 5685
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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

List All E.Logs Run: DIL, MSFL, ML, LONG SPACED SONIC, CML-LDT, FULL WAVE SONIC, FRAC. PRESSURE, FRAC. ID.

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	1668	PREM PLUS LT/ PREM PLUS	580/160	2%CC, 1/4#/SX FLC/ 2%CC, 1/4#/SX FLC
PRODUCTION	7 7/8	5 1/2	15.5	5785	50/50 POZ/ 50/50 POZ	50/175	.75% HLD-322, 10% SALT, 1/4#/SX FLC/ .75% HLC-322, 10% SALT, 1/4#/SX FLC

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	
		1	5520-5595'
		FRAC: 36900GAL 40# GLD 2% KCL WTR & 165000# 16/30 SD.	

TUBING RECORD	Size 2-3/8	Set At 5608'	Packer At	Liner Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Date of First, Resumed Production, SWD or Inj. FIRST 4-8-95	Producing Method <input type="checkbox"/> Flowing <input checked="" type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)
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Estimated Production Per 24 Hours	Oil 58 Bbls.	Gas 64 Mcf	Water 8 Bbls.	Gas-Oil Ratio	Gravity 30.2
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Disposition of Gas: Vented Sold Used on Lease (If vented, submit ACO-18.)

METHOD OF COMPLETION Open Hole Perf. Dually Comp. Commingled Other (Specify): _____

Production Interval 5520-5595'

GABBERT-JONES, INC.
WICHITA, KANSAS

ORIGINAL

DRILLER'S WELL LOG

WELL NAME: Morgan "M" #1
Sec 5-32S-33W
Seward County, Kansas

CONFIDENTIAL

COMMENCED: January 17, 1995
COMPLETED: January 31, 1995
OPERATOR: Anadarko Petroleum Corporation

API# 15-175-21412

DEPTH		FORMATION	REMARKS
From	To		
0	530	Sand-Redbed	
530	1159	Redbed-Sand	Ran 40 jts of 24# 8 5/8" csg
1159	1210	Glorietta Sand	LD @ 1668' w/580 sks Prem
1210	1335	Sand	Plus Howcolite 2% CC
1335	1525	Redbed-Gyp	160 sks Class C 2% CC
1525	1672	Redbed-Gyp-Anhy	PD @ 12:00PM 1/18/95
1672	1735	Anhy-Shale	
1735	2575	Shale	
2575	2830	Shale-Lime	
2830	5800	Lime-Shale	

RELEASED

KCC

JUN 14 1996

MAY 2

CONFIDENTIAL

5800' - TD

FROM CONFIDENTIAL

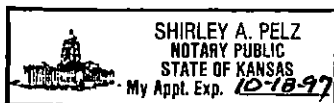
Ran 135 jts of 15 1/2# 5 1/2" csg
set @ 5782' w/FO Tool @ 4497'
Top Cemented w/50 sks 50/50 Prem
Posmix .75 Halid 322 10% Salt
Bottom w/175 sks 50/50 Prem
Plus 1/4# Celoflake
PD @ 11:00PM 1/31/95
RR @ 12:00Midnight 1/31/95

[STATE OF KANSAS]
[COUNTY OF SEDGWICK]

Subscribed and sworn to before me this
6th day of February, 1995.

Shirley A. Pelz
Shirley A. Pelz, Notary Public

My commission expires:
October 18, 1997



I, the undersigned, being sworn on oath, state that
the above Driller's Well Log is true and correct to
the best of my knowledge and belief and according
to the records of this office.
GABBERT-JONES, INC.

James S. Sutton, II
James S. Sutton, II President



JOB SUMMARY

HALLIBURTON DIVISION
HALLIBURTON LOCATION

*Midland
Liscomb, KS*

BILLED ON TICKET NO. *706-142*

WELL DATA

FIELD _____ SEC. *5* TWP. *32^S* RNG. *33^W* COUNTY *Seward* 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		<i>15's</i>	<i>5 1/4</i>	<i>KB</i>	<i>5800</i>	
LINER						
TUBING						
OPEN HOLE			<i>7 1/2</i>	<i>1610</i>	<i>5800</i>	SHOTS/FT.
PERFORATIONS			ORIGINAL			
PERFORATIONS						
PERFORATIONS						

JOB DATA

TOOLS AND ACCESSORIES

TYPE AND SIZE	QTY.	MAKE
Float <i>Insert Float</i>	<i>1</i>	<i>Hanco</i>
Flowline <i>Fillup</i>	<i>1</i>	
GUIDE SHOE <i>1 Reg</i>	<i>1</i>	
CENTRALIZERS <i>8</i>	<i>7-14</i>	
BOTTOM TOOL <i>Basket</i>	<i>1</i>	
TOP PLUG	<i>1</i>	
HEAD	<i>1</i>	
PACKER		
OTHER <i>Hawcoedel A</i>	<i>1/13</i>	

CALLED OUT	ON LOCATION	JOB STARTED	JOB COMPLETED
DATE <i>1-31</i>	DATE <i>1-31</i>	DATE <i>1-31</i>	DATE <i>1-31</i>
TIME <i>1200</i>	TIME <i>1430</i>	TIME <i>2120</i>	TIME <i>2310</i>

PERSONNEL AND SERVICE UNITS

NAME	UNIT NO. & TYPE	LOCATION
<i>Oliver</i>	<i>59179</i>	<i>Liscomb Ks</i>
<i>Oliver</i>	<i>52938 A</i>	<i>"</i>
<i>D. Hallilton</i>	<i>E.1591</i> <i>7848</i>	<i>"</i>
	<i>52910</i>	<i>Hugoton Ks</i>
	<i>63090</i>	

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. _____

GELLING AGENT TYPE _____ GAL.-LB. _____ IN

FRIC. RED. AGENT TYPE _____ GAL.-LB. _____ IN

BREAKER TYPE _____ GAL.-LB. _____ IN

BLOCKING AGENT TYPE _____ GAL.-LB. _____

PERFAC BALLS TYPE _____ QTY. _____

OTHER _____

OTHER _____

DEPARTMENT *Cement*

DESCRIPTION OF JOB *5 1/2" Packer String*

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

CUSTOMER REPRESENTATIVE *X Job Slurry*

HALLIBURTON OPERATOR *Dennis Carr* COPIES REQUESTED _____

CEMENT DATA

STAGE	NUMBER OF SACKS	CEMENT	BRAND	BULK SACKED	ADDITIVES	YIELD CU.FT./SK.	MIXED LBS./GAL.
	<i>50</i>	<i>5450 Pce H</i>			<i>3/4% H2O 322</i>	<i>1.86</i>	<i>12.0</i>
	<i>173</i>	<i>5450 Pce H</i>			<i>3/4% H2O 322</i>	<i>1.82</i>	<i>14.5</i>

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 *42* REASON *Shoe Joint*

SUMMARY

PRESLUSH: BBL.-GAL. *20 KCL* VOLUMES *30*

LOAD & BKDN: BBL.-GAL. _____ PAD: BBL.-GAL. _____

TREATMENT: BBL.-GAL. _____ DISPL: BBL.-GAL. *137.39*

CEMENT SLURRY: BBL.-GAL. *57.34*

TOTAL VOLUME: BBL.-GAL. _____

RECEIVED
REMARKS
KANSAS CORPORATION COMMISSION

MAY 04 1995

CONSERVATION DIVISION
WICHITA, KS

WELL NO. _____ JOB TYPE _____ DATE *1-31-95*



JOB LOG FORM 2013 R-4

DATE 1-31-95

CUSTOMER *Amadeco Pool* WELL NO. *1#* LEASE *Morgan m* JOB TYPE *5 1/2" Oil Pool* TICKET NO. *704142*

CHART NO. TIME RATE (BPM) VOLUME (BBL) (GAL) PUMPS TUBING Casing DESCRIPTION OF OPERATION AND MATERIALS

1200 Time Called
1600 Time Ready
1730 Time outloc. ORIGINAL

1830 Start Pumping Casing
2120 Casing in hole
2121 225 Hook up to Circulate Casing
2130 Circulate Casing w/ new Pump
2133 Circulate Mud to Sealed Level

2215 Hook up to Pump Truck
2218 5 20 Start 2% KCl Ahead
2222 30 Start Mud Flush
2228 20 Start 2% KCl Behind
2232 6.3 275 Start Mixing Cement
2235 17.45 275 Start mix Cement
2240 39.89 200 Finish Mixing Cement
2241 57.34 200 Shut Down
2242 wash Pumps 4 times
2245 0/50 Start Displacement
2310 137.39 600/1200 Plug Down

2310 Plug Down
Last Casing 35' to Come Back at 70' of Dep.
Float Held
Casing mud last 67' of Dep.

Thanks For Calling
Halliburton Energy
Dorsey Crew

RECEIVED
KANSAS CORPORATION COMMISSION
MAY 04 1995
CONSERVATION DIVISION

CUSTOMER



HALLIBURTON ENERGY SERVICES

CHARGE TO: Amundson Petroleum Corp
 ADDRESS: _____
 CITY, STATE, ZIP CODE: _____

COPY

TICKET WH
 No. 706142 - 8

CONFIDENTIAL

FORM 1906 R-13

SERVICE LOCATIONS <u>1-255140 Liberal K</u>	WELL/PROJECT NO. <u>1#</u>	LEASE <u>11026210</u>	COUNTY/PARISH <u>Sevier</u>	STATE <u>K</u>	CITY/OFFSHORE LOCATION	DATE <u>1-31-95</u>	OWNER <u>Amundson</u>
<u>2235350 Hyatt K</u>	TICKET TYPE <input type="checkbox"/> SERVICE <input type="checkbox"/> SALES	NITROGEN JOB? <input type="checkbox"/> YES <input type="checkbox"/> NO	CONTRACTOR <u>D</u>	RIG NAME/NO. <u>641 Day 12</u>	SHIPPED VIA <u>Loc</u>	ORDER NO.	
3.	WELL TYPE	WELL CATEGORY <u>0103</u>	JOB PURPOSE <u>OSC 5 1/2 Prod. Struc</u>	WELL PERMIT NO.	WELL LOCATION <u>W of Liberal</u>		
4.	REFERRAL LOCATION	INVOICE INSTRUCTIONS					

PRICE REFERENCE	SECONDARY REFERENCE / PART NUMBER	ACCOUNTING	DESCRIPTION	QTY.	U/M	QTY.	U/M	UNIT PRICE	AMOUNT
000-117			MILEAGE	40	miles			2.75	110.00
001-016			Pump charge						1895.00
030-016			5 1/2 Top Pkgs	1	PKG			60.00	60.00
001-018			Addition to Hours	2	Hours			235.00	470.00
12 A	325-205		Guide shoe	1	EA			121.00	121.00
24 A	315-1951		Treat Flnt	1				110.00	110.00
27	315-19311		Fill	1				55.00	55.00
40	516-6022		Contributors	24				60.00	1440.00
37 D	516-71430		Bucket	1				90.00	90.00
35 D	590-10802		Hours under A	1	HR			14.50	14.50
213-315			Mud Flush	1260	BT			68.00	819.00
214-163			KCL Chem TT	4	BT			24.00	96.00

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

DATE SIGNED: _____ TIME SIGNED: _____

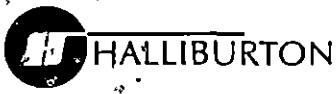
do do not require IPC (Instrument Protection). Not offered

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 <u>5280.50</u>
TYPE LOCK DEPTH	OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN?	FROM CONTINUATION PAGE(S) <u>3796.53</u>
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	SUB-TOTAL APPLICABLE TAXES WILL BE ADDED ON INVOICE
	<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): _____ HALLIBURTON OPERATOR/ENGINEER: Dennis Cowie EMP # 59179

CUSTOMER OR CUSTOMER'S AGENT (SIGNATURE): X HALLIBURTON APPROVAL: _____



JOB SUMMARY

HALLIBURTON DIVISION

Mid cont

HALLIBURTON LOCATION

Liberal KS

BILLED ON TICKET NO.

705748

WELL DATA

FIELD Angman SEC 5 TWP. 32S RING 33W COUNTY Seward 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	0	1167-9	
LINER						
TUBING						
OPEN HOLE						SHOTS/FT
PERFORATIONS						
PERFORATIONS						
PERFORATIONS						

ORIGINAL

JOB DATA

TOOLS AND ACCESSORIES		
TYPE AND SIZE	QTY.	MAKE
FLOAT COLLAR <u>Auto fill</u>		<u>H</u>
FLOAT SHOE <u>Insert float</u>	<u>1</u>	<u>O</u>
GUIDE SHOE <u>Reg</u>	<u>1</u>	<u>W</u>
CENTRALIZERS <u>54</u>	<u>5</u>	<u>C</u>
BOTTOM PLUG		<u>O</u>
TOP PLUG <u>5W</u>	<u>1</u>	
HEAD <u>PC</u>	<u>1</u>	
PACKER <u>BASKET</u>	<u>1</u>	
OTHER <u>Weld A</u>	<u>1</u>	

CALLED OUT	ON LOCATION	JOB STARTED	JOB COMPLETED
DATE <u>1/18/95</u>	DATE <u>1/18/95</u>	DATE <u>1/18/95</u>	DATE <u>1/18/95</u>
TIME <u>0500</u>	TIME <u>0800</u>	TIME <u>1045</u>	TIME <u>1200</u>

PERSONNEL AND SERVICE UNITS

NAME	UNIT NO. & TYPE	LOCATION
<u>O Nicholas</u>	<u>41525</u>	<u>Liberal</u>
<u>W Fox</u>	<u>4903</u>	<u>11</u>
<u>D 4437</u>	<u>7131</u>	
<u>G McIntyre</u>	<u>3626</u>	
<u>G 3755</u>	<u>5302</u>	<u>Hugoton</u>
<u>P Boone</u>	<u>4449</u>	
<u>G 9514</u>	<u>75505</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. **RELEASED**
 SURFACTANT TYPE _____ GAL. _____ IN
 NE AGENT TYPE _____ GAL. JUN 14 1996
 FLUID LOSS ADD. TYPE _____ GAL.-LB. _____ IN
 GELLING AGENT TYPE _____ GAL.-LB. _____ IN
 FRIC RED. AGENT TYPE _____ GAL.-LB. **FROM CONFIDENTIAL**
 BREAKER TYPE _____ GAL.-LB. _____ IN
 BLOCKING AGENT TYPE _____ GAL.-LB. _____
 PERFPAC BALLS TYPE _____ QTY. _____
 OTHER _____
 OTHER _____

MAY 2
CONFIDENTIAL

DEPARTMENT Cement
 DESCRIPTION OF JOB 594 surface
 JOB DONE THRU: TUBING CASING ANNULUS TBG./ANN.
 CUSTOMER REPRESENTATIVE X Jim Barlow
 HALLIBURTON OPERATOR Orville Nicholas COPIES REQUESTED _____

CEMENT DATA

STAGE	NUMBER OF SACKS	CEMENT	BRAND	BULK SACKED	ADDITIVES	YIELD CU.FT./SK.	MIXED LBS./GAL.
<u>5801</u>		<u>Prem Plus Lite</u>		<u>2% CC</u>	RECEIVED	<u>2.85</u>	<u>12.3</u>
<u>1160</u>		<u>Prem plus</u>		<u>2% CC</u>	KANSAS CORPORATION COMMISSION	<u>1.34</u>	<u>14.8</u>

MAY 04 1995

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 42 REASON _____

PRESLUSH: BBL. _____ CONSERVATION DIVISION _____ TYPE _____
 LOAD & BKDN: BBL. _____ WICHITA, KS _____ PAD: BBL. _____ GAL. _____
 TREATMENT: BBL. _____ GAL. _____ DISPL: BBL. _____ GAL. 104
 CEMENT SLURRY: BBL. _____ GAL. 211.7 - 38.1
 TOTAL VOLUME: BBL. _____ GAL. _____
 REMARKS _____

CUSTOMER: Angman
 LEASE: Morgan
 WELL NO.: 1
 JOB TYPE: 878 Surface
 DATE: 1-18-95

JOB LOG HAL-2013-C

CUSTOMER		WELL NO.		LEASE		JOB TYPE		TICKET NO.	
Anadarko pet		1		Morgan "m"		8-98 surface		705748	
CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS	
				T	C	TUBING	CASING		
	0500								Called out Ready now
	0800								on location Bulk followed us on location Rig up Safety meeting
									all
	0930								MAY 2 Run pipe ORIGINAL
	1045								CONFIDENTIAL Drop Ball
	1055								Circulate with Rig Pump
	1102								Hook up cement line
	1106	6	211.7				250		START Lead cement
	1133	6	38.1				250		START Tail cement
	1140								Release plug
	1141	6	104				150 330		Displace plug
	1159	1					1000		Land plug
	1200								Release psi check float OK
									Circulated 219 Skts cement
									RELEASED CONFIDENTIAL
									JUN 14 1996
									FROM CONFIDENTIAL
									RECEIVED KANSAS CORPORATION COMMISSION
									MAY 04 1995
									CONSERVATION DIVISION WICHITA, KS



CHARGE TO: A. Jones
 ADDRESS: _____
 CITY, STATE, ZIP CODE: Lawrence, KS

COPY _____ TICKET No. 705748 - X
 PAGE 1 OF 1

FORM 1906 R-13

1. SERVICE LOCATIONS	WELL/PROJECT NO. <u>1</u>	LEASE <u>McQuinn</u>	COUNTY/PARISH <u>Sumner</u>	STATE <u>KS</u>	CITY/OFFSHORE LOCATION	DATE <u>1-18-95</u>	OWNER <u>Seimco</u>
2. TICKET TYPE <input checked="" type="checkbox"/> SERVICE <input type="checkbox"/> SALES	NITROGEN JOB? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	CONTRACTOR <u>McQuinn</u>	RIG NAME/NO. <u>12</u>	SHIPPED VIA	DELIVERED TO	ORDER NO.	
3. WELL TYPE	WELL CATEGORY	JOB PURPOSE <u>Oil - 70.5 R.C.</u>	WELL PERMIT NO. <u>15-175-214-2</u>	WELL LOCATION <u>S-30-22W</u>			
4. REFERRAL LOCATION	INVOICE INSTRUCTIONS						

CONFIDENTIAL

PRICE REFERENCE	SECONDARY REFERENCE/PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.		QTY.		UNIT PRICE	AMOUNT
		LOC	ACCT	DF		UM	UM				
17					MILEAGE	44	mi				121.00
18					P. H.C.	1	hr				1320.00
19					Guidance	1	hr				310.00
DA	S-5-217				Inspection	1	hr				216.00
24A	S-15-1940				Inspection	1	hr				171.00
27	815-1940				Artwork	1	hr				55.00
40	81-1148				Cont. 1.0	5	hr			15.00	225.00
30	81-7010				Rocket	1	hr				122.00
25	590-1632				Weld A	1	hr				14.50

ORIGINAL

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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 Jim Milau

DATE SIGNED: 1/18/95 TIME SIGNED: 1:00 A.M. P.M.

do do not require IPC (Instrument Protection). Not offered

SUB SURFACE SAFETY VALVE WAS: PULLED & RETURN PULLED RUN

TYPE LOCK	DEPTH	SURVEY: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO AGREE: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO SUN-DECIDED: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO DIS-AGREE: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
BEAN SIZE	SPACERS	
TYPE OF EQUALIZING SUB.	CASING PRESSURE	
TUBING SIZE	TUBING PRESSURE	
TREE CONNECTION	TYPE VALVE	ARE YOU SATISFIED WITH OUR SERVICE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> CUSTOMER DID NOT WISH TO RESPOND

PAGE TOTAL: 2474.50

FROM CONTINUATION PAGE(S): 10204133

SUB-TOTAL: 12678.83

APPLICABLE TAXES WILL BE ADDED ON INVOICE

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): Jim Milau

CUSTOMER OR CUSTOMER'S AGENT (SIGNATURE): X Jim Milau

HALLIBURTON OPERATOR/ENGINEER: [Signature] EMP # _____

HALLIBURTON APPROVAL: _____

FORM 1911 R-10

CUSTOMER gAnadarko Petroleum Corp.	WELL Morgan "M" #1	DATE 01-18-95	PAGE OF
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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	160	sk			11.19	1790.40
504-120					Premium Plus Lite Cement	580	sk			10.02	5811.60
504-050	516.00265					377	sk				
506-105	516.00286					15022	lb				
506-101	516.00259					30	sk				
509-406	890.50812				Calcium Chloride 23W/ 740	13	sk			36.75	477.75
<p>ORIGINAL</p> <p>RELEASED</p> <p>JUN 14 1996</p> <p>FROM CONFIDENTIAL</p> <p>CONFIDENTIAL</p>											
<p>RECEIVED</p> <p>KANSAS CORPORATION COMMISSION</p> <p>MAY 04 1995</p> <p>CONSERVATION DIVISION</p> <p>WICHITA, KS</p>											
500-207					SERVICE CHARGE			CUBIC FEET	766	1.35	1034.10
500-306					MILEAGE CHARGE	TOTAL WEIGHT	LOADED MILES	TON MILES	1147.872	95	1090.48
						69568	33				

No. B 263358

CONTINUATION TOTAL	10274.33
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