

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

Operator: License # 4058
 Name: American Warrior, Inc.
 Address: P.O. Box 399
 City/State/Zip: Garden City, KS 67846
 Purchaser: CIG
 Operator Contact Person: Kevin Wiles, Sr.
 Phone (316) 275-2963
 Contractor: Name: Allan Drilling
 License: 5418
 Wellsite Geologist: Kevin Wiles, Sr.
 Designate Type of Completion
 New Well Re-Entry Workover
 Oil SWD SIGW 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 _____ PBTD _____
 Commingled _____ Docket No. _____
 Dual Completion _____ Docket No. _____
 Other (SWD or Inj?) _____ Docket No. _____
 8-14-96 8-17-96 9-17-96
 Spud Date Date Reached TD Completion Date

API NO. 15- 081-21038-0000
 County Haskell
 _____ - NW - NW Sec. 11 Twp. 29S Rge. 32 X E
660 Feet from S (circle one) Line of Section
660 Feet from E (circle one) Line of Section
 Footages Calculated from Nearest Outside Section Corner:
 NE, SE, NW or SW (circle one)
 Lease Name Geist Well # 1
 Field Name Hugoton
 Producing Formation Hugoton
 Elevation: Ground 2904 KB 2916
 Total Depth 3000 PBTD 2924
 Amount of Surface Pipe Set and Cemented at 604 Feet
 Multiple Stage Cementing Collar Used? Yes No
 If yes, show depth set _____ Feet
 If Alternate II completion; cement circulated from 2995
 feet depth to surface w/ 650 sx cat.

Drilling Fluid Management Plan ALT 2 3-13-98 JK
 (Data must be collected from the Reserve Pit)
 Chloride content 40,000 ppm Fluid volume 200 bbls
 Dewatering method used _____
 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 Production Manager Date 3/10/97
 Subscribed and sworn to before me this 11th day of March 1997
 Notary Public: Debra J. Purcell

Date Commission Expires 4/1999
DEBRA J. PURCELL
 Notary Public - State of Kansas
 My Appl. Expires 11/1999

K.C.C. OFFICE USE ONLY

Letter of Confidentiality Attached
 Wireline Log Received
 Geologist Report Received

Distribution
 KCC SMD/Rep NGPA
 KGS Plug Other
 (Specify)

ORIGINAL

SIDE TWO

Operator Name American Warrior, Inc. Lease Name Geist Well # 1
 County Haskell
 Sec. 11 Twp. 29S Rge. 32
 East
 West

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.)
 Log Formation (Top), Depth and Datum Sample
 Name Top Datum
 Herrington 2656'
 Krider 2702'
 Samples Sent to Geological Survey Yes No
 Cores Taken Yes No
 Electric Log Run Yes No
 (Submit Copy.)
 List All E. Logs Run:
 Gamma Ray Neutron

CASING RECORD New 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"	23#	604	Prem:	280	2% CC 1/4# flocele
Production	7-7/8"	4-1/2"	10.5#	2995	Prem-plus	650	1/4# flocele Haid 327

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 Plug Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used)	Depth
2 sp/ft	2658' - 2662'	3000 gallons 20% fe	2658-62
2 sp/ft	2705' - 2711'	40,000# 20/40 sand in Borager	2705-11

TUBING RECORD Size 2-3/8" Set At 2796 Packer At _____ Liner Run Yes No

Date of First, Resumed Production, SWD or Inj. 12-23-96 Producing Method Flowing Pumping Gas Lift Other (Explain)

Estimated Production Per 24 Hours Oil 100 Bbls. Gas 60 Mcf Water _____ Bbls. Gas-Oil Ratio _____ Gravity _____

Disposition of Gas: Vented Sold Used on Lease (If vented, submit ACO-1B.)

METHOD OF COMPLETION

Open Hole Perf. Dually Comp. Commingled Other (Specify)

Production Interval
2658-62'
2705-11'

JOB LOG HAL-2013-C

 CUSTOMER: **American Wraxler** WELL NO. **1** LEASE **GEEST** JOB TYPE **4 1/2 Longstring** TICKET NO. **106737**

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	

	01:30							Called out ready 01:00
3-17-96	00:40							ON LOC Rig C.O.D.P.
	05:20							START CSg
	07:15							CSg on Bottom
	07:37							CIRCULATE WITH Rig
	07:57							Hook to HALLIBURTON
	08:03	9.2	183.4				100	START LEAD CMT @ 12.3#/gal
	08:23	4	35.26				160	START TAIL CMT @ 14.8#/gal
	08:34						0	SHUT DOWN
	08:35						0	DRAG 5 WIPER PLUG / WASH TO PET
	08:38	5.2	47.2				0	START DISPLACEMENT
	08:47						1300	Plug Down
	08:48						0	RELEASE BACK FLOAT HOLDING

ORIGINAL

 RECEIVED
 MANSAS CORP/COMM
 1997 FEB 24 10 3:55

THANK YOU FOR CALLING
 HALLIBURTON ENERGY SERVICES
 ROBERT & CREW

~~TRACES OF CMT TO SITE~~



HALLIBURTON

JOB SUMMARY

HALLIBURTON DIVISION

MED CONT

HALLIBURTON LOCATION

LIBERAL KS

BILLED ON TICKET NO.

106737

WELL DATA

FIELD _____ SEC 11 TWP. 28s RING. 32w COUNTY HASWELL 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 _____

JOB DATA

TOOLS AND ACCESSORIES		
TYPE AND SIZE	QTY.	MAKE
FLOAT COLLAR <u>INSERT W/FILL</u>	<u>1</u>	<u>HOWCO</u>
FLOAT SHOE		
GUIDE SHOE <u>REG.</u>	<u>1</u>	
CENTRALIZERS <u>S.-4</u>	<u>5</u>	
BOTTOM PLUG		
TOP PLUG <u>S WIPER</u>	<u>1</u>	
HEAD <u>FREE FALL</u>	<u>1</u>	
PACKER <u>Howco WELD-A</u>	<u>1</u>	
OTHER <u>CMT BASKET</u>	<u>1</u>	

CALLLED OUT	ON LOCATION	JOB STARTED	JOB COMPLETED
DATE <u>8-16-96</u>	DATE <u>8-17-96</u>	DATE <u>8-17-96</u>	DATE <u>8-17-96</u>
TIME <u>21:30</u>	TIME <u>00:40</u>	TIME <u>07:57</u>	TIME <u>08:48</u>

PERSONNEL AND SERVICE UNITS		
NAME	UNIT NO. & TYPE	LOCATION
<u>R. ELWOOD</u>	<u>420045</u>	<u>LIBERAL KS</u>
<u>D. PRESSWOOD</u>	<u>52947</u>	<u>"</u>
<u>S. TELFORD</u>	<u>4115</u>	<u>HUGOTON KS</u>
<u>J. SLEMP</u>	<u>50866</u>	<u>"</u>

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 5001 CMT

DESCRIPTION OF JOB 4 1/2 LONGSTRING

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

CUSTOMER REPRESENTATIVE Robert Elwood

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>1</u>	<u>100</u>	<u>Prem Plus Gate</u>		<u>B</u>	<u>1/4 #/SK Flocele</u>	<u>2.06</u>	<u>12.3</u>
<u>2</u>	<u>100</u>	<u>Prem Plus</u>		<u>B</u>	<u>1/4 #/SK Flocele, 4/10% HALMO 322</u>	<u>1.32</u>	<u>14.8</u>

SUMMARY

PRESSURES IN PSI _____ VOLUMES _____

CIRCULATING _____ DISPLACEMENT _____ PRESLUSH: BBL.-GAL. _____ TYPE _____

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

AVERAGE _____ FRACTURE GRADIENT _____ TREATMENT: BBL.-GAL. _____ DISPL. BBL.-GAL. 47.2

SHUT-IN: INSTANT _____ 5-MIN. _____ 15-MIN. _____ CEMENT SLURRY: BBL.-GAL. 183.4 + 25.2

HYDRAULIC HORSEPOWER _____ TOTAL VOLUME: BBL.-GAL. _____

ORDERED _____ AVAILABLE _____ USED _____ REMARKS _____

AVERAGE RATES IN BPM _____

TREATING _____ DISPL. _____ OVERALL _____

CEMENT LEFT IN PIPE _____

FEET 40.02 REASON SHOE JOINT

CUSTOMER: American Cooper

LEASE: GSEST

WELL NO: 1

JOB TYPE: 4 1/2 Longstring

DATE: 8-17-96



HALLIBURTON ENERGY SERVICES

HAL-1906-P

CHARGE TO:
AMERICAN WORKER
 ADDRESS
 CITY, STATE, ZIP CODE
RECEIVED
KANSAS CORP COMM

CUSTOMER COPY

TICKET

No. **106737 - 1**

PAGE 1 OF 2

SERVICE LOCATIONS 1. 025540 Geest	WELL/PROJECT NO. 1	LEASE GEEST - 1997 FEB HASREEL55	COUNTY/PARISH KS	STATE KS	CITY/OFFSHORE LOCATION	DATE 8-17-96	OWNER Swinc
2. 025535 Hogotom	TICKET TYPE <input checked="" type="checkbox"/> SERVICE	NITROGEN JOB? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	CONTRACTOR Allen Delq	RIG NAME/NO.	SHIPPED VIA HES	DELIVERED TO LOCATION	ORDER NO.
3.	WELL TYPE	WELL CATEGORY	JOB PURPOSE	WELL PERMIT NO.	WELL LOCATION		
4.	REFERRAL LOCATION	INVOICE INSTRUCTIONS					

PRICE REFERENCE	SECONDARY REFERENCE / PART NUMBER	ACCOUNTING	DESCRIPTION	QTY.	U/M	UNIT PRICE	AMOUNT
000-117			MILEAGE	1	U	2.99	2.97
000-119			CREW MILEAGE	1	U	1.60	1.60
001-016			PUMP CHARGE	6	HR	300.5	1803.00
030-018			SE WIPER TOP PLUG	4 1/2	IN	1 EA	4.50
12A	825-801		REG GORGE SHOE	4 1/2	IN	1 EA	9.50
24A	815-19101		INSERT FLOAT VALVE	4 1/2	IN	1 EA	9.80
27	815-19111		INSIDE TUBING FILL ASSEMBLY	4 1/2	IN	1 EA	4.70
40	806-60004		CENTRALIZERS	4 1/2	IN	1 EA	50.00
320	806-71415		CANNAS CNT BASKET	4 1/2	IN	1 EA	9.70
350	890-10802		WELD-A	1	LB	1 EA	16.00
001-018			ADDITIONAL HOURS	1	HR	260.00	260.00

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.

MUST BE SIGNED BY CUSTOMER OR CUSTOMER'S AGENT PRIOR TO START OF WORK OR DELIVERY OF GOODS.

SUB SURFACE SAFETY VALVE WAS:
 PULLED & RETURN PULLED RUN

SURVEY

OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN? AGREE UN-DECIDED DIS-AGREE

WE UNDERSTOOD AND MET YOUR NEEDS? AGREE UN-DECIDED DIS-AGREE

OUR SERVICE WAS PERFORMED WITHOUT DELAY? AGREE UN-DECIDED DIS-AGREE

WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY? AGREE UN-DECIDED DIS-AGREE

ARE YOU SATISFIED WITH OUR SERVICE? YES NO

CUSTOMER DID NOT WISH TO RESPOND

DATE SIGNED: **X [Signature]** TIME SIGNED: A.M. P.M.

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

PAGE TOTAL: **3,108**

FROM CONTINUATION PAGE(S): **10,637**

SUB-TOTAL APPLICABLE TAXES WILL BE ADDED ON INVOICE: **13,746**

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) Kevin Williams Sr	CUSTOMER OR CUSTOMER'S AGENT (SIGNATURE) X [Signature]	HALLIBURTON OPERATOR/ENGINEER Robert Elwood	EMP # 0.4360	HALLIBURTON APPROVAL
---	--	---	------------------------	----------------------

ORIGINAL



HALLIBURTON

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

INVOICE

INVOICE NO.	DATE
106777	08/14/1

WELL LEASE NO./PROJECT	WELL/PROJECT LOCATION	STATE	OWNER
GEIST 1	HASKELL	KS	SAME
SERVICE LOCATION	CONTRACTOR	JOB PURPOSE	TICKET DATE
LIBERAL	ALLEN DRILLING	CEMENT SURFACE CASING	08/14/1
ACCT. NO.	CUSTOMER AGENT	VENDOR NO.	CUSTOMER P.O. NUMBER
018808	DICK COLLINS		
			SHIPPED VIA
			COMPANY TRUCK

AMERICAN WARRIOR
BOX 399
GARDEN CITY, KS 67846

ORIGINAL

DIRECT CORRESPONDENCE TO:
P O BOX 1598
LIBERAL KS 67906

RECEIVED
KANSAS CORP
FEB 24 1981

REFERENCE NO.	DESCRIPTION	QUANTITY	UM	UNIT PRICE	AMOUNT
350	HALLIBURTON WELD-A	1	EA	16.75	16.75
890.10802	DISCOUNT-(BID)	25.0	%		4.19
504-050	CEMENT - PREMIUM PLUS	100	SK	12.62	1,262.00
	DISCOUNT-(BID)	31.0	%		391.22
504-120	CEMENT - HALL. LIGHT PREM PLUS	180	SK	11.12	2,001.60
	DISCOUNT-(BID)	31.0	%		620.70
507-210	FLOCELE	70	LB	1.65	115.50
	DISCOUNT-(BID)	31.0	%		35.81
509-406	ANHYDROUS CALCIUM CHLORIDE	5	SK	40.75	203.75
	DISCOUNT-(BID)	31.0	%		63.16
500-207	BULK SERVICE CHARGE	295	CFT	1.35	398.25
	DISCOUNT-(BID)	31.0	%		123.49
500-306	MILEAGE CMTG MAT DEL OR RETURN	569.34	TMI	1.05	597.81
	DISCOUNT-(BID)	31.0	%		185.32

INVOICE SUBTOTAL

11155 5082

6,673.00

DISCOUNT-(BID)
INVOICE BID AMOUNT

2,026.00
4,646.00

*-KANSAS STATE SALES TAX
*-LIBERAL CITY SALES TAX
*-SEWARD COUNTY SALES TAX

184.00
37.00
56.00

INVOICE TOTAL - PLEASE PAY THIS AMOUNT =====> \$4,926.00

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 less than 10% per annum. In the event Halliburton complies with the request of the customer for collection of an account, the customer shall be responsible for the cost of collection.



HALLIBURTON

JOB SUMMARY

HALLIBURTON DIVISION

HALLIBURTON LOCATION

11102 Coyt
Lisbon Ks

BILLED ON TICKET NO. 10677

WELL DATA
FIELD _____ SEC. 11 TWP. 29S RNG. 32W COUNTY. Haskell 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 PS ALLOWABLE
CASING		24	8 5/8	KB	608	
LINER						
TUBING						
OPEN HOLE			12 1/4	GH	608	SHOTS/FT.
PERFORATIONS						
PERFORATIONS						
PERFORATIONS						

JOB DATA

CALLED OUT	ON LOCATION	JOB STARTED	JOB COMPLETED
DATE 8-14	DATE 8-14	DATE 8-15	DATE 8-15
TIME 1900	TIME 2130	TIME 0640	TIME 0710

TOOLS AND ACCESSORIES

TYPE AND SIZE	QTY.	MAKE
FLOAT COVER <u>2 3/8</u> <u>Taken Float</u>	1	<u>Houco</u>
FLOAT ONDS <u>Fillup</u>	1	
GUIDE SHOE <u>R/O</u>	1	
CENTRALIZERS <u>0</u>	3	
BOTTOM PLUG		
TOP PLUG		
HEAD		
PACKER		
OTHER <u>Houco weld A</u>	1	<u>HS</u>

PERSONNEL AND SERVICE UNITS

NAME	UNIT NO. & TYPE	LOCATION
<u>Oore</u>	41475	Lisbon Ks
<u>O Mardger</u>	52938	"
<u>M Longworth</u>	5400	Hugoton Ks

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. _____ IN _____
PERFPAC BALLS TYPE _____ QTY. _____
OTHER _____
OTHER _____

DEPARTMENT: Cement
DESCRIPTION OF JOB: 8 5/8 SURFACE

JOB DONE THRU: TUBING CASING ANNULUS TBG./ANN.
CUSTOMER REPRESENTATIVE: X
HALLIBURTON OPERATOR: Dennis Carr COPIES REQUESTED _____

CEMENT DATA

STAGE	NUMBER OF SACKS	CEMENT	BRAND	BULK SACKED	ADDITIVES	YIELD CU.FT./SK.	MIXED LBS./GAL.
	180	Prem Plus	LTWT		2900 1/4# Flocele	2.05	12.5
	100	Prem Plus			2900 1/4# Flocele	1.32	14.8

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 _____

SUMMARY

PRESLUSH: BBL.-GAL. _____ TYPE _____
LOAD & BKDN: BBL.-GAL. _____ PAD: BBL.-GAL. _____
TREATMENT: BBL.-GAL. _____ DISPL: BBL.-GAL. 36.0
CEMENT SLURRY: BBL.-GAL. 89.21
TOTAL VOLUME: BBL.-GAL. _____

REMARKS

TREATING _____ DISPL. _____ OVERALL _____
CEMENT LEFT IN PIPE _____
FEET 4168 REASON Shoe down

JOB LOG HAL-2013-C

 CUSTOMER American's Warehouse WELL NO. 1# LEASE Geist JOB TYPE 8 1/2" Surface TICKET NO. 106777

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	1900							Time Colled
	2000							Time Ready
	2130							Time out dc. <u>By Other Surface</u>
2130								Start Pump Casing
0010								Casing in Hole
0010								Hook up to Circulate
0020								Circulate Casing w/ rag Pump
0022								Circulate Mud to General Level
								ORIGINAL
0640								Hook up to Pump Truck
0645								Start Mixing Cement
0653			65.71					Start Take Cement
0658			23.5					Finish Mixing Cement
0659			89.21					Shut Down <u>Drop Plug</u>
0700								Start Displacement
			36.9					wash Pumps + Line
0710								<u>250</u> <u>100</u> Plug Down
								0030 Bulk Truck Air Comp. with 1001
								Back Fetch Pump Colled out and
								Bulk Truck For Jobs
								0400 Bulk Truck Struck in Mud with
								Outlet to PHL Bulk Truck in
								Back to Stream
								Thanks For Calling Halliburton
								Energy
								Dennis G... Crew

 RECEIVED
 11/17/96
 11:21 AM

ORIGINAL



HALLIBURTON

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

INVOICE

INVOICE NO. DATE

106737 08/17/91

WELL LEASE NO./PROJECT		WELL/PROJECT LOCATION		STATE	OWNER
GEIST 1		HASKELL		KS	SAME
SERVICE LOCATION	CONTRACTOR		JOB PURPOSE		TICKET DATE
LIBERAL	ALLEN DRILLING		CEMENT. PRODUCTION CASING		08/17/91
ACCT. NO.	CUSTOMER AGENT	VENDOR NO.	CUSTOMER P.O. NUMBER	SHIPPED VIA	FIL
018808	KEVIN WILES SR			COMPANY TRUCK	17

AMERICAN WARRIOR
BOX 399
GARDEN CITY, KS 67846

ORIGINAL

DIRECT CORRESPONDENCE TO:

P O BOX 1598
LIBERAL KS 67901

REFERENCE NO.	DESCRIPTION	QUANTITY	UM	UNIT PRICE	AMOUNT
320	BASKET-CMT-4 1/2 CSG X 18"OD-	1	EA	97.00	97.00
806.71415	DISCOUNT-(BID)	25.0	%		24.25
350	HALLIBURTON WELD-A	1	EA	16.00	16.00
890.10802	DISCOUNT-(BID)	25.0	%		4.00
001-018	CEMENTING CASING - ADD HRS	1	HR	260.00	520.00
	DISCOUNT-(BID)	2	UNT	34.00	176.00
504-050	CEMENT - PREMIUM PLUS	150	SK	12.59	1,893.00
	DISCOUNT-(BID)	34.0	%		643.00
504-120	CEMENT - HALL. LIGHT PREM PLUS	500	SK	11.12	5,560.00
	DISCOUNT-(BID)	34.0	%		1,690.00
507-210	FLOCELE	163	LB	1.65	268.95
	DISCOUNT-(BID)	34.0	%		91.13
507-775	HALAD-322	85	LB	7.00	595.00
	DISCOUNT-(BID)	34.0	%		202.30
500-207	BULK SERVICE CHARGE	661	CFT	1.35	892.35
	DISCOUNT-(BID)	34.0	%		303.38
500-306	MILEAGE CNTG MAT DEL OR RETURN	1360.305	TMI	1.05	1,428.32
	DISCOUNT-(BID)	34.0	%		485.73

RECEIVED
KANSAS COMM. CONT.

1991 FEB 24 PM 3:50

171555080

INVOICE SUBTOTAL

13,746.00

***** CONTINUED ON NEXT PAGE *****

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 less than 1.00% per annum. The agent Halliburton hereby is authorized for collection of any account. Customer