

FORM MUST BE TYPED

SIDE ONE

15-095-01019-0002

ORIGINAL

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

Operator: License #5893

Name: PRATT WELL SERVICE, INC.

Address P.O. BOX 847

PRATT, KANSAS 67124

City/State/Zip PRATT, KANSAS 67124

Purchaser: PRATT WELL SERVICE, INC.

Operator Contact Person: KENNETH C. GATES

Phone (316) 672-2531 OFFICE

Contractor: Name: PRATT WELL SERVICE, INC.

License: 5893

Wellsite Geologist: NONE

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: EARL WAKEFIELD

Well Name: McMICHAEL #1

Comp. Date 02/21/42 Old Total Depth 4450'

**PLUGGED & ABANDONED**

Deepening  Re-perf.  Conv. to Inj/SWD

Plug Back 4290'  PBDT

Commingled  Docket No.

Dual Completion  Docket No.

Other (SWD or Inj?)  Docket No.

11-11-95

11-13-95

Date of REENTRY Date Reached TD Completion Date

REENTRY

API NO. 15-095010190000

County KINGMAN

W/2 - W/2 - SW - Sec. 12 Twp. 27S Rge. 10 XX W

1320' Feet from S (circle one) Line of Section

330' Feet from W (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:  
SW or (circle one)

Lease Name MILBURN Well # 1 OWWD

Field Name DRESDEN

Producing Formation None

Elevation: Ground 1659' KB 5' AGL

Total Depth 4450' PBDT 4450'

Amount of Surface Pipe Set and Cemented at 251' Feet

Multiple Stage Cementing Collar Used? Yes XX No

If yes, show depth set Feet

If Alternate II completion, cement circulated from

feet depth to w/ sx cmt.

Drilling Fluid Management Plan (Data must be collected from the Reserve Pit)

PAA JG 7-29-97

Chloride content 45000 ppm Fluid volume 350 bbls

Dewatering method used HAULED PITS DRY NO MUD USED

USING STEEL HOLDING TANK

Location of fluid disposal if hauled offsite:

Operator Name PRATT WELL SERVICE, INC.

Lease Name WATSON #1 SWD License No. 5893

SE SE SE Quarter Sec. 7 Twp. 27 S Rng. 13 W

County PRATT Docket No. D-19,334

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: *Kenneth C. Gates*  
Title: *President* Date: *12/26/95*  
Subscribed and sworn to before me this *26th* day of *December* 19 *95*.  
Notary Public: *Dorothy M. Furgason*  
Date Commission Expires: *Feb. 6, 1997*



K.C.C. OFFICE USE ONLY  
F Letter of Confidentiality Attached  
C Wireline Log Received  
C Geologist Report Received  
RECEIVED  
STATE CORPORATION COMMISSION  
KCC SWD/Rep NGPA  
KGS Plug Other  
DEC 27 1995 (Specify)  
CONSERVATION DIVISION  
Form ACO-117-91

12.27.95

**SIDE TWO**

Operator Name PRATT WELL SERVICE, INC. Lease Name MILBURN Well # 1

Sec. 23 Twp. 27S Rge. 10  East  West County KINGMAN

**ORIGINAL**

**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 type="checkbox"/> Log	<b>Formation (Top), Depth and Datums</b>	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Name	Top	Datum
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:				

CASING RECORD <input 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
	10"	P & A					

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	74' PBTD	60/40 POZ MIX	70 SX	3%CC
<input checked="" type="checkbox"/> Plug Back TD				
<input type="checkbox"/> Plug Off Zone	CEMENT @GL	" "	"	"

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	

<b>TUBING RECORD</b>		Size	Set At	Packer At	Liner Run <input type="checkbox"/> Yes <input type="checkbox"/> No
Date of First, Resumed Production, SWD or Inj. <b>P&amp;A</b>		Producing Method <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)			
Estimated Production Per 24 Hours	Oil <b>N/A</b> Bbls.	Gas <b>N/A</b> Mcf	Water <b>N/A</b> Bbls.	Gas-Oil Ratio	Gravimetric

Disposition of Gas: **METHOD OF COMPLETION** Production Interval

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

STATE CORPORATION COMMISSION  
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 Wichita, Kansas

ORIGINAL



HALLIBURTON

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

INVOICE

ORIGINAL

INVOICE NO.	DATE
906746	11/13/1995

WELL LEASE NO./PROJECT		WELL/PROJECT LOCATION		STATE	OWNER
MILBURN 2		KINGMAN		KS	SAME
SERVICE LOCATION		CONTRACTOR	JOB PURPOSE		TICKET DATE
PRATT		PRATT WELL SERVICE	PLUG TO ABANDON		11/13/1995
ACCT. NO.	CUSTOMER AGENT	VENDOR NO.	CUSTOMER P.O. NUMBER	SHIPPED VIA	FILE NO.
700429	KENNY GATES			COMPANY TRUCK	99464

DIRECT CORRESPONDENCE TO:

PRATT WELL SERVICE INC  
BOX 847  
PRATT, KS 67124

P.O. BOX 1598  
LIBERAL, KS 67905-0000

REFERENCE NO.	DESCRIPTION	QUANTITY	UM	UNIT PRICE	AMOUNT
PRICING AREA - MID CONTINENT					
000-117	MILEAGE CEMENTING ROUND TRIP	54	MI	2.85	153.90
		1	UNT		
090-910	MISCELLANEOUS PUMPING JOB	1	TRK	395.00	395.00
504-136	CEMENT - 40/60 POZMIX STANDARD	75	SK	7.16	537.00
507-277	HALLIBURTON-GEL BENTONITE	2	SK	18.60	37.20
500-207	BULK SERVICE CHARGE	75	CFT	1.35	101.25
500-306	MILEAGE CMTG MAT DEL OR RETURN	88.02	TMI	.95	83.62

INVOICE SUBTOTAL

1,307.97

DISCOUNT-(BID)

326.98-

INVOICE BID AMOUNT

980.99

\*-KANSAS STATE SALES TAX

48.07

\*-PRATT COUNTY SALES TAX

9.81

PRATT WELL SERVICE, INC.

ACCOUNTS PAYABLE

VENDOR # 0813 DUE DATE 112895

INVOICE # 951046 INVOICE DATE 111395

INVOICE AMOUNT \_\_\_\_\_ DISCOUNT \_\_\_\_\_

DISTRIBUTION

ACCOUNT #	AMOUNT
<u>Milburn 374</u>	<u>1038.87</u>

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Wichita, Kansas

INVOICE TOTAL - PLEASE PAY THIS AMOUNT =====>

\$1,038.87

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 agrees to pay attorney fees of 20% of the unpaid account, plus all collection and court costs.



**HALLIBURTON ENERGY SERVICES**

HAL-1906-N

CHARGE TO: *PRATH WGLL SGO.*  
 ADDRESS:  
 CITY, STATE, ZIP CODE:

DUNCAN COPY

TICKET

No. 906746-5

PAGE 1 OF 2

1. SERVICE LOCATIONS <i>PRATH Co.</i>	2. WELL/PROJECT NO. <i>2</i>	LEASE <i>MILBURN</i>	COUNTY/PARISH <i>KINGMAN</i>	STATE <i>Co.</i>	CITY/OFFSHORE LOCATION	DATE <i>11-13-95</i>	OWNER <i>JAMC</i>
2.	TICKET TYPE <input checked="" type="checkbox"/> SERVICE <input type="checkbox"/> SALES	NITROGEN JOB? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	CONTRACTOR <i>PRATH WGLL SGO.</i>	RIG NAME/NO.	SHIPPED VIA <i>TR.</i>	DELIVERED TO <i>WELL SITE</i>	ORDER NO.
3.	WELL TYPE <i>01</i>	WELL CATEGORY <i>06</i>	JOB PURPOSE <i>115</i>	WELL PERMIT NO.	WELL LOCATION		
4.	REFERRAL LOCATION	INVOICE INSTRUCTIONS					

PRICE REFERENCE	SECONDARY REFERENCE / PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.		U/M		UNIT PRICE	AMOUNT
		LOC	ACCT	DF							
000-117		1			MILEAGE <i>Rounded TRP</i> <i>TRK #</i> <i>52504</i>	54	MI.			285	15390
090-910		1			<i>Pump CHARGE</i>	2	HRS			39500	39500

**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: <input type="checkbox"/> PULLED & RETURN <input type="checkbox"/> PULLED <input type="checkbox"/> RUN		<b>SURVEY</b>		AGREE	UN-DECIDED	DIS-AGREE	PAGE TOTAL <i>548.90</i>
TYPE LOCK	DEPTH	OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN?					
BEAN SIZE	SPACERS	WE UNDERSTOOD AND MET YOUR NEEDS?					FROM CONTINUATION PAGE(S) <i>759.00</i>
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?				SUB-TOTAL APPLICABLE TAXES WILL BE ADDED ON INVOICE <i>1307.90</i>
TREE CONNECTION		TYPE VALVE	ARE YOU SATISFIED WITH OUR SERVICE? <input 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)	CUSTOMER OR CUSTOMER'S AGENT (SIGNATURE)	HALLIBURTON OPERATOR/ENGINEER	EMP #	HALLIBURTON APPROVAL	
	<i>X</i>	<i>M.R. Colvard</i>	<i>50348</i>	<i>M.R. Colvard</i>	<i>759.00</i>



HALLIBURTON ENERGY SERVICES

TICKET CONTINUATION

FIELD COPY

TICKET No. 966746

CUSTOMER PRATT WELL SERVICE	WELL MILBURN #2	DATE 11-13-95	PAGE 2	OF 2
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FORM 1911 R-10

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.		U/M		UNIT PRICE	AMOUNT	
		LOC	ACCT	DF								
504-136		1			40/60 POZMIX W2% GEL	75	sks			7 16	537 00	
507-277	516.00259	1			HALLIBURTON GEL BLENDED 2%	2	sks			18 60	37 20	
LOADED ON TRK. #4413-FRONT												
ORIGINAL												
500-207		1			SERVICE CHARGE	CUBIC FEET		75		1 35	101 25	
500-306		1			MILEAGE CHARGE	TOTAL WEIGHT	LOADED MILES	TON MILES		88.02	95	83 62
						6521	27					

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 CONSERVATION DIVISION  
 Wichita, Kansas

No. B 325640

CONTINUATION TOTAL

752.07

WELL DATA

FIELD \_\_\_\_\_ SEC \_\_\_\_\_ TWP \_\_\_\_\_ RNG \_\_\_\_\_ COUNTY Kingman 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			10 7/8		75	
LINER						
TUBING			2 7/8		72 1/2	
OPEN HOLE						SHOTS/FT.
PERFORATIONS						
PERFORATIONS						
PERFORATIONS						

JOB DATA

CALLED OUT	ON LOCATION	JOB STARTED	JOB COMPLETED
DATE 11-13	DATE 11-13	DATE 11-13	DATE 11-13
TIME 1545	TIME 1700	TIME 1715	TIME 1830

PERSONNEL AND SERVICE UNITS

NAME	UNIT NO. & TYPE	LOCATION
M. BLYARD 50848	P/4 38423	PRAT Ks.
T. SLOTH 61622	Comm. 52504	PRAT Ks.
J. DRAIC H 2658	Bulk 4413	PRAT Ks.

TOOLS AND ACCESSORIES

TYPE AND SIZE	QTY.	MAKE
FLOAT COLLAR		
FLOAT SHOE		
GUIDE SHOE		
CENTRALIZERS		ORIGINAL
BOTTOM PLUG		
TOP PLUG		
HEAD T36	1	H.G.S.
PACKER		
OTHER		

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. \_\_\_\_\_

PERFAC BALLS TYPE \_\_\_\_\_ QTY. \_\_\_\_\_

OTHER \_\_\_\_\_

OTHER \_\_\_\_\_

DEPARTMENT CEMENT

DESCRIPTION OF JOB P.T.P.

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

CUSTOMER REPRESENTATIVE **X**

HALLIBURTON OPERATOR M.R. Blyard COPIES REQUESTED \_\_\_\_\_

CEMENT DATA

STAGE	NUMBER OF SACKS	CEMENT	BRAND	BULK SACKED	ADDITIVES	YIELD CU.FT./SK.	MIXED LBS./GAL.
	75	40 7/8	10 STD		44 CCL	1.53	133

PRESSURES IN PSI

SUMMARY

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. \_\_\_\_\_

SHUT-IN: INSTANT \_\_\_\_\_ 5-MIN \_\_\_\_\_ 15-MIN \_\_\_\_\_ CEMENT SLURRY: BBL.-GAL. 20.44

HYDRAULIC HORSEPOWER \_\_\_\_\_ TOTAL VOLUME: BBL.-GAL. \_\_\_\_\_

ORDERED \_\_\_\_\_ AVAILABLE \_\_\_\_\_ USED \_\_\_\_\_ REMARKS \_\_\_\_\_

AVERAGE RATES IN BPM \_\_\_\_\_

TREATING \_\_\_\_\_ DISPL. \_\_\_\_\_ OVERALL \_\_\_\_\_

CEMENT LEFT IN PIPE \_\_\_\_\_

FEET \_\_\_\_\_ REASON \_\_\_\_\_

FIELD OFFICE

PRAT K  
MIL BUREAU  
WELL NO. 2  
JOB TYPE

DATE 11-13-90



# HALLIBURTON

DATE 11-13-75

## JOB LOG HAL-2013-C

CUSTOMER *PROT WELL S&W* WELL NO. *2* LEASE *MILBURN* JOB TYPE *CEMENT* TICKET NO. *906746*

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	1545							<i>(1911-1) OUT</i>
	1700							<i>ON LOCATION</i>
	1715							<i>SET UP EQUIP</i> <i>check up 285</i> <i>Pump to 285 H<sub>2</sub>O MAKE SURE</i> <i>TRC NOT PULSED OFF (O.C.)</i>
	1720	<i>1 1/2</i>	<i>0</i>					<i>MIX part of Pumping</i>
			<i>7.8</i>					<i>GOOD part start down</i> <i>pull 78</i> <i>STRIP well down to 15 3/4</i> <i>WATER part</i>
	1750	<i>15</i>						<i>Put back on 10 3/4</i> <i>Pump out heavy part in PIPE</i> <i>PIPE WATER part out</i> <i>start down</i>
			<i>13.5</i>					<i>DISC w/part POP WITH H<sub>2</sub>O</i> <i>STILL @ 20' it was T.C. note</i> <i>use of Pump we would just use</i> <i>water in water &amp; use hand about</i> <i>1" in it would be Decided to</i> <i>just use in work. SEE IF part</i> <i>starts in place</i> <i>WASH UP</i> <i>Back up</i> <i>205 Pump</i>
	1830							<i>used 7800 55 200</i>

ORIGINAL

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Wichita, Kansas