

ORIGINAL

FORM MUST BE TYPED

SIDE ONE

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

Operator: License # 8996

Name: Mid-Continent Resources

Address P.O. Box 399

City/State/Zip Garden City, KS. 67846

Purchaser: Northern Natural

Operator Contact Person: Kevin Wiles Sr.

Phone (316) 275-2963

Contractor: Name: Cheyenney Drilling

License: 5382

Wellsite Geologist: Scott Corsair

Designate Type of Completion
 New Well Re-Entry Workover

Oil SVD SIGW Temp. Abd.
 Gas EMHR SIGW
 Dry Other (Core, MSW, Expl., Cathodic, etc.)

If Workover/Re-Entry: old well info as follows:

Operator: 11-27-95

Well Name: _____

Comp. Date _____ Old Total Depth _____

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

9-5-95 9-7-95 10-06-95
Spud Date Date Reached TD Completion Date

API NO. 15- 055214350000

County Finney

NE Sec. 19 Twp. 24S Rge. 32W

4045 Feet from SW (circle one) Line of Section

992 Feet from EW (circle one) Line of Section

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

Lease Name Garden City Well # 3

Field Name Hugoton

Producing Formation Krider

Elevation: Ground 2818 KB 2824

Total Depth 2604 PSTD 2570

Amount of Surface Pipe Set and Cemented at 363 Feet

Multiple Stage Cementing Collar Used? Yes No

If yes, show depth set _____ Feet

If Alternate II completion, cement circulated from 2603

feet depth to surface w/ 415 sx cnt.

Drilling Fluid Management Plan ALT 2 9/1 7-3-96
Data must be collected from the Reserve Pit)

chloride content 48,000 ppm Fluid volume 190 bbls

Dewatering method used NA

Location of fluid disposal if hauled offsite: _____

Operator Name Mid-Continent Resources

Lease Name I.D. #1-19 License No. 4058

SW Quarter Sec. 19 Twp. 24 S Rng. 31W E/W

County Finney 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 11-24-95

Subscribed and sworn to before me this 24th day of NOVEMBER, 19 95.

Notary Public Mary Sandra Brown

Date Commission Expires 8-13-96

K.C.C. OFFICE USE ONLY
F Letter of Confidentiality Attached
C Wireline Log Received
C Geologist Report Received
Distribution
 KCC SVD/Rep NGPA
 KGS Plug Other (Specify)



LAMARCO

SIDE TWO

Operator Name Mid-Continent Resources Lease Name Garden City Well # 3
County Finney
Sec. 19 Twp. 24S 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.)
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

Name	Top	Datum
Herrington	2458'	+ 366
Krider	2498	+ 326
Winfield	2550	+2274

CASING RECORD <input type="checkbox"/> New <input checked="" 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	23#	363	Halliburton	3235	60/40 poz 2% gel 13% CO
Production	7-7/8	4-1/2	10.5#	2603	"	315 100	Midcon II premium

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		Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used)	Depth
	Specify Footage of Each Interval Perforated			
3	2544-2552		2000 gallons of 28% fe acid	
3	2485-2495		32000# 12/20 Sand	
3	2460-2466		gel crosslinker	

TUBING RECORD	Size	Set At	Packer At	Liner Run
	2-3/8"	2524		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Date of First, Resumed Production, SMD or Inj.	Producing Method
shut in	<input checked="" type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)

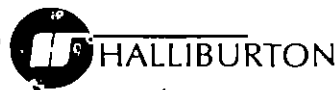
Estimated Production Per 24 Hours	Oil Bbls.	Gas shut in	Mcf	Water Bbls.	Gas-Oil Ratio	Gravity

Disposition of Gas: Vented Sold Used on Lease (If vented, submit ACD-18.)

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

Production Interval: 2544-52, 2485-95, 2460-66

SHUT IN



JOB SUMMARY

HALLIBURTON DIVISION
HALLIBURTON LOCATION

Mid-Continent
Liberal

15-055-21435-0000

BILLED ON TICKET NO. 8/1970

WELL DATA

FIELD _____ SEC _____ TWP _____ RNG _____ COUNTY Finney STATE KANSAS

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	~	10.5	4 1/2	0	2605	
LINER						
TUBING						
OPEN HOLE						SHOTS/FT
PERFORATIONS						
PERFORATIONS						
PERFORATIONS						

JOB DATA

CALLLED OUT	ON LOCATION	JOB STARTED	JOB COMPLETED
DATE <u>9-7-95</u>	DATE <u>9-7-95</u>	DATE <u>9-7-95</u>	DATE <u>9-7-95</u>
TIME <u>12:30</u>	TIME <u>14:45</u>	TIME <u>19:00</u>	TIME <u>20:15</u>

PERSONNEL AND SERVICE UNITS

NAME	UNIT NO. & TYPE	LOCATION
<u>K. Boone 47841</u>	<u>420042</u>	<u>Liberal</u>
<u>W. Fox D 4457</u>	<u>52276</u>	<u>"</u>
	<u>25374</u>	
<u>J. Wilson H 2442</u>	<u>4673</u>	<u>Hugoton</u>
	<u>7620</u>	
<u>D. Caprey H 2441</u>	<u>50737</u>	<u>"</u>
	<u>4734</u>	

TOOLS AND ACCESSORIES

TYPE AND SIZE	QTY.	MAKE
FLOAT COLLAR		
FLOAT SHOE		
GUIDE SHOE		
CENTRALIZERS <u>5.4 4 1/2</u>	<u>4</u>	<u>Hallih</u>
BOTTOM PLUG		
TOP PLUG <u>5W 4 1/2</u>	<u>1</u>	
HEAD		
PACKER <u>Basket 4 1/2</u>	<u>2</u>	
OTHER <u>Insert fit valve</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 _____

RECEIVED
STATE CORPORATION DEPARTMENT
NOV 2 1995

DESCRIPTION OF JOB Cement 2605' of 4 1/2 casing

JOB DONE THRU: TUBING CASING ANNULUS TBG/ANN

CUSTOMER REPRESENTATIVE X Scott Corne

HALLIBURTON OPERATOR _____ COPIES REQUESTED _____

CEMENT DATA

STAGE	NUMBER OF SACKS	CEMENT	BRAND	BULK SACKED	ADDITIVES	YIELD CU.FT./SK.	MIXED LBS./GAL.
	<u>315</u>	<u>mid-cont</u>		<u>B</u>	<u>2 1/2 Cmc1 1/4 F/grade</u>	<u>3.22</u>	<u>11.1</u>
	<u>100</u>	<u>P</u>		<u>b</u>	<u>5 1/2 cal seal 18 1/2 salt, 3 1/2 H/12.302 1/4 F/grade</u>		

PRESSURES IN PSI

SUMMARY

VOLUMES

CIRCULATING _____ DISPLACEMENT _____ PRES LUSH: BBL 12 TYPE mud flush

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

AVERAGE _____ FRACTURE GRADIENT _____ TREATMENT BBL -GAL. _____ DISPL. BBL -GAL. 40

SHUT-IN: INSTANT _____ 5-MIN _____ 15-MIN. _____ CEMENT SLURRY BBL -GAL. 179-25

HYDRAULIC HORSEPOWER _____ TOTAL VOLUME BBL -GAL. _____

ORDERED _____ AVAILABLE _____ USED _____

AVERAGE RATES IN BPM _____

TREATING _____ DISPL. _____ OVERALL _____

CEMENT LEFT IN PIPE _____

REMARKS circ 10 sk

FEET 24 REASON shoe joint



JOB LOG HAL-2013-C

CUSTOMER Mid Continent Resources	WELL NO. 3-19	LEASE Garden City	JOB TYPE 4 1/2 L.S.	TICKET NO. 811970
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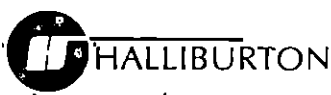
CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	12:30							called out
	15:00							on hrs
	12:00							Safety meeting
	18:50							start casing
	19:25	5	12			200		on Bottom side w/ Rig Army
	19:28	5	180			200		Pump mud Flush
	19:56	5	25			200		mix Lead cement
	20:02							mix Tail cement
	20:03							wash up to A.T
	20:04							Release plug
	20:15	5	40			550		start Displacement
	20:16							plug down
								ok
								Job Time 5 HR 30 min
								Pump Time 50 min

ORIGINAL

RECEIVED
STATE CORPORATION COMMISSION

NOV 27 1995

CONSERVATION
DIVISION



JOB SUMMARY

HALLIBURTON DIVISION Mid-Continent
 HALLIBURTON LOCATION Liberal

15-055-21435-0000

BILLED ON TICKET NO. 811970

WELL DATA

FIELD _____ SEC _____ TWP _____ RNG _____ COUNTY Finnery STATE KANSAS

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	<u>2</u>	<u>10.5</u>	<u>4 1/2</u>	<u>0</u>	<u>2605</u>	
LINER						
TUBING						
OPEN HOLE						SHOTS/FT
PERFORATIONS						
PERFORATIONS						
PERFORATIONS						

JOB DATA

CALLER OUT	ON LOCATION	JOB STARTED	JOB COMPLETED
DATE <u>9-7-95</u>	DATE <u>9-7-95</u>	DATE <u>9-7-95</u>	DATE <u>9-7-95</u>
TIME <u>12:30</u>	TIME <u>14:45</u>	TIME <u>19:20</u>	TIME <u>20:15</u>

TOOLS AND ACCESSORIES

TYPE AND SIZE	QTY.	MAKE
FLOAT COLLAR		
FLOAT SHOE		
GUIDE SHOE		
CENTRALIZERS <u>S-4 4 1/2</u>	<u>4</u>	<u>Hallih</u>
BOTTOM PLUG		
TOP PLUG <u>SW 4 1/2</u>	<u>1</u>	
HEAD		
PACKER <u>Basket 4 1/2</u>	<u>2</u>	
OTHER <u>Insert FIT valve</u>	<u>1</u>	

PERSONNEL AND SERVICE UNITS

NAME	UNIT NO. & TYPE	LOCATION
<u>K. Boone 47841</u>	<u>420042</u>	<u>Liberal</u>
<u>W. Fox D 4437</u>	<u>50226</u>	<u>"</u>
	<u>25324</u>	
<u>J. Wilson H 2442</u>	<u>4673</u>	<u>Hugoton</u>
	<u>7620</u>	
<u>D Coppeny H 2441</u>	<u>50737</u>	<u>"</u>
	<u>4734</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 2605' of 4 1/2" casing

JOB DONE THRU. TUBING CASING ANNULUS TBG./ANN

CUSTOMER REPRESENTATIVE X Scott Corra

HALLIBURTON OPERATOR _____ COPIES REQUESTED _____

CEMENT DATA

STAGE	NUMBER OF SACKS	CEMENT	BRAND	BULK SACKED	ADDITIVES	YIELD CU FT / SK	MIXED LBS / GAL
	<u>3/5</u>	<u>mid-cont II</u>		<u>B</u>	<u>2 1/2 Gal 1/4" F/grade</u>	<u>3.22</u>	<u>11.1</u>
	<u>100</u>	<u>P</u>		<u>b</u>	<u>5 1/2 gal seal 18 1/2 salt, 3 1/2 gal no. 302 1/4" F/grade</u>		

PRESSURES IN PSI

SUMMARY

VOLUMES

CIRCULATING _____ DISPLACEMENT _____ PRESLUSH: BBL cal 12 TYPE mud flush

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

AVERAGE _____ FRACTURE GRADIENT _____ TREATMENT: BBL -GAL. _____ DISPL BBL -GAL. 40

SHUT-IN: INSTANT _____ 5-MIN _____ 15-MIN _____ CEMENT SLURRY BBL 179.25

HYDRAULIC HORSEPOWER _____ TOTAL VOLUME: BBL -GAL. _____

ORDERED _____ AVAILABLE _____ USED _____ REMARKS

AVERAGE RATES IN BPM _____

TREATING _____ DISPL. _____ OVERALL _____

CEMENT LEFT IN PIPE _____

FEET 24 REASON shoe joint

REMARKS SIR 10 SK



JOB LOG - HAL-2013-C

CUSTOMER Mid Continent Resources	WELL NO. 3-19	LEASE Garden City	JOB TYPE 4 1/2 L.S.	TICKET NO. 811970
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CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	12:30							called out
	15:00							on hrs.
	17:00							Safety meeting ORIGINAL
	18:50							start casing
								on bottom side w/ Rig Pump
	19:25	5	12			200		Pump mud Flush
	19:28	5	180			200		mix Lead cement
	19:56	5	25			200		mix Tail cement
	20:02							wash up to A.T
	20:03							Release plug
	20:04							start Displacement
	20:15	5	40			550		plug down
	20:16							cl fit ok
								Job Time 5 HR 30 min
								Pump Time 50 min

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NOV 27 1995

NOV 27 1995

REGULATION DIVISION
WICHITA, KANSAS



HALLIBURTON ENERGY SERVICES

HAL-1906-14

CHARGE TO: American Warrior
 ADDRESS: _____
 CITY STATE ZIP CODE: Garden city Ks

DUNCAN COPY
 15-055-21435-0000
 No. 839920 - 4
 TICKET
 PAGE 1 OF 2

SERVICE LOCATIONS 1. <u>Playa Grande</u>	WELL/PROJECT NO <u># 3-19</u>	LEASE <u>Garden city</u>	COUNTY/PARISH <u>Finney</u>	STATE <u>Ks</u>	CITY/OFFSHORE LOCATION	DATE <u>9-5-95</u>	OWNER <u>JAME</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>Cheyenne</u>	RIG NAME/NO. <u>Cheyenne</u>	SHIPPED VIA <u>CT</u>	DELIVERED TO <u>well site</u>	ORDER NO.
3.	WELL TYPE <u>W</u>	WELL CATEGORY <u>01</u>	JOB PURPOSE <u>010</u>	WELL PERMIT NO.	WELL LOCATION <u>19-24-32</u>		
4. REFERRAL LOCATION	INVOICE INSTRUCTIONS						

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.		U/M		UNIT PRICE	AMOUNT
		LOC	ACCT	DF							
<u>000-117</u>		<u>1</u>			<u>MILEAGE 51374 RCM</u>	<u>200</u>	<u>Mi</u>	<u>1 unit</u>		<u>2.25</u>	<u>550</u>
<u>001-016</u>		<u>1</u>			<u>Pump service</u>	<u>300</u>	<u>EA</u>	<u>8-1/2 in</u>		<u>630.00</u>	<u>630</u>
<u>030-503</u>		<u>1</u>			<u>Plug LA-11</u>	<u>1</u>	<u>EA</u>	<u>8-5/8 in</u>		<u>9500</u>	<u>9500</u>

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STATE CORPORATION COMMISSION
NOV 2 1995
WICHITA, KANSAS

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

Acad 10
 DATE SIGNED 9-5-95 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			AGREE	UN-DECIDED	DIS-AGREE	PAGE TOTAL	<u>1270</u>
TYPE LOCK	DEPTH	OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN?						FROM CONTINUATION PAGE(S)	<u>3179</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	<u>44401</u>
		<input checked="" 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) <u>Acad 10</u>	CUSTOMER OR CUSTOMER'S AGENT (SIGNATURE) <u>[Signature]</u>	HALLIBURTON OPERATOR/ENGINEER <u>[Signature]</u>	EMP # <u>86101</u>	HALLIBURTON APPROVAL <u>[Signature]</u>
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HALLIBURTON ENERGY SERVICES

TRK 3860

TICKET CONTINUATION

CUSTOMER COPY

15-055-21435-0000

TICKET No. 8299.2.0

CUSTOMER: American Warrior
 WELL: 3-19 Gardner
 DATE: 9-5-95
 PAGE 2 OF 2

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 Standard	235				7.16	1,682.60		
506-121		1			4sk Halliburton Gel@2%							n/	
509-406		1			Calcium Chloride	6				36.75	220.50		
ORIGINAL													
RECEIVED STATE CORPORATION COMMISSION NOV 27 1995 RECEIVED TECHNICAL SERVICE													
500-207		1			SERVICE CHARGE			CUBIC FEET	247	1.35	333.45		
500-306		1			MILEAGE CHARGE		TOTAL WEIGHT 19,844	LOADED MILES	100	TON MILES	992.225	95	942.61

No. B 285402

CONTINUATION TOTAL

3,179.16



JOB SUMMARY

HALLIBURTON DIVISION
HALLIBURTON LOCATION

MID Cont
Hay-Ks

15.055-21435-0000

BILLED ON TICKET NO. 839520

WELL DATA

FIELD _____ SEC. 19 TWP. 24 RING. 32 COUNTY Finney 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 368'

	NEW USED	WEIGHT	SIZE	FROM	TO	MAXIMUM PSI ALLOWABLE
CASING			<u>8 7/8</u>	<u>KES</u>	<u>363</u>	
LINEP						
TUBING						
OPEN HOLE				<u>363</u>	<u>368</u>	SHOTS/FT.
PERFORATIONS						
PERFORATIONS						
PERFORATIONS						

ORIGINAL

JOB DATA

TOOLS AND ACCESSORIES

TYPE AND SIZE	QTY.	MAKE
FLOAT COLLAR		
FLOAT SHOE		
GUIDE SHOE		
CENTRALIZERS		
BOTTOM PLUG		
TOP PLUG <u>LAH 3 7/8</u>	<u>1</u>	<u>HALCO</u>
HEAD		
PACKER		
OTHER		

CALLER OUT	ON LOCATION	JOB STARTED	JOB COMPLETED
DATE <u>9-5-95</u> TIME <u>1230</u>	DATE <u>9-5-95</u> TIME <u>2030</u>	DATE <u>9-5-95</u> TIME <u>2130</u>	DATE <u>9-5-95</u> TIME <u>2245</u>

PERSONNEL AND SERVICE UNITS

NAME	UNIT NO. & TYPE	LOCATION
<u>Allen F. Worth 56101</u>	<u>P.U.</u>	<u>Hay-K</u>
<u>Ron Briggs 57220</u>	<u>40071</u> <u>RCM</u>	<u>Hay-K</u>
<u>Met Kailin 61511</u>	<u>38604</u>	<u>Hay-K</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 CM

DESCRIPTION OF JOB 8 7/8 surface

JOB DONE THRU: TUBING CASING ANNULUS TBG ANN

CUSTOMER REPRESENTATIVE X Scott Corso

HALLIBURTON OPERATOR Don Welch COPIES REQUESTED _____

CEMENT DATA

STAGE	NUMBER OF SACKS	CEMENT	BRAND	BULK SACKED	ADDITIVES	STATE CORPORATION COMMISSION	YIELD CU FT / SK	MIXED LBS. / GAL.
	<u>23</u>	<u>42/60</u>	<u>Porl</u>	<u>B</u>	<u>2 7/8 PRT 57000</u>	<u>NOV 21 1995</u>	<u>1.30</u>	<u>13.61</u>

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. 23

SHUT-IN. INSTANT _____ 5-MIN _____ 15-MIN. _____ CEMENT SLURRY BBL -GAL. 54.40

HYDRAULIC HORSEPOWER _____ TOTAL VOLUME BBL -GAL. _____

ORDERED _____ AVAILABLE _____ USED _____ REMARKS see Job log sheet

AVERAGE RATES IN BPM _____

TREATING _____ DISPL _____ OVERALL _____

CEMENT LEFT IN PIPE _____

FEET 20 REASON Shoe If, Reg'd. 1 Thanks Allen for good

FIELD OFFICE

CUSTOMER: PATRICK HARRIS
LEASE: GARDON CITY
WELL NO: 3-14
JOB TYPE: 2 7/8 SURFACE



JOB LOG HAL-2013-C

DATE: 9-5-95
PAGE NO: 1

CUSTOMER: *Am. Well* WELL NO.: *5-19* LEASE: *Garden city* JOB TYPE: *2 7/8 surface* TICKET NO.: *839920*

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
1	1230 2020							called out on location w/ Equip + Rik cont 23.5 sks 40/60 P22 20% gel 3%ACC
								Discuss Safety setup + Plan Job Rig Running closing csg on bottom cir w/ Rig Pump Hook up + cont well
	2100							950 Start mix 23.5 sks 40/60 P22 20% gel 3%ACC - "Plug Pipe"
	0957							300 F.N MIX Release Plug
	0956 0957		546					200 Start Disp csg. vol 2200L 300 Plug down
	2207 2207 2245		22 1/2					300 Shot in @ well Job complete
								30sks cir to P.t.

ORIGINAL

thanks Allen, Ray etc!