

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

Operator: License # 06417
Name: Union Pacific Resources Company
Address: PO Box 7, MS 3006
City/State/Zip: Fort Worth, Texas 76101-0007

Purchaser: _____
Operator Contact Person: Cami Cho

Phone (817) 877-6530

Contractor: Name: Cheyenne Drilling
License: _____

Wellsite Geologist: NA

Designate Type of Completion
 New Well Re-Entry Workover

Oil SWD SLOW Temp. Abd.
 Gas ENHR SIGW
 Dry Other (Core, MSW, 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 PBD
 Commingled Docket No. _____
 Dual Completion Docket No. _____
 Other (SWD or Inj?) Docket No. _____

09/16/95 09/18/95 10/21/95
Spud Date Date Reached TD Completion Date

API NO. 15- 093-21482-0000 ORIGINAL

County Kearney
Sec. 13 Twp. 24S Rge. 35 E/W XX

1463 Feet from S/N (circle one) Line of Section
1259 Feet from E/W (circle one) Line of Section

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

Lease Name Unrein Well # 3X

Field Name Hugoton

Producing Formation Chase

Elevation: Ground 2928 KB _____

Total Depth 2750 PBD _____

Amount of Surface Pipe Set and Cemented at 890 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 cat.

Drilling Fluid Management Plan Act I 6-14-96
(Data must be collected from the Reserve Pit) NA

Chloride content _____ ppm Fluid volume _____ bbls

Dewatering method used KANSAS CORPORATION COMMISSION

Location of fluid disposal if hauled offsite:
APR 25 1996

Operator Name _____

Lease Name CONSERVATION DIVISION
WACBELL License No. _____

Quarter _____ Sec. _____ Twp. _____ S Rng. _____ E/W

County _____ Docket No. _____

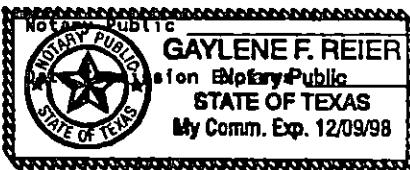
INSTRUCTIONS: An original and two copies of this form shall be filed with the Kansas Corporation Commission, 200 Colorado Derby Building, Wichita, Kansas 67202, within 120 days of the spud date, recompletion, workover or conversion of a well. Rule 82-3-130, 82-3-106 and 82-3-107 apply. Information on 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 Cami Cho /Cami Cho

Title Regulatory Analyst Date 04/23/96

Subscribed and sworn to before me this 24th day of April
19 96.



Gaylene F. Reier
12-09-98

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

Operator Name Union Pacific Resources Company Lease Name Unrein Well # 3X
 Sec. 13 Twp. 24S Rge. 35 East County Kearney
 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 (Attach Additional Sheets.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Log	Formation (Top), Depth and Datum	<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	Hollenburg	2399	+529
Electric Log Run (Submit Copy.)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Herrington	2424	+504
List All E.Logs Run:		Krider	2456	+472
Cement bond log		Winfield	2488	+440
		Towanda	2549	+379

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"	23#	890'	50:50 POZ C	370	5.5% SI 5% D44 6% D20
Production	7 5/8"	5 1/2"	15.5#	2750'	Class C	335	3% D-79, 2% D-45 2% B-28, 2% S-1

ADDITIONAL CEMENTING/SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	#Sacks Used	Type and Percent Additives
<input checked="" 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
2 SPF	2550' - 2576'	Acidize perfs w/ 2000 gals.	2493' - 2576'
2 SPF	2493' - 2497'	15% HCL & ball sealers	
2 SPF	2500' - 2510'	Frac perfs w/ 85,000 gals slick wtr. + 60,000# sand	
	2458' - 2472', 2435' - 2445', 2400' - 2414'	acidize perfs w/ 2,500 gals 15% HCL Frac perfs w/ 100,984 gals slick wtr + 50,000# sand	

TUBING RECORD	Size <u>RBP @ 2487'</u> <u>2 3/8"</u>	Set At <u>2629</u>	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. <u>10/21/95</u>	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 <u>0</u> Bbls.	Gas <u>179</u> Mcf	Water <u>90</u> Bbls.	Gas-Oil Ratio <u>0</u>	Gravity
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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 _____

DOWELL SCHLUMBERGER INCORPORATED

P.O. BOX 4378 HOUSTON, TEXAS 77210

15-093-21482-0000 26

OILFIELD SERVICES

IMPORTANT
SEE OTHER SIDE FOR TERMS & CONDITIONS

ARRIVE LOCATION	MO.	DAY	YR.	TIME
	9	16	95	14:00

SERVICE ORDER I authorize work to begin per service instructions in accordance with terms and conditions printed on the reverse side of this form and/or attached to this form and represent that I have authority to accept and sign this order.

SIGNATURE OF CUSTOMER OR AUTHORIZED REPRESENTATIVE
Roy L. Carr

JOB COMPLETION	MO.	DAY	YR.	TIME
	9	17	95	08:30

SERVICE RECEIPT I certify that the materials and services listed were received and all services performed in a workmanlike manner.

SIGNATURE OF CUSTOMER OR AUTHORIZED REPRESENTATIVE
Roy L. Carr

Dowell Service Order Receipt & Invoice No: 03-12-1540

Dowell Service Location Name and Number: Ulysses Tr. 03-12

CUSTOMER'S NAME: Union Pacific Resources Co.

ADDRESS: 150#10 AP

CITY, STATE AND ZIP CODE: KS 67301

Dowell will furnish and Customer shall purchase materials and services required for the performance of the following SERVICE INSTRUCTIONS in accordance with the general terms and conditions as printed on the reverse side of this service order and/or attached to this service order. This service order is subject to alternative dispute resolution.

ORIGINAL

MAY 03 1996

CUSTOMER NUMBER	CUSTOMER PO/CONTRACT NUMBER	TYPE SERVICE CODE	WORKOVER NEW WELL OTHER	W N O	AFF NUMBER
		271			

CONSERVATION DIVISION
WICHITA, KS

STATE	CODE	COUNTY/PARISH	CODE	CITY
KS	13	SEMPER	73	

WELL NAME AND NUMBER/JOB SITE	LOCATION NAME AND NUMBER/OFFSHORE PLATFORMS	ACCOUNTING CODES	ROUND TRIP MILEAGE
UHPPI #3	Sp. Tr. 245-354		74

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
059200-002	mileage	MI.	37	2.95	109.15
102871-010	PHM	EA	1	880.00	880.00
048661-000	cap	EA	1	10.00	10.00
044102-000	handling	EA	664	1.05	697.20
049100-000	steering cap	EA	432	1.43	617.76
059697-000	PARTS CAP	EA	1	167.00	167.00
040003-000	11903 class	EA	1	10.42	10.42
161545-000	11132	EA	186	4.74	881.56
045004-050	1144 salt	EA	1110	.13	144.30
045014-050	1120 gel	EA	1520	.17	258.40
067005-100	calu	EA	976	.44	430.24
044003-025	1129 cellophane	EA	93	1.77	164.61
050001-085	guide shop	EA	1	250.00	250.00
050015-085	bottle	EA	1	89.00	89.00
056011-085	center	EA	4	82.00	328.00
056702-085	Tap plug	EA	1	109.00	109.00

ORDER RECEIPT

910-6002
21510
7510
sent to: 4837.68 Wanda Barbed. 3-28-96
PH

7049.14	PH	LICENSE/REIMBURSEMENT FEE	SUB TOTAL
			4793.41

REMARKS:	STATE	% TAX ON \$	TOTAL \$
3296 Roy L Carr	10/10/95	3539.55	173.44
	COUNTY	% TAX ON \$	35.40
	CITY	% TAX ON \$	
	SIGNATURE OF DOWELL REPRESENTATIVE	TOTAL \$	5002.25

DOWELL SCHLUMBERGER INCORPORATED

P.O. BOX 4378 HOUSTON, TEXAS 77210

DISTRICT COPY

15-093-21482-0000

22

OILFIELD SERVICES

Dowell Service Order Receipt & Invoice No. **0312 7551**
 Dowell Service Location Name and Number **015563 KS 0312**

IMPORTANT
 SEE OTHER SIDE FOR TERMS & CONDITIONS

ARRIVE LOCATION	MO.	DAY	YR.	TIME
	7	18	75	1700

CUSTOMER'S NAME **UPRC**
 ADDRESS _____
 CITY, STATE AND ZIP CODE _____

SERVICE ORDER I authorize work to begin per service instructions in accordance with terms and conditions printed on the reverse side of this form and/or attached to this form and represent that I have authority to accept and sign this order.

ORIGINAL

SIGNATURE OF CUSTOMER OR AUTHORIZED REPRESENTATIVE
 X **Roy I Case**

JOB COMPLETION	MO.	DAY	YR.	TIME
	9	18	75	2030

SERVICE RECEIPT I certify that the materials and services listed were received and all services performed in a workmanlike manner.

SIGNATURE OF CUSTOMER OR AUTHORIZED REPRESENTATIVE
 X **Roy I Case**

Dowell will furnish and Customer shall purchase materials and services required in the performance of the following SERVICE INSTRUCTIONS in accordance with the general terms and conditions as printed on the reverse side of this service order and/or attached to this service order. This service order is subject to alternative dispute resolution.

Safely Cont 5/2 Production Log per Customers INSTRUCTIONS

CUSTOMER NUMBER	CUSTOMER PO/CONTRACT NUMBER	TYPE SERVICE CODE	WORKOVER NEW WELL OTHER	AFE NUMBER
		285	<input type="checkbox"/> W <input type="checkbox"/> N <input type="checkbox"/> O	

STATE	CODE	COUNTY/PARISH	CODE	CITY
KANSAS	47	KEARNY		

WELL NAME AND NUMBER/JOB SITE	LOCATION NAME AND NUMBER/OFFSHORE PLATFORM
UNREIN KANSAS CORPORATION COMMISSION	SEC 13-243-35W

ACCOUNTING CODES	ROUND TRIP MILEAGE
	72

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
059200-002	CONSERVATION DIVISION	M	36	2.95	106.20
059697-000	POUR WICHITA, KS	EA	1	167.00	167.00
102871-030	PUMP CHG	EA	1	1460.00	1460.00
049102-000	DELIVERY CHG	EA	1	1.05	610.05
049100-000	SERVICE CHG	EA	34	143	4882.34
040003-000	CLASS C	EA	331	10.42	3449.02
067005-100	WALCONY CILCORDE	LB	338	44	148.72
047002-050	D-46 HIGH FORM	LB	25	3.41	95.48
044003-025	D-29 Cellophane FLAKE	LB	38	1.77	67.26
103368-050	B-28 CEMENT D Ring	LB	338	3.34	1128.92
045041-100	D-79 CHEMICAL EXTENDER	LB	473	1.44	609.12
050101-054	GUIDE SHOE	EA	1	170.00	170.00
051004-054	FLOAT COLLAR	EA	1	350.00	350.00
0516011-054	CENTRALIZER	EA	1	660.00	660.00
056019-054	STOP RING	EA	1	18.00	18.00
056702-054	TOP PLUG	EA	1	75.00	75.00
057499-001	THREAD LOCK	EA	1	28.00	28.00
059200-002					

SERVICE ORDER

RECEIPT

Sent to: Wanda Baxter 3-28-96 AMF

9634.69 Cement Production

Field Estimate # 9626.11 (4044/369) Discount price \$6160.71 SUB TOTAL 6166.20

LICENSE/REIMBURSEMENT FEE			
LICENSE/REIMBURSEMENT FEE			
REMARKS: THANKS FOR USING DOWELL!	STATE	% TAX ON \$	4742.12
	COUNTY	% TAX ON \$	232.37
	CITY	% TAX ON \$	47.40
	SIGNATURE OF DOWELL REPRESENTATIVE	TOTAL \$	6445.99

Schlumberger
Dowell

DOWELL SCHLUMBERGER INCORPORATED

DS-495-A PRINTED IN U.S.A.

TREATMENT NUMBER 02-12-7540 DATE 9-16-95
STAGE 08 DISTRICT Lyllyses, KS

WELL NAME AND NO. **UNEED #3** LOCATION (LEGAL) **Sec 13-24s-35w**

RIG NAME: **Cherokee #8**
WELL DATA: BIT SIZE **2 1/4** CSO/Liner Size **8 5/8**
TOTAL DEPTH **890** WEIGHT **24**
 NOT CABLE FOOTAGE **890**
MUD TYPE **ISS** GRADE **80d**
 BMST BMCT THREAD **80d**
MUD DENSITY **4.7** LESS FOOTAGE SHOE JOINT(S)
MUD VISC **54** Disp Capacity

COUNTY/PARISH **KEARNY** STATE **KS** APL NO

NAME **UNION PACIFIC Resources**

ADDRESS
ZIP CODE

SPECIAL INSTRUCTIONS

ORIGINAL

NOTE: Include Footage From Ground Level To Head In Dip Capacity
JOB TYPE **baffle plate** DEPTH **848**
JOB TYPE **It. Pallet** DEPTH **890**

IS CASING/TUBING SECURED? YES NO
LIFT PRESSURE **366** PSI CASING WEIGHT - SURFACE AREA (3 1/4" ID)
PRESSURE LIMIT **770** PSI BUMP PLUG TO **770** PSI
ROTATE RPM RECIPROCATE FT No of Centralizers **4**

Head & Plugs: TBG D.P. SQUEEZE JOB
 Double SIZE WEIGHT TYPE
 Single GRADE TAIL PIPE: SIZE DEPTH
 Swage THREAD TUBING VOLUME Bbl
 Knockout NEW USED CASING VOL. BELOW TOOL Bbl
TOP OR OW DEPTH TOTAL Bbl
BOT OR OW DEPTH ANNUAL VOLUME Bbl

JOB SCHEDULED FOR TIME **1930** DATE **9-16-95** ARRIVE ON LOCATION TIME **1930** DATE **9-16-95** LEFT LOCATION TIME **0230** DATE **9-17-95**

TIME	PRESSURE		VOLUME PUMPED (GAL)		INJECT RATE	FLUID TYPE	FLUID DENSITY	SERVICE LOG DETAIL
	TBG OR D.P.	CASING	INCREMENT	CUM				
0047	0	20			5.8	H2O		PRE JOB SAFETY MEETING
0051	220	97			5.8	cmf 12.8		START H2O ahead
0059	130	49			5.8	cmf 12.8		START lead cmf.
0107	160	22			5.8	cmf 14.6		psi check
0111	200	20			5.8	cmf 14.4		start tail cmf.
0111	0							psi check
0111	0	54			5.8	H2O		shut down prep top plug
0113	0				5.8	H2O		start displacement
0117	160	20			5.8	H2O		psi check
0119	230	30			5.8			cmf to surface
0122	350	45			2.6			LOWER RATE
0124	300	37			2.6			psi check
0126	270	54			2.6			bump top plug
0127								shut in cmf main fold bleed psi of PHO job

RECEIVED
KANSAS CORPORATION COMMISSION
MAY 03 1996
OIL AND GAS DIVISION
WICHITA, KS

Sent to Wanda
number 3-28-96 APPE

SYSTEM CODE	NO. OF SACKS	YIELD CU FT/SK	COMPOSITION OF CEMENTING SYSTEMS				SLURRY MIXED	
			SO C	SO S	SO L	SO H	BBL	DENSITY
1	270	1.89	50 par + 6% agel + 3% acal + 5% O44 + 4% K129				90.8	12.8
2								
3	100	1.77	50 par + 2.5% acal + 4% K129				217	14.6
4								
5								
6								

BREAKDOWN FLUID TYPE
 RESISTION SQ RUNNING BR
 CIRCULATION LOST YES NO
BREAKDOWN PSI FINAL PSI DISPLACEMENT VOL **54** Bbls
Washed Thru Parts YES NO FT MEASURED DISPLACEMENT **54**
PERFORATIONS TO TO TO TO CUSTOMER REPRESENTATIVE **Roy Case** SUPERVISOR **James Esquivel**

CEMENTING SERVICE REPORT

Schlumberger

Dowell

DOWELL SCHLUMBERGER INCORPORATED

15-093-21482-0005

STAGE

DS

DISTRICT

DATE 9-18

DS-496-A PRINTED IN U.S.A.

WELL NAME AND NO. URBEN #3	LOCATION (LEGAL) Sec 13-243-35W	RIG NAME Chic 46-111E #F																																
FIELD-POOL	FORMATION	WELL DATA																																
COUNTY/PARISH Kelley	STATE Kentucky	API NO.																																
NAME UR22	AND	ADDRESS																																
ZIP CODE	<table border="1"> <tr> <th>TYPE</th> <th>DEPTH</th> <th>TYPE</th> <th>DEPTH</th> </tr> <tr> <td>BIT SIZE 7 7/8</td> <td>CSQ/Liner Size 5 1/2</td> <td></td> <td></td> </tr> <tr> <td>TOTAL DEPTH 8250</td> <td>WEIGHT 15.5</td> <td></td> <td></td> </tr> <tr> <td>Q ROT <input type="checkbox"/> CABLE</td> <td>FOOTAGE</td> <td></td> <td></td> </tr> <tr> <td>MUD TYPE</td> <td>GRADE</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> BHST</td> <td>THREAD</td> <td></td> <td></td> </tr> <tr> <td>MUD DENSITY</td> <td>LESS FOOTAGE SHOE JOINT(S)</td> <td>42.36</td> <td>TOTAL</td> </tr> <tr> <td>MUD VISC</td> <td>Disp. Capacity</td> <td></td> <td></td> </tr> </table>		TYPE	DEPTH	TYPE	DEPTH	BIT SIZE 7 7/8	CSQ/Liner Size 5 1/2			TOTAL DEPTH 8250	WEIGHT 15.5			Q ROT <input type="checkbox"/> CABLE	FOOTAGE			MUD TYPE	GRADE			<input type="checkbox"/> BHST	THREAD			MUD DENSITY	LESS FOOTAGE SHOE JOINT(S)	42.36	TOTAL	MUD VISC	Disp. Capacity		
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ORIGINAL

SPECIAL INSTRUCTIONS
 Run Cement Pump 15' below Cement
 Seal Log 15' below (Cement)
 Instruction

IS CASING/TUBING SECURED? <input type="checkbox"/> YES <input type="checkbox"/> NO	LIFT PRESSURE PSI	CASING WEIGHT - SURFACE AREA (2.14 x RH)	IS CASING/TUBING SECURED? <input type="checkbox"/> YES <input type="checkbox"/> NO	LIFT PRESSURE PSI	CASING WEIGHT - SURFACE AREA (2.14 x RH)
PRESSURE LIMIT PSI	BUMP PLUG TO PSI	ROTATE RPM	RECIPROCATATE FT	No of Centralizers	10

TIME	PRESSURE	VOLUME PUMPED gal.	JOB SCHEDULED FOR			ARRIVE ON LOCATION		LEFT LOCATION	
	TBG OR DP	CASING	INCREMENT	CUM	INJECT RATE	FLUID TYPE	FLUID DENSITY	TIME	DATE
0001 to 2400									
19:38	240	20			6	11.5	7.55		
19:43	270	74	20		6	11.5	11.5		
19:54	240	44	94		6	11.5	14.2		
20:02	20		138		0	11.5	17.8		
20:03	0		138		0	11.5	17.8		
20:06			138		0				
20:06	60	64 1/2	138		6	11.5	8.22		
20:13	200		38		6				
20:16	400		55		2				
20:22	840		64.5		0	11.5	8.57		
20:25	0								

RECEIVED
 CORPORATION COMMISSION
 MAY 03 1996

CONSERVATION DIVISION
 WRIGHT, KY

Corrected 9/6
 3-78

REMARKS

SYSTEM CODE	NO OF SACKS	YIELD CU FT/SK	COMPOSITION OF CEMENTING SYSTEMS		SLURRY MIXED		
			CLASS	WATER	BBLs	DENSITY	
1	1.25	2.75	Class C + 3% A	0.27 + 8.2%	0.41 + 7.4%	74	11.5
2	1.37	1.37	Class C + 2% A	0.21 + 2.1%		44	11.5

BREAKDOWN FLUID TYPE	VOLUME	DENSITY	PRESSURE	MAX 890	MIN:
RESISTANCE SO	<input type="checkbox"/> RUNNING SO	CIRCULATION LOST	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	Cement Circulated To Surf.	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
DISPLACEMENT VOL.	PSI	PSI	DISPLACEMENT VOL.	Bbls	TYPE OF WELL
Washed Thru Parts	<input type="checkbox"/> YES <input type="checkbox"/> NO	TO	FT.	MEASURED DISPLACEMENT 64.5	<input type="checkbox"/> OIL <input checked="" type="checkbox"/> GAS <input type="checkbox"/> STORAGE <input type="checkbox"/> INJECTION <input type="checkbox"/> BRINE WATER <input type="checkbox"/> WILDCAT
PERFORATIONS	TO	TO	CUSTOMER REPRESENTATIVE	DS	SUPERVISOR

DOWELL SCHLUMBERGER INCORPORATED

P.O. BOX 4378 HOUSTON, TEXAS 77210

OILFIELD SERVICES

Dowell Service Order Receipt & Invoice No. 03-12-7560
Dowell Service Location Name and Number Ulysses No. 03-12

CUSTOMER'S NAME Union Pacific Resources
ADDRESS _____

CITY, STATE AND ZIP CODE _____

ORIGINAL

Dowell will furnish and Customer shall purchase materials and services required in the performance of the following SERVICE INSTRUCTIONS in accordance with the general terms and conditions as printed on the reverse side of this service order and/or attached to this service order. This service order is subject to alternative dispute resolution.

IMPORTANT
SEE OTHER SIDE FOR TERMS & CONDITIONS

ARRIVE LOCATION	MO. <u>9</u>	DAY <u>16</u>	YR. <u>95</u>	TIME <u>1930</u>
SERVICE ORDER I authorize work to begin per service instructions in accordance with terms and conditions printed on the reverse side of this form and/or attached to this form and represent that I have authority to accept and sign this order.				
SIGNATURE OF CUSTOMER OR AUTHORIZED REPRESENTATIVE <u>Roy L Case</u>				
JOB COMPLETION	MO. <u>9</u>	DAY <u>17</u>	YR. <u>95</u>	TIME <u>0130</u>
SERVICE RECEIPT I certify that the materials and services listed were received and all services performed in a workmanlike manner.				
SIGNATURE OF CUSTOMER OR AUTHORIZED REPRESENTATIVE <u>Roy L Case</u>				

CUSTOMER NUMBER	CUSTOMER PO/CONTRACT NUMBER	TYPE SERVICE CODE <u>271</u>	WORKOVER NEW WELL OTHER <input type="checkbox"/> W <input type="checkbox"/> N <input type="checkbox"/> O	AFE NUMBER
STATE <u>Ks</u>	CODE <u>15</u>	COUNTY/PARISH <u>LePine</u>	CODE <u>93</u>	CITY
WELL NAME AND NUMBER/JOB SITE <u>Ulysses #3</u>	LOCATION NAME AND NUMBER/OFFSHORE PLATFORM <u>Sec. 13-245-354</u>			
ACCOUNTING CODES	ROUND TRIP MILEAGE <u>74</u>			

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
059200-002	mileage	mi.	37	2.95	109.15
102871-010	PUMP chg	EA	1	880.00	880.00
048601-000	cm - chg of AA	EA	1	70.00	70.00
049102-000	hauling	1000/ft	697.20	1.05	697.20
049100-000	spring chg	unit	432	1.43	617.76
059697-000	PAKER chg	EA	1	167.00	167.00
040003-000	D903 class C	SK	187	10.42	1948.54
101545-000	D132 - 1st	sk	186	4.74	881.56
045004-050	D44 salt	lb.	1110	.13	144.30
045014-050	D70 gel	lb.	1500	.17	255.00
067005-100	gels	lb.	916	.44	403.04
044003-025	D29 cellophane AKAKR	lb.	93	1.77	164.61
050001-085	guide shop	EA	1	250.00	250.00
056015-085	Baffle plate	EA	1	89.00	89.00
056011-085	center braces	EA	4	82.00	328.00
056702-085	Top plug	EA	1	109.00	109.00

RECEIPT

#4837.68

Bartel
3-28-96

Thanks For using Dowell

Field esti. #7114.24

RECEIVED KANSAS CORPORATION COMMISSION	LICENSE/REIMBURSEMENT FEE	SUB TOTAL	
REMARKS: <u>MAY 03 1996</u>	LICENSE/REIMBURSEMENT FEE	TOTAL	\$
STATE	% TAX ON \$		
COUNTY	% TAX ON \$		
CITY	% TAX ON \$		
CONSERVATION DIVISION WICHITA KS	SIGNATURE OF DOWELL REPRESENTATIVE	TOTAL	\$

15-093-21482-0000

CEMENTING SERVICE REPORT

Schlumberger
Dowell

DOWELL SCHLUMBERGER INCORPORATED

PROJECT NUMBER 15-093-21482-0000	DATE 9-16-95
STAGE DS	DISTRICT Kc

DS-498-A PRINTED IN U.S.A.

WELL NAME AND NO Union #13	LOCATION (LEGAL) Sec 13-24-35
FIELD-POOL	FORMATION

COUNTY/PARISH Kc	STATE Kc	API NO
---------------------	-------------	--------

NAME Union Pacific Resources

AND

ADDRESS

SPECIAL INSTRUCTIONS

ORIGINAL

IS CASING/TUBING SECURED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	LIFT PRESSURE 166 PSI	CASING WEIGHT - SURFACE AREA (3 1/4 x 8 1/2)
PRESSURE LIMIT PSI	BUMP PLUG TO 170 PSI	ROTATE RPM RECIPROCATE FT No of Centralizers 4

RIG NAME Hayward #18	WELL DATA	BOTTOM	TOP
BIT SIZE 2 1/4	CSG/Liner Size 8 1/2		
TOTAL DEPTH 870	WEIGHT 24		
<input type="checkbox"/> ROT <input type="checkbox"/> CABLE	FOOTAGE 870		
MUD TYPE	GRADE -55		
<input type="checkbox"/> BHST <input type="checkbox"/> BHCT	THREAD 807		
MUD DENSITY	LESS FOOTAGE SHOE JOINT(S) 1.2		TOTAL
MUD VISC.	Disp. Capacity 54		

NOTE: Include Footage From Ground Level To Head In Deep Capacity								
<table border="1"> <tr> <td>TYPE Baffle Plate</td> <td>DEPTH 848</td> <td>TYPE</td> <td>DEPTH</td> </tr> <tr> <td>TYPE T1 2 1/2</td> <td>DEPTH 890</td> <td>TYPE</td> <td>DEPTH</td> </tr> </table>	TYPE Baffle Plate	DEPTH 848	TYPE	DEPTH	TYPE T1 2 1/2	DEPTH 890	TYPE	DEPTH
TYPE Baffle Plate	DEPTH 848	TYPE	DEPTH					
TYPE T1 2 1/2	DEPTH 890	TYPE	DEPTH					

Head & Plugs	<input type="checkbox"/> TBG <input type="checkbox"/> D.P.	SQUEEZE JOB
<input type="checkbox"/> Double	SIZE	TOOL TYPE
<input type="checkbox"/> Single	WEIGHT	DEPTH
<input type="checkbox"/> Swage	GRADE	TAIL PIPE SIZE DEPTH
<input type="checkbox"/> Knockoff	THREAD	TUBING VOLUME BBLs
TOP OR BOT	<input type="checkbox"/> NEW <input type="checkbox"/> USED	CASING VOL BELOW TOOL BBLs
DEPTH		TOTAL BBLs
		ANNUAL VOLUME BBLs

TIME	PRESSURE		VOLUME PUMPED BBL		JOB SCHEDULED FOR			ARRIVE ON LOCATION		LEFT LOCATION	
	TBG OR D.P.	CASING	INCREMENT	CUM	TIME	DATE	TIME	DATE	TIME	DATE	
0001	2400										
0047	0	20			5.5	H2O					
0051	220	91			5.5	cmf	12.8				
0059	150	49			5.5	cmf	12.8				
0107	160	22			5.5	cmf	14.6				
0111	200	20			5.5	cmf	14.6				
0111	0										
0113	0	54			5.5	H2O					
0117	160	20			5.5	H2O					
0119	230	30			5.5						
0122	550	45	2.6								
0124	300	52	2.6								
0126	770	54	2.6								
0127											

RECEIVED
KANSAS CORPORATION COMMISSION

MAY 03 1996

CONSERVATION DIVISION
WICHITA KS

REMARKS

SYSTEM CODE	NO OF SACKS	YIELD CU FT/SK	COMPOSITION OF CEMENTING SYSTEMS				SLURRY MIXED		
			1	2	3	4	BBLs	DENSITY	
1	770	1.89	50%	50% super + 6% top oil + 3% scale + 5% (1) 44 + 3% (1) 29				912.8	12.8
2									
3	100	1.72	50%	50% super + 2.5% scale + 3% (1) 29				217	14.6
4									
5									
6									

BREAKDOWN FLUID TYPE	VOLUME	DENSITY	PRESSURE	MAX
<input checked="" type="checkbox"/> HESITATION SQ	<input type="checkbox"/> CIRCULATION LOST	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	Cement Circulated To Surf	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
BREAKDOWN	DISPLACEMENT VOL.	54 Bbls	TYPE OF WELL	<input type="checkbox"/> OIL <input type="checkbox"/> STORAGE <input type="checkbox"/> BRINE WATER
Washed Thru Parts <input type="checkbox"/> YES <input type="checkbox"/> NO	MEASURED DISPLACEMENT	<input type="checkbox"/> WIRELINE	<input type="checkbox"/> GAS <input type="checkbox"/> INJECTION	<input type="checkbox"/> WILDCAT
OPERATIONS	CUSTOMER REPRESENTATIVE	DS	SUPERVISOR	

CEMENTING SERVICE REPORT

Schlumberger

Dowell

DOWELL SCHLUMBERGER INCORPORATED

MENT NUMBER

DATE

STAGE

DS

DISTRICT

DS-495-A PRINTED IN U.S.A.

WELL NAME AND NO <i>Union #13</i>		LOCATION (LEGAL) <i>Top 13-24-50</i>		RIG NAME	
FIELD-POOL		FORMATION		WELL DATA: BIT SIZE, CSG/Liner Size, TOTAL DEPTH, WEIGHT	
COUNTY/PARISH		STATE		MUD TYPE, GRADE, MUD DENSITY, MUD VISC	
NAME		API NO		MUD TYPE, GRADE, MUD DENSITY, MUD VISC	
AND				NOTE: Include Footage From Ground Level To Head in Dip Capacity	
ADDRESS		ZIP CODE		SHOE DEPTH, SQUEEZE JOB	

ORIGINAL

SPECIAL INSTRUCTIONS		HEAD & PLUGS		SQUEEZE JOB	
IS CASING/TUBING SECURED?		DOUBLE, SINGLE, SWAGE, KNOCKOFF		TOOL TYPE, DEPTH	
LIFT PRESSURE, PSI		NEW, USED		TAIL PIPE SIZE, DEPTH	
PRESSURE LIMIT, PSI		DEPTH		TUBING VOLUME, CASING VOL BELOW TOOL, TOTAL	
ROTATE RPM, RECIPROCATATE FT		ANNUAL VOLUME		Bbls	

TIME	PRESSURE		VOLUME PUMPED		JOB SCHEDULED FOR			ARRIVE ON LOCATION		LEFT LOCATION	
	TBG OR D.P.	CASING	INCREMENT	CUW	TIME	DATE	TIME	DATE	TIME	DATE	
0001 to 2400											
0001	520		11								
0001	520		114								
0001	520		20								
0011	520		20								
0011	520		4								
0011	520		50								
0011	520		45								
0011	520		55								
0011	520		54								

RECEIVED
KANSAS CORPORATION COMMISSION
MAY 03 1996
CONSERVATION DIVISION
WICHITA, KS

REMARKS

SYSTEM CODE	NO OF SACKS	YIELD CU FT/SK	COMPOSITION OF CEMENTING SYSTEMS				SLURRY MIXED	
			1	2	3	4	BBLs	DENSITY
1	270	1.84	50%	10%	30%	10%	10.2	12.8
2								
3	100	1.77	50%	20%	20%	10%	21.1	14.6
4								
5								
6								

BREAKDOWN FLUID TYPE		VOLUME		DENSITY		PRESSURE		MAX	
<input type="checkbox"/> HESITATION SO		<input type="checkbox"/> RUNNING SO		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		Cement Circulated To Surf		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
Washed Thru Parts		DISPLACEMENT VOL.		MEASURED DISPLACEMENT		TYPE OF WELL		STORAGE, INJECTION, BRINE WATER, WILDCAT	
PERFORATIONS		CUSTOMER REPRESENTATIVE		DS		SUPERVISOR			

CEMENTING SERVICE REPORT

Schlumberger

Dowell

DOWELL SCHLUMBERGER INCORPORATED

15-093-21482-0006

MENT NUMBER

7551

DATE 9-18

STAGE

DS

DISTRICT

0142565 Ks

DS-496-A PRINTED IN U.S.A.

WELL NAME AND NO. UPEIN #3		LOCATION (LEGAL) Sec 13-245-35W		RIG NAME: CHRYSLER #8	
FIELD-POOL		FORMATION		WELL DATA: BOTTOM TOP	
COUNTY/PARISH KEAZDY		STATE Kansas		APL NO.	
NAME UPRC		ADDRESS		MUD TYPE GRADE	
AND		ZIP CODE		MUD DENSITY LESS FOOTAGE SHOE JOINT(S) 5230 TOTAL	
SPECIAL INSTRUCTIONS		NOTE: Include Footage From Ground Level To Head In Disp. Capacity		MUD VISC. Disp. Capacity	

ORIGINAL

Rig up and pump 150cks C-cement
Lead and 180cks (tail) cement
and display as per company manual
instruction

IS CASING/TUBING SECURED? <input type="checkbox"/> YES <input type="checkbox"/> NO	TOOL TYPE	DEPTH
LIFT PRESSURE PSI	TOOL TYPE	DEPTH
PRESSURE LIMIT PSI	TOOL TYPE	DEPTH
ROTATE RPM	TOOL TYPE	DEPTH

TIME	PRESSURE	VOLUME PUMPED BBL	JOB SCHEDULED FOR	ARRIVE ON LOCATION	LEFT LOCATION
0001 to 2400	TBG OR D.P.	CASING	TIME: 1700 DATE:	TIME: 1700 DATE:	TIME: DATE:
19:38	310	20	6	1600 8:33	START WATER ahead
19:43	370	74	20	6	115 START LEAD CEM
19:54	240	44	94	6	148 START TAIL
20:07	20		138	0	148 CEMT Mixed Shot d
20:03	0		138	0	170 8:33 Wash Pump Lines
20:06			138	0	Drop top plug
20:06	60	64 1/2	138	6	160 8:33 START DISPLACEMENT
20:13	200		38	6	Starting to see lift + pressure
20:16	400		55	2	Lower Rate
20:22	840		64.5	0	170 8:33 Bump Top Plug
20:25	0				Bleed Line Check/float

RECEIVED
KANSAS CORPORATION COMMISSION
MAY 03 1996
CONSERVATION DIVISION
WICHITA, KS

3-28-96

REMARKS

SYSTEM CODE	NO. OF SACKS	YIELD CU. FT/SK	COMPOSITION OF CEMENTING SYSTEMS	SLURRY MIXED BBLs	DENSITY
1.	150	2.75	Class C + 3% D-79 + 0.2% D-46 + 1/4" x 1/8" D-29	74	11.5
2.	185	1.32	Class C + 2% B28 + 2% 50	44	14.8

REAKDOWN FLUID TYPE	VOLUME	DENSITY	PRESSURE	MAX. 890	MIN:
HESITATION SQ.	CIRCULATION LOST	DISPLACEMENT VOL.	Cement Circulated To Surf.	YES X NO	Bbls.
Washed Thru Perfs	MEASURED DISPLACEMENT	TYPE OF WELL	WIRELINE	YES X NO	
ERFORATIONS	CUSTOMER REPRESENTATIVE	DS	SUPERVISOR		