

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

Operator: License # 6039

Name: L. D. Drilling, Inc.

Address R. R. 1, Box 183 B

City/State/Zip Great Bend, Kansas 67530

Purchaser: na

Operator Contact Person: L. D. Davis

Phone (316) 793-3051

Contractor: Name: L. D. Drilling, Inc.

License: 6039

Wellsite Geologist: Kim Shoemaker

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/Reentry: Old Well Info as follows:

Operator: _____

Well Name: _____

Comp. Date _____ Old Total Depth _____

Deepening Re-perf. Conv. to Inj/SWD
 Plug Back P8TD
 Commingled Docket No. _____
 Dual Completion Docket No. _____
 Other (SWD or Inj?) Docket No. _____

9-9-97 9-16-97

Spud Date _____ Date Reached TD _____ Completion Date _____

API NO. 15- _____
County Stafford
C S/2 NW - NE - _____ Sec. 3 Twp. 22 Rge. 12 ^EW
990 Feet from S/N (circle one) Line of Section
1980 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 Hilda Well # 1

Field Name Max

Producing Formation na

Elevation: Ground 1846' KB 1851'

Total Depth 3650' P8TD _____

Amount of Surface Pipe Set and Cemented at 302 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 cmt.

Drilling Fluid Management Plan DA-4-20-98 U.C.
(Data must be collected from the Reserve Pit)

Chloride content _____ ppm Fluid volume 320 bbls

Dewatering method used hauling

Location of fluid disposal if hauled offsite: _____

Operator Name Paul's Oilfield Service

Lease Name Stargel #2 SWD License No. 31085

Quarter 4 Sec. 4 Twp. 22 S Rng. 12 ^EW

County Stafford Docket No. D-21,908

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. D. Davis L. D. Davis

Title President Date 11-12-97

Subscribed and sworn to before me this 12th day of November, 19 97.

Notary Public Bessie M. DeWerff
Bessie M. DeWerff

Date Commission Expires _____

5-20-01

K.C.C. OFFICE USE ONLY		
F	<input type="checkbox"/>	Letter of Confidentiality Attached
C	<input type="checkbox"/>	Wireline Log Received
C	<input checked="" type="checkbox"/>	Geologist Report Received
Distribution		
<input checked="" type="checkbox"/>	KCC	<input type="checkbox"/> SWD/Rep <input type="checkbox"/> NGPA
<input type="checkbox"/>	KGS	<input type="checkbox"/> Plug <input type="checkbox"/> Other (Specify)

Operator Name L. D. Drilling, Inc.

Lease Name Hilda

Well # 1

Sec. 3 Twp. 22 Rge. 12

East
 West

County Stafford

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:

No Logs Ran

Log Formation (Top), Depth and Datums Sample

Name	Top	Datum	
Anhy.	631-653	(+1220)	2' L to #10 to
Neva	2151	(-300)	-7' to #9 Siefkes B
Red Eagle	2241	(-390)	-4' to #9 Siefkes B
Heebner	3130	(-1279)	
Brown Lime	3268	(-1417)	
Lansing	3286	(-1435)	
Viola	3590	(-1739)	60' L. to #9
Simpson	3630	(-1779)	Siefkes B

CASING RECORD

No Arbuckle

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"	24#	302	Poz	200	49/60 2% Gel.

3% CC

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				

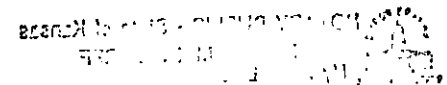
Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used)	Depth

TUBING RECORD	Size	Set At	Packer At	Liner Run <input type="checkbox"/> Yes <input type="checkbox"/> No

Date of First, Resumed Production, SWD or Inj.	Producing Method <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)
<u>D+A</u>	

Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
	<u>N-A</u>				

Disposition of Gas: METHOD OF COMPLETION Vented Sold Used on Lease (If vented, submit ACO-18.) Open Hole Perf. Dually Comp. Commingled Other (Specify) _____



ORIGINAL

Lease: Hilda #1
C S/2 NW NE 3-22-12
Stafford County, Kansas

Operator: L. D. Drilling, Inc.
R. R. 1, Box 183 B
Great Bend, KS 67530
316/793-3051

15-185-23055-0000

DST #1 1608-1700 Chase
Times: 30-30-30-30
Blow: 1st Open bb in 13 min.
2nd Open 8" blow
Recovery: 144" SCCMW
IFP: 109-115 FFP: 153-156 ISIP: 443 FSIP: 377

DST #2 Mis-Run
Times:
Blow: 1st Open
Blow: 2nd Open
Recovery:
IFP: FFP: ISIP: FSIP:

DST #3 3300-3370 Lansing B-F Zone
Times: 30-45-45-60
Blow: 1st Open blt to 10 1/2"
2nd Open bb in 12 min.
Recovery: 350' GIP, 93' Mud W/few oil speck
IFP: 137-109 FFP: 137-109 ISIP: 574 FSIP: 560

DST #4 3407-3500 H & K Zone
Times: 30-45-45-60
Blow: 1st open bb in 11 min.
2nd open bb immediately
Recovery: 890' GIP, 102' ho & gcm
20% oil, 30% gas, 50% mud
IFP: 109-117 FFP: 137-123
ISIP: 260 FSIP: 254

Sample Tops:

Anhy:	631-653	(+1220) 2' L to #10 to S
Neva	2151	(-300)-7' to #9 Siefkes B
Red Eagle	2241	(-390)-4' to #9 Siefkes B
Heebner	3130	(-1279)
Brown Lime	3268	(-1417)
Lansing	3286	(-1435)
Viola	3590	(-1739) 60' L. to #9 Siefkes
Simpson	3630	(-1779)
No Arbuckle		

15-185-23055-0000
LANSING B-F ZONE
3-22-12

15-185-23055-0000



HALLIBURTON ENERGY SERVICES
HAL-1906-P

CUSTOMER COPY

TICKET

No.

197153 - 0

PAGE 1 OF 2

CHARGE TO:
L.D. DRILLING
ADDRESS
CITY, STATE, ZIP CODE

1. SERVICE LOCATIONS <u>HAYS, KS</u>	WELL/PROJECT NO. <u>1</u>	LEASE <u>HEIDA</u>	COUNTY/PARISH <u>STAFFORD</u>	STATE <u>KS</u>	CITY/OFFSHORE LOCATION <u>LOCAL</u>	DATE <u>9-9-97</u>	OWNER <u>SAME</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>CS Tools</u>	RIG NAME/NO	SHIPPED VIA <u>51293</u>	DELIVERED TO <u>LOCAL</u>	ORDER NO.	
3. WELL TYPE	WELL CATEGORY <u>01</u>	JOB PURPOSE <u>010</u>	WELL PERMIT NO.	WELL LOCATION <u>15185230550000</u>			
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		40	MZ	1	320	12800
001-016		1			PUMP SERVICE		302	FT	6	14800	74800
030-016		1			TOP PLUG - WOOD - LAM		1	EA	8-5/8"	9500	9500
ORIGINAL											

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			SURVEY			AGREE	UN-DECIDED	DIS-AGREE	PAGE TOTAL	971.00
	TYPE LOCK	DEPTH		OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN?						FROM CONTINUATION PAGE(S)	2386.71
	BEAN SIZE	SPACERS		WE UNDERSTOOD AND MET YOUR NEEDS?							
	TYPE OF EQUALIZING SUB.	CASING PRESSURE		OUR SERVICE WAS PERFORMED WITHOUT DELAY?							
DATE SIGNED <u>9-9-97</u>	TIME SIGNED <u>1:00</u>	TUBING SIZE	TUBING PRESSURE	WELL DEPTH	WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY?						
<input checked="" type="checkbox"/> do <input type="checkbox"/> do not require IPC (Instrument Protection). <input type="checkbox"/> Not offered		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			3357.71
<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) <u>DOREAN J MARGHEIM</u>	CUSTOMER OR CUSTOMER'S AGENT (SIGNATURE) <u>X Dorean J Margheim</u>	HALLIBURTON OPERATOR/ENGINEER <u>Walter Wilson</u>	EMP # <u>89377</u>	HALLIBURTON APPROVAL
-------------------------------------------------------------------------	------------------------------------------------------------------------	-------------------------------------------------------	-----------------------	----------------------

TERMS AND CONDITIONS

(1295)

For good and valuable consideration received, Customer (as identified on the face of this document) and Halliburton Energy Services, a division of Halliburton Company (hereinafter "Halliburton") agree as follows:

A. **CUSTOMER REPRESENTATION** - Customer warrants that the well is in proper condition to receive the services, equipment, products, and materials to be supplied by Halliburton.

B. **PRICE AND PAYMENT** - The services, equipment, products, and/or materials to be supplied hereunder are priced in accordance with Halliburton's current price list. All prices are exclusive of taxes. 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 the 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.

C. **RELEASE AND INDEMNITY** - CUSTOMER AGREES TO RELEASE HALLIBURTON GROUP FROM ANY AND ALL LIABILITY FOR ANY AND ALL DAMAGES WHATSOEVER TO PROPERTY OF ANY KIND OWNED BY, IN THE POSSESSION OF, OR LEASED BY CUSTOMER AND THOSE PERSONS AND ENTITIES CUSTOMER HAS THE ABILITY TO BIND BY CONTRACT. CUSTOMER ALSO AGREES TO DEFEND, INDEMNIFY, AND HOLD HALLIBURTON GROUP HARMLESS FROM AND AGAINST ANY AND ALL LIABILITY, CLAIMS, COSTS, EXPENSES, ATTORNEY FEES AND DAMAGES WHATSOEVER FOR PERSONAL INJURY, ILLNESS, DEATH, PROPERTY DAMAGE AND LOSS RESULTING FROM:

LOSS OF WELL CONTROL; SERVICES TO CONTROL A WILD WELL WHETHER UNDERGROUND OR ABOVE THE SURFACE; RESERVOIR OR UNDERGROUND DAMAGE, INCLUDING LOSS OF OIL, GAS, OTHER MINERAL SUBSTANCES OR WATER; SURFACE DAMAGE ARISING FROM UNDERGROUND DAMAGE; DAMAGE TO OR LOSS OF THE WELL BORE; SUBSURFACE TRESPASS OR ANY ACTION IN THE NATURE THEREOF; FIRE; EXPLOSION; SUBSURFACE PRESSURE; RADIOACTIVITY; AND POLLUTION AND ITS CLEANUP AND CONTROL.

CUSTOMER'S RELEASE, DEFENSE, INDEMNITY AND HOLD HARMLESS OBLIGATIONS WILL APPLY EVEN IF THE LIABILITY AND CLAIMS ARE CAUSED BY THE SOLE, CONCURRENT, ACTIVE OR PASSIVE NEGLIGENCE, FAULT, OR STRICT LIABILITY OF ONE OR MORE MEMBERS OF THE HALLIBURTON GROUP, THE UNSEAWORTHINESS OF ANY VESSEL OR ANY DEFECT IN THE DATA, PRODUCTS, SUPPLIES, MATERIALS OR EQUIPMENT FURNISHED BY HALLIBURTON GROUP WHETHER IN THE DESIGN, MANUFACTURE, MAINTENANCE OR MARKETING THEREOF OR FROM A FAILURE TO WARN OF SUCH DEFECT. "HALLIBURTON GROUP" IS DEFINED AS HALLIBURTON, ITS PARENT, SUBSIDIARY, AND AFFILIATED COMPANIES AND ITS/THEIR OFFICERS, DIRECTORS, EMPLOYEES, AND AGENTS. CUSTOMER'S RELEASE, DEFENSE, INDEMNITY AND HOLD HARMLESS OBLIGATIONS APPLY WHETHER THE PERSONAL INJURY, ILLNESS, DEATH, PROPERTY DAMAGE OR LOSS IS SUFFERED BY ONE OR MORE MEMBERS OF THE HALLIBURTON GROUP, CUSTOMER, OR ANY OTHER PERSON OR ENTITY AND THE CUSTOMER WILL SUPPORT SUCH OBLIGATIONS ASSUMED HEREIN WITH LIABILITY INSURANCE TO THE MAXIMUM EXTENT ALLOWED BY APPLICABLE LAW.

D. **EQUIPMENT LIABILITY** - Customer shall at its risk and expense attempt to recover any Halliburton equipment lost or lodged in the well. If the equipment is not recovered or is irreparable, Customer shall pay the replacement cost, unless such loss is caused by Halliburton's sole negligence. If a radioactive source becomes lost or lodged in the well, this agreement will constitute Customer's written agreement under 10 CFR Sec. 39.15 (a) that Customer shall be responsible for meeting all requirements of 10 CFR Sec. 39.15 and any other applicable laws or regulations concerning retrieval, monitoring, decontamination and abandonment, and Customer shall permit Halliburton to observe the recovery or abandonment efforts, all without risk or expense to Halliburton. Customer shall be responsible for damage to or loss of Halliburton equipment, products, and materials while in transit aboard Customer-supplied transportation, even if such is arranged by Halliburton at Customer's request and during loading and unloading from such transport. Customer will also pay for the repair or replacement of Halliburton equipment damaged by corrosion or abrasion due to well effluents.

E. **LIMITED WARRANTY** - Halliburton warrants only title to the equipment, products, and materials supplied under this agreement and that same are free from defects in workmanship and materials for one year from date of delivery. THERE ARE NO WARRANTIES, EXPRESS OR IMPLIED, OF MERCHANTABILITY, FITNESS OR OTHERWISE BEYOND THOSE STATED IN THE IMMEDIATELY PRECEDING SENTENCE. Halliburton's sole liability and Customer's exclusive remedy in any cause of action (whether in contract, tort, breach of warranty or otherwise) arising out of the sale, lease or use of any equipment, products, or materials is expressly limited to the replacement of such on their return to Halliburton or, at Halliburton's option, to the allowance to Customer of credit for the cost of such items. In no event shall Halliburton be liable for special, incidental, indirect, consequential, or punitive damages. Because of the uncertainty of variable well conditions and the necessity of relying on facts and supporting services furnished by others, HALLIBURTON IS UNABLE TO GUARANTEE THE EFFECTIVENESS OF THE EQUIPMENT, MATERIALS, OR SERVICE, NOR THE ACCURACY OF ANY CHART INTERPRETATION, RESEARCH ANALYSIS, JOB RECOMMENDATION OR OTHER DATA FURNISHED BY HALLIBURTON. Halliburton personnel will use their best efforts in gathering such information and their best judgment in interpreting it, but Customer agrees that Halliburton shall not be liable for and CUSTOMER SHALL INDEMNIFY HALLIBURTON GROUP AGAINST ANY DAMAGES ARISING FROM THE USE OF SUCH INFORMATION, even if such is contributed to by Halliburton's negligence or fault. Halliburton also does not warrant the accuracy of data transmitted by electronic process, and Halliburton will not be responsible for accidental or intentional interception of such data by third parties.

F. **GOVERNING LAW** - The validity, interpretation and construction of this agreement shall be determined by the laws of the jurisdiction where the services are performed or the equipment or materials are delivered.

G. **WAIVER** - Customer agrees to waive the provisions of the Texas Deceptive Trade Practices-Consumer Protection Act or any similar federal or state statute to the extent permitted by law.

H. **MODIFICATIONS** - Customer agrees that Halliburton shall not be bound by any modifications to this agreement, except where such modification is made in writing by a duly authorized executive officer of Halliburton. Requests for modifications should be directed to the Vice President - Legal, 5151 San Felipe, Houston, Texas 77056.



TICKET CONTINUATION

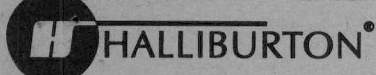
TICKET No. 197153

HALLIBURTON ENERGY SERVICES

Truck# (s)		CUSTOMER			WELL		DATE		PAGE		OF	
3880		L. D. Drilling			Hiloa #1		9/9/97		2		2	
PRICE	SECONDARY REFERENCE/	ACCOUNTING			DESCRIPTION	QTY.		UNIT	AMOUNT			
REFERENCE	PART NUMBER	LOG	ACCT	DF		U/M	U/M	PRICE				
504-136					40/60 Pozmix Standard	200	sk	\$8.14	\$1,628.00			
506-121					Halliburton Gel @2%	3	sk		N/C			
509-406					Calcium Chloride	5	sk	\$46.90	\$234.50			
ORIGINAL												
500-207					SERVICE CHARGE	CUBIC FEET	210	1.55	\$325.50			
500-306					MILEAGE CHARGE	TOTAL WEIGHT	LOADED MILES	TON MILES				
					16,840	20	168.400	1.18	\$198.71			

No. B 660111

CONTINUATION TOTAL \$ 2,386.71



JOB SUMMARY 4239-1

TICKET # 197153 TICKET DATE 9-9-97

REGION <u>North America</u>	NWA/COUNTRY <u>MidCont. USA</u>	BDA / STATE <u>MidCont Kansas</u>	COUNTY <u>Stefford</u>
MBU ID / EMP # <u>HADJ01 89377</u>	EMPLOYEE NAME <u>WAYNE Wilson</u>	PSL DEPARTMENT <u>CMT</u>	
LOCATION <u>HAYS KS 025525</u>	COMPANY <u>Z.D. Drilling</u>	CUSTOMER REP / PHONE <u>15185230550000</u>	
TICKET AMOUNT <u>3357.71</u>	WELL TYPE <u>01</u>	API / UWI #	
WELL LOCATION <u>N. Hudson KS</u>	DEPARTMENT <u>CMT</u>	JOB PURPOSE CODE <u>010</u>	
LEASE / WELL # <u>H:109 #1</u>	SEC / TWP / RNG <u>3-22-12w</u>		

HES EMP NAME/EMP#/(EXPOSURE HOURS)	HRS	HES EMP NAME/EMP#/(EXPOSURE HOURS)	HRS	HES EMP NAME/EMP#/(EXPOSURE HOURS)	HRS	HES EMP NAME/EMP#/(EXPOSURE HOURS)	HRS
<u>W. Wilson 89377</u>	<u>-</u>						
<u>D. Ash 81609</u>	<u>-</u>						
<u>B. Chapman 17804</u>	<u>-</u>						

HES UNIT NUMBERS	R/T MILES	HES UNIT NUMBERS	R/T MILES	HES UNIT NUMBERS	R/T MILES	HES UNIT NUMBERS	R/T MILES
<u>420995</u>	<u>164</u>						
<u>53293 m</u>	<u>164</u>						
<u>3860</u>	<u>164</u>						

Form Name _____ Type: _____
 Form Thickness _____ From _____ To _____
 Packer Type _____ Set At _____
 Bottom Hole Temp. _____ Pressure _____
 Misc. Data _____ Total Depth _____

DATE	CALLED OUT	ON LOCATION	JOB STARTED	JOB COMPLETED
<u>9-9-97</u>	<u>1500</u>	<u>1830</u>	<u>2015</u>	<u>2130</u>

TOOLS AND ACCESSORIES

TYPE AND SIZE	QTY	MAKE
Float Collar		
Float Shoe		
Guide Shoe		
Centralizers		
Bottom Plug		
Top Plug <u>LA-11</u>	<u>1</u>	<u>Hawco</u>
Head		
Packer		
Other		

WELL DATA

	NEW/USED	WEIGHT	SIZE	FROM	TO	MAX ALLOW
Casing	<u>U</u>	<u>240</u>	<u>8 3/8</u>	<u>KB</u>	<u>302</u>	
Liner						
Liner						
Tbg/D.P.						
Tbg/D.P.						
Open Hole	ORIGINAL					SHOTS/FT.
Perforations						
Perforations						
Perforations						

MATERIALS

	Density	Lb/Gal
Treat Fluid		
Disp. Fluid		
Prop. Type	Size	Lb.
Prop. Type	Size	Lb.
Acid Type	Gal.	%
Acid Type	Gal.	%
Surfactant	Gal.	In
NE Agent	Gal.	In
Fluid Loss	Gal/Lb	In
Gelling Agent	Gal/Lb	In
Fric. Red.	Gal/Lb	In
Breaker	Gal/Lb	In
Blocking Agent	Gal/Lb	Gal/Lb
Perfpac Balls	Qty.	
Other		
Other		
Other		
Other		

HOURS ON LOCATION		OPERATING HOURS		DESCRIPTION OF JOB
DATE	HOURS	DATE	HOURS	
<u>9-9</u>	<u>3</u>	<u>9-9</u>	<u>1</u>	<u>8 1/2 Surfact</u>
TOTAL		TOTAL		

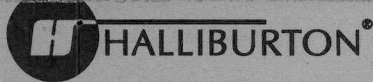
HYDRAULIC HORSEPOWER
 ORDERED Avail. Used
AVERAGE RATES IN BPM
 TREATED Disp. Overall
CEMENT LEFT IN PIPE Reason Requested
 FEET 15

CEMENT DATA

STAGE	SACKS	CEMENT	BULK/SKS	ADDITIVES	YIELD	LBS/GAL
<u>1</u>	<u>200</u>	<u>40-60</u>	<u>B</u>	<u>2% T-Gel, 3% CC</u>	<u>130</u>	<u>13.6</u>

Circulating _____ Displacement _____ Preflush: Gal - BBI _____ Type _____
 Breakdown _____ Maximum _____ Load & Bkdn: Gal - BBI _____ Pad: BBI - Gal _____
 Average _____ Frac Gradient _____ Treatment Gal - BBI _____ Disp: BBI - Gal 18.3
 Shut In: Instant _____ 5 Min _____ 15 Min _____ Cement Slurr Gal - BBI 46.3
 Total Volume Gal - BBI _____

Frac Ring #1 _____ Frac Ring #2 _____ Frac Ring #3 _____ Frac Ring #4 _____
THE INFORMATION STATED HEREIN IS CORRECT CUSTOMER'S REPRESENTATIVE SIGNATURE _____



JOB LOG 4239-5

TICKET #	197153	TICKET DATE	9/1/97
BDA / STATE	Missouri	COUNTY	St. Louis
PSL DEPARTMENT	CMT		
CUSTOMER REP / PHONE	15185230550000		
API / UWI #	711		
JOB PURPOSE CODE	711		

REGION	North America	NWA/COUNTRY	USA
MBU ID / EMP #	190101 85377	EMPLOYEE NAME	Wayne
LOCATION	1000	COMPANY	211
TICKET AMOUNT	3357.31	WELL TYPE	DI
WELL LOCATION	11-65	DEPARTMENT	3-22-12
LEASE / WELL #	11-65	SEC / TWP / RNG	3-22-12

HES EMP NAME/EMP#/(EXPOSURE HOURS)	HRS	HES EMP NAME/EMP#/(EXPOSURE HOURS)	HRS	HES EMP NAME/EMP#/(EXPOSURE HOURS)	HRS	HES EMP NAME/EMP#/(EXPOSURE HOURS)	HRS
Wayne	1						

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL)(GAL)	PUMPS		PRESS. (psi)		JOB DESCRIPTION / REMARKS
				T	C	Tbg	Csg	
	1500		107					Called out
	1830							ON Location, Discuss Job, Safety Meeting, Sit-up
	2015							Break Circ. with Rig
1	2030	6	0			200		Start mixing CMT To Pumping 200540, 40-60, 2% gel 3% CC 463 bbls. wt. 13.6
	2038		46.3					END mixing CMT
	2039							Release Plug
	2040	7	0					Start Disp. H2O
	2043		18.3			300		end Disp. 15 SKS CMT TO POT ✓
								Shut in
								WASH UP
								BACK-UP
								Job Complete

ORIGINAL

Thank You
WAYNE, DAVE, Ben

WV file

ALLIED CEMENTING CO., INC. 5744

REMIT TO P.O. BOX 31
RUSSELL, KANSAS 67665

ORIGINAL

SERVICE POINT: Great Bend, Ks

DATE <u>9-15-97</u>	SEC <u>3</u>	TWP. <u>22</u>	RANGE <u>12W</u>	CALLED OUT <u>10:00 PM</u>	ON LOCATION <u>11:00 PM</u>	JOB START <u>11:30 PM</u>	JOB FINISH <u>1:00 AM</u>
LEASE <u>Hilda</u>	WELL # <u>#1</u>	LOCATION <u>K19E281 6E IN 1E SINT</u>			COUNTY <u>Stafford</u>	STATE <u>Ks</u>	

OLD OR (NEW) (Circle one)

CONTRACTOR L.D. Drilling, Inc.

TYPE OF JOB Rotary plug

HOLE SIZE _____ T.D. _____

CASING SIZE _____ DEPTH _____

TUBING SIZE _____ DEPTH _____

DRILL PIPE 4 1/2" DEPTH 660'

TOOL _____ DEPTH _____

PRES. MAX _____ MINIMUM _____

MEAS. LINE _____ SHOE JOINT _____

CEMENT LEFT IN CSG. _____

PERFS. _____

OWNER Same

CEMENT

AMOUNT ORDERED 125 sacks 60/40 7% gel
1/4# flo seal per sack

Total sacks used = 125

COMMON _____ @ _____

POZMIX _____ @ _____

GEL _____ @ _____

CHLORIDE _____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

HANDLING _____ @ _____

MILEAGE _____ @ _____

TOTAL _____

EQUIPMENT

PUMP TRUCK CEMENTER Dwaine Smith

120 HELPER Kevin Rose

BULK TRUCK

69 DRIVER Kerry Rose

BULK TRUCK

_____ DRIVER _____

REMARKS:

Mixed 50 AX @ 660'

Mixed 50 AX @ 330'

Mixed 10 AX @ 40'

Mixed 15 AX in rat hole

SERVICE

DEPTH OF JOB _____

PUMP TRUCK CHARGE _____

EXTRA FOOTAGE _____ @ _____

MILEAGE _____ @ _____

PLUG _____ @ _____

_____ @ _____

_____ @ _____

TOTAL _____

CHARGE TO L.D. Drilling, Inc.

STREET RR. 1 Box 189-B

CITY Great Bend STATE Ks ZIP 67530

FLOAT EQUIPMENT

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

TOTAL _____

*Thanks
COP
105*

To Allied Cementing Co., Inc.
You are hereby requested to rent cementing equipment and furnish cementer and helper to assist owner or contractor to do work as is listed. The above work was done to satisfaction and supervision of owner agent or contractor. I have read & understand the "TERMS AND CONDITIONS" listed on the reverse side.

SIGNATURE [Signature]

TAX _____

TOTAL CHARGE _____

DISCOUNT _____ IF PAID IN 30 DAYS