

ORIGINAL

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 # 6039

Name: L. D. Drilling, Inc.

Address R.R. 1 Box 183 B

City/State/Zip Great Bend, KS. 67530

Purchaser: _____

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 Temp. Abd.

Gas Inj Delayed Comp.

Dry Other (Core, Water Supply, etc.)

If OWO: old well info as follows:

Operator: _____

Well Name: _____

Comp. Date _____ Old Total Depth _____

Drilling Method:

Mud Rotary Air Rotary Cable

10-6-90 10-14-90 _____

Spud Date Date Reached TD Completion Date

API NO. 15- 185-22,729-0000

County Stafford

SW SE NW Sec. 33 Twp. 21S Rge. 12 East West

2970' Ft. North from Southeast Corner of Section

3630' Ft. West from Southeast Corner of Section
(NOTE: Locate well in section plat below.)

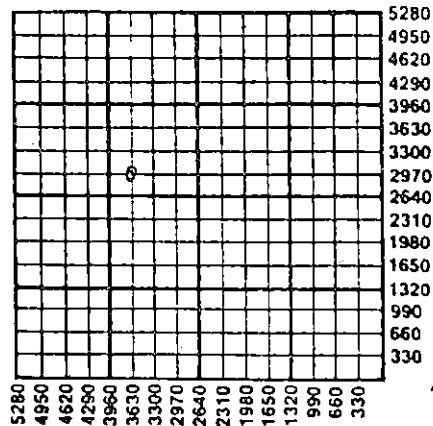
Lease Name Dew-Red Well # 1

Field Name Sittner

Producing Formation _____

Elevation: Ground 1879' KB 1884'

Total Depth 3669' PBSD _____



Amount of Surface Pipe Set and Cemented at 300' 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.

INSTRUCTIONS: This form shall be completed in triplicate and filed with the Kansas Corporation Commission, 200 Colorado Derby Building, Wichita, Kansas 67202, within 120 days of the spud date of any well. Rule 82-3-130, 82-3-107 and 82-3-106 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 drillers time log 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. Any recompletion, workover or conversion of a well requires filing of ACO-2 within 120 days from commencement date of such work.

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.

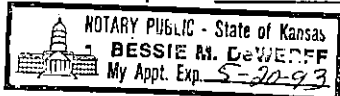
Signature L. D. Davis

Title L. D. Davis President Date 12-03-90

Subscribed and sworn to before me this 3rd day of December 19 90.

Notary Public Bessie M. DeWerff
Bessie M. DeWerff

Date Commission Expires 5-20-93 / / N



K.C.C. OFFICE USE ONLY
F Letter of Confidentiality Attached
C Wireline Log Received
C Drillers Timelog Received
RECEIVED
STATE CORPORATION COMMISSION
Distribution
 SWD/Rep NGPA
 KGS Plug Other
(Specify)
4 1991

CONSERVATION DIVISION
Wichita, Kansas

Form ACO-1 (7-89)

1-4-91

91

SIDE TWO

Operator Name L. D. Drilling, Inc. Lease Name Dew-Red Well # 1

Sec. 33 Twp. 21S 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.)

Formation Description		
Name	Top	Bottom
Anhy	668-695	
Heebner	3161 (-1277)	
Toronto	3178 (-1294)	
Douglas	3195 (-1311)	
B. Lime	3294 (-1410)	
Lans.	3311 (-1427)	
BKC	3544 (-1660)	
Viola	3552 (-1668)	
Simp. Shale	3589 (-1705)	
Arbuckle	3648 (-1764)	
RTD	3669 (-1785)	

CASING RECORD

New Used

Report all strings set-conductor, surface, intermediate, production, etc.

Purpose of String	Size Hole Drilled	Size Casing Set (In O.D.)	Weight Lbs./Ft.	Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives
surface	12 1/4"	8 5/8"	28#	300'	60/40 Poz	240	2% Gel, 3% CC

PERFORATION RECORD

Shots Per Foot Specify Footage of Each Interval Perforated

Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used) Depth

Shots Per Foot	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 Yes No

Date of First Production	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	Bbls.	Gas	Mcf	Water	Bbls.	Gas-Oil Ratio	Gravity

Disposition of Gas:

METHOD OF COMPLETION

Production Interval

Vented Sold Used on Lease (If vented, submit ACO-18.)

Open Hole Perforation Dually Completed Commingled

Other (Specify) _____

ORIGINAL

DRILLER'S WELL LOG

COMMENCED: 10-06-90
COMPLETED: 10-14-90

L. D. DRILLING, INC.
DEW-RED #1
SW SE NW Sec. 33-21S-12W
Stafford County, Ks.

0 - 300 Surface
300 - 585 Red Bed
585 -1605 Shale W/Lime
1605 -3505 Lime & Shale
3505 -3651 Lime, Shale & Chert
3651 -3669 Lime

ELEVATION: 1879' GR 1884' KB

FORMATION DATA: (Sample)

Anhy.	668	(+1216)
Heebner	3161	(-1277)
Toronto	3178	(-1294)
Douglas	3195	(-1311)
Brown Lime	3294	(-1410)
Lansing	3311	(-1427)
B K/C	3544	(-1660)
Viola	3552	(-1668)
Simpson Shale	3589	(-1705)
Arbuckle	3648	(-1764)
R.T.D.	3669	(-1785)

CASING RECORD:

8 5/8" Surface Casing set @ 300'
W/240 sx. 60/40 Pozmix, 2% GEL, 3% CC

A F F I D A V I T

STATE OF KANSAS)
COUNTY OF BARTON)ss

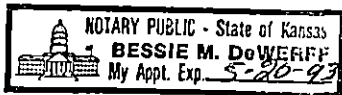
GREG DAVIDSON of lawful age, does swear and state that the facts and statements herein are true and correct to the best of his knowledge.

Greg Davidson
Greg Davidson

RECEIVED
STATE CORPORATION COMMISSION

Subscribed and sworn to before me this 16th day of November 1990.

NOV 14 1990



Bessie M. DeWerff
Notary Public: Bessie M. DeWerff

My Commission expires: 5-20-93

Phone 913-483-2627, Russell, Kansas
 Phone 316-793-5861, Great Bend, Kansas

ORIGINAL

Phone Plainville 913-434-2812
 Phone Ness City 913-798-3843

ALLIED CEMENTING CO., INC. No. 9238
 Home Office P. O. Box 31 Russell, Kansas 67665

New

Date <i>10-13-92</i>	Sec. <i>33</i>	Twp. <i>21</i>	Range <i>12</i>	Called Out <i>8:20</i>	On Location <i>11:00</i>	Job Start	Finish
Lease <i>Coal-Rd</i>	Well No. <i>1</i>	Location <i>1/4 Sec 33 T21 R12</i>			County <i>St. Francis</i>	State <i>KS</i>	

Contractor <i>L.D. Drilling Rig #1</i>	Owner <i>Same</i>		
Type Job <i>Rig Plug</i>	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 listed.		
Hole Size <i>7 7/8</i>	T.D. <i>366 ft</i>	Charge To <i>L.D. Drilling</i>	
Csg.	Depth	Street	
Tbg. Size	Depth	City	
Drill Pipe <i>H2</i>	Depth <i>690 ft</i>	State	
Tool	Depth	The above was done to satisfaction and supervision of owner agent or contractor.	
Cement Left in Csg.	Shoe Joint	Purchase Order No.	
Press Max.	Minimum	<i>X</i> <i>115-68-679-1</i>	
Meas Line	Displace	CEMENT	
Perf.		Amount Ordered <i>115-68-679-1</i>	

EQUIPMENT

<i>120</i>	No.	Cementor	<i>M. H.</i>
Pumptrk		Helper	<i>B. H.</i>
<i>101</i>	No.	Cementor	
Pumptrk		Helper	
		Driver	<i>D. H.</i>
Bulktrk		Driver	

DEPTH of Job <i>1,90 ft</i>	
Reference:	<i>Pump Truck Charge</i>
	<i>M. logs Charge</i>
	<i>old well plug</i>
	Sub Total
	Tax
	Total

Remarks: *50% at 690 ft*
Mix - 0
10% at 330 ft
15% at Rot Hole

Allied Cementing Co. Inc. By *M. H.*
M. H.

Consisting of	
Common	
Poz. Mix	
Gel.	
Chloride	
Quickset	
Sales Tax	
Handling	
Mileage	
Sub Total	
Total	
Floating Equipment	
STAMPED	
STATE OF KANSAS	
COUNTY OF ST. FRANCIS	
WITNESSED my hand and seal this 13th day of October 1992	

HALLIBURTON SERVICES ORIGINAL
Denver, Oklahoma 73136
A Division of Halliburton Company

TICKET No. 037186-6

FORM 1906 R-11

WELL NO. - FARM OR LEASE NAME: 200-Red COUNTY: STAFFORD STATE: KS CITY / OFFSHORE LOCATION: _____ DATE: 10-6-90

CHARGE TO: L D Drig Inc OWNER: Same TICKET TYPE (CHECK ONE) SERVICE SALES NITROGEN JOB YES NO

ADDRESS: _____ CONTRACTOR: Co tools LOCATION: 1 16t Budd CODE: 35520

CITY, STATE, ZIP: _____ SHIPPED VIA: 3471 FREIGHT CHARGES: PPD COLLECT LOCATION: 2 CODE: _____

WELL TYPE: _____ WELL CATEGORY: 01 WELL PERMIT NO.: 15-185-2229 DELIVERED TO: Location LOCATION: 3 CODE: _____

TYPE AND PURPOSE OF JOB: DID ORDER NO.: _____ REFERRAL LOCATION: _____

As consideration, the above-named Customer agrees to pay Halliburton in accord with the rates and terms stated in Halliburton's current price lists. Invoices payable NET by the 20th of the following month after date of invoice. Upon Customer's default in payment of Customer's account by the last day of the month following the month in which the invoice is dated, Customer agrees to pay interest thereon after default at the highest lawful contract rate applicable, but never to exceed 18% per annum. In the event it becomes necessary to employ an attorney to enforce collection of said account, Customer agrees to pay all collection costs and attorney fees in the amount of 20% of the amount of the unpaid account. These terms and conditions shall be governed by the law of the state whose services are performed or equipment or materials are furnished.

Halliburton warrants only title to the products, supplies and materials and that the same are free from defects in workmanship and materials. THERE ARE NO WARRANTIES, EXPRESS OR IMPLIED, OF MERCHANTABILITY, FITNESS FOR A PARTICULAR PURPOSE, OR OTHERWISE WHICH EXTEND BEYOND THOSE STATED IN THE IMMEDIATELY PRECEDING SENTENCE. Halliburton's liability and customer's exclusive remedy in any cause of action (whether in contract, tort, product liability, breach of warranty or otherwise) arising out of the sale or use of any products, supplies or materials is expressly limited to the replacement of such products, supplies or materials on their return to Halliburton or, at Halliburton's option, to the allowance to the customer of credit for the cost of such items. In no event shall Halliburton be liable for special, incidental, indirect, punitive or consequential damages.

PRICE REFERENCE	SECONDARY REF OR PART NO.	L O C.	ACCOUNT	DESCRIPTION	UNITS 1		UNITS 2		UNIT PRICE	AMOUNT
					QTY	MEAS	QTY	MEAS		
000-117		1		MILEAGE	18	mi			2.35	42.30
220-011		1		Pump Charge	8	hrs	300	FT		440.00
300-508		1		WOOD Plug	1	cs	8 1/2	in		59.00

THIS IS NOT AN INVOICE

AS PER ATTACHED BULK MATERIAL DELIVERY TICKET NO. B-909540 SUB TOTAL 1615.29

WAS JOB SATISFACTORILY COMPLETED? _____

WAS OPERATION OF EQUIPMENT SATISFACTORY? _____

WAS PERFORMANCE OF PERSONNEL SATISFACTORY? _____

X _____
CUSTOMER OR HIS AGENT (PLEASE PRINT)

X _____
CUSTOMER OR HIS AGENT (SIGNATURE)

WE CERTIFY THAT THE FAIR LABOR STANDARDS ACT OF 1938, AS AMENDED HAS BEEN COMPLIED WITH IN THE PRODUCTION OF GOODS AND OR WITH RESPECT TO SERVICES FURNISHED UNDER THIS CONTRACT.

[Signature]
HALLIBURTON OPERATOR

HALLIBURTON APPROVAL

SUB TOTAL 1615.29

APPLICABLE TAXES WILL BE ADDED ON INVOICE.

CUSTOMER



BULK MATERIALS DELIVERY

AND

TICKET CONTINUATION

ORIGINAL

FOR INVOICE AND
TICKET NO.

037186

DATE 10-6-90	CUSTOMER ORDER NO.	WELL NO. AND FARM Sittner Dew-Red	COUNTY Stafford	STATE Ks.
CHARGE TO L. D. Drilling Co.		OWNER Same	CONTRACTOR Co. Tools	No. B 909540
MAILING ADDRESS		DELIVERED FROM Great Bend, Ks.	LOCATION CODE 25520	PREPARED BY D. W. Dobratz
CITY & STATE		DELIVERED TO Location	TRUCK NO. 0513	RECEIVED BY <i>[Signature]</i>

PRICE REFERENCE	SECONDARY REF. OR PART NO.	CODE		DESCRIPTION	UNITS 1		UNITS 2		UNIT PRICE	AMOUNT		
		L	D		QTY.	MEAS.	QTY.	MEAS.				
				240 40% Pozmix 60% Cement 2% gel								
504-308	516.00261	1	B	Standard Cement	144	sk			5.35	770.40		
506-105	516.00286	1	B	Pozmix A	96	sk			2.79	267.84		
506-121	516.00259	1	B	4 Halliburton Gel 2% allowed						NC		
509-406	890.50812	1	B	Calcium Chloride 3% blended	6	sk			25.75	154.50		
					Returned Mileage Charge	TOTAL WEIGHT	LOADED MILES	TON MILES				
					SERVICE CHARGE ON MATERIALS RETURNED			CU. FEET				
500-207		1	B	SERVICE CHARGE				CU. FEET 252	1.10	277.20		
500-306		1	B	Mileage Charge	21,533	TOTAL WEIGHT	18	LOADED MILES	193.80	TON MILES	.75	145.35
No. B909540					CARRY FORWARD TO INVOICE				SUB-TOTAL	1615.29		

THIS IS NOT AN INVOICE

DISTRICT 1st Beerd

DATE 10-6-90

TO: HALLIBURTON SERVICES YOU ARE HEREBY REQUESTED TO FURNISH EQUIPMENT AND SERVICEMEN TO DELIVER AND OPERATE THE SAME AS AN INDEPENDENT CONTRACTOR TO: L.D. Drilg INC (CUSTOMER) AND DELIVER AND SELL PRODUCTS, SUPPLIES, AND MATERIALS FOR THE PURPOSE OF SERVICING

WELL NO. 7F-1 LEASE Dew-Red SEC 33 TWP. 21 RANGE 12

FIELD Settler COUNTY STAFFORD STATE KS OWNED BY Same

THE FOLLOWING INFORMATION WAS FURNISHED BY THE CUSTOMER OR HIS AGENT

FORMATION NAME	TYPE	NEW USED	WEIGHT	SIZE	FROM	TO	MAX. ALLOW. P.S.I.
CASING		u	28	8 7/8"	KB	300	
LINER							
TUBING							
OPEN HOLE				12 1/4"	KB	300	SHOTS/FT.
PERFORATIONS							
PERFORATIONS							
PERFORATIONS							

PREVIOUS TREATMENT: DATE _____ TYPE _____ MATERIALS _____

TREATMENT INSTRUCTIONS: TREAT THRU TUBING ANNULUS CASING TUBING/ANNULUS HYDRAULIC HORSEPOWER ORDERED _____
Set 8 7/8" Surface with 240 sks 4460 POC 37 CC

CUSTOMER OR HIS AGENT WARRANTS THE WELL IS IN PROPER CONDITION TO RECEIVE THE PRODUCTS, SUPPLIES, MATERIALS, AND SERVICES

As consideration, the above-named Customer agrees. THIS CONTRACT MUST BE SIGNED BEFORE WORK IS COMMENCED

a) To pay Halliburton in accord with the rates and terms stated in Halliburton's current price list. Invoices are payable NET by the 10th of the following month after date of invoice. Upon Customer's default in payment of Customer's account by the last day of the month following the month in which the invoice is dated, Customer agrees to pay interest thereon after default at the highest lawful contract rate applicable but never to exceed 18% per annum. In the event it becomes necessary to employ attorneys to enforce collection of said account, Customer agrees to pay all collection costs and attorney fees in the amount of 20% of the amount of the unpaid account.

b) To defend, indemnify, release and hold harmless Halliburton, its divisions, subsidiaries, parent and affiliated companies and the officers, directors, employees, agents and servants of all of them from and against any claims, liability, expenses, attorneys fees, and costs of defense to the extent permitted by law for:

1. Damage to property owned by, in the possession of, or leased by Customer, and/or the well owner (if different from Customer) including but not limited to, surface and subsurface damage. The term "well owner" shall include working and royalty interest owners.
2. Reservoir, formation, or well loss or damage, subsurface trespass or any action in the nature thereof.
3. Personal injury or death or property damage (including, but not limited to, damage to the reservoir, formation or well), or any damage to vital crops, growing out of or in any way connected with or resulting from pollution, subsurface pressure, losing control of the well and/or a well blowout or the use of radioactive material.

The defense, indemnity, release and hold harmless obligations of Customer provided for in this Section (b) and Section (c) below shall apply to claims or liability even if caused or contributed to by Halliburton negligence, strict liability, or the unseaworthiness of, any vessel owned, operated, or furnished by Halliburton or any defect in the data, products, supplies, materials, or equipment of Halliburton whether in the preparation, design, manufacture, distribution, or marketing thereof, or from a failure to warn any person of such defect. Such defense, indemnity, release and hold harmless obligations of Customer shall not apply where the claims or liability are caused by the gross negligence or willful misconduct of Halliburton. The term "Halliburton" as used in said Sections (b) and (c) shall mean Halliburton, its divisions, subsidiaries, parent, and affiliated companies, and the officers, directors, employees, agents and servants of all of them.

c) That 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 products, supplies or materials, nor the results of any treatment 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 against any damages arising from the use of such information.

d) That Halliburton warrants only title to the products, supplies and materials and that the same are free from defects in workmanship and materials. THERE ARE NO WARRANTIES, EXPRESS OR IMPLIED, OF MERCHANTABILITY, FITNESS OR OTHERWISE WHICH EXTEND BEYOND THOSE STATED IN THE IMMEDIATELY PRECEDING SENTENCE. Halliburton's 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 or use of any products, supplies or materials is expressly limited to the replacement of such products, supplies or materials on their return to Halliburton or, at Halliburton's option, to the allowance to the Customer of credit for the cost of such items. In no event shall Halliburton be liable for special, incidental, indirect, punitive or consequential damages.

e) That Customer shall at its risk and expense, attempt to recover any Halliburton equipment, tools or instruments which are lost in the well and if such equipment, tools or instruments are not recovered, Customer shall pay Halliburton its replacement cost unless such loss is due to the sole negligence of Halliburton. If Halliburton equipment, tools or instruments are damaged in the well, Customer shall pay Halliburton the lesser of its replacement cost or the cost of repairs unless such damage is caused by the sole negligence of Halliburton. In the case of equipment, tools or instruments for marine operations, Customer shall, in addition to the foregoing, be fully responsible for loss of or damage to any of Halliburton's equipment, tools or instruments which occurs, at any time after delivery to Customer at the landing unit, returned to the landing, unless such loss or damage is caused by the sole negligence of Halliburton.

f) To waive the provisions of the Deceptive Trade Practices - Consumer Protection Act, to the extent permitted by law.

g) That this contract shall be governed by the law of the state where services are performed or materials are furnished.

h) That Halliburton shall not be bound by any changes or modifications in this contract, except where such change or modification is made in writing by a duly authorized executive officer of Halliburton.

I HAVE READ AND UNDERSTAND THIS CONTRACT AND REPRESENT THAT I AM AUTHORIZED TO SIGN THE SAME AS CUSTOMER'S AGENT.

SIGNED [Signature] CUSTOMER
DATE 10-6-90
TIME 17:30 A.M. (P.M.)

We certify that the Fair Labor Standards Act of 1938, as amended, has been complied with in the production of goods and/or with respect to services furnished under this contract.

CUSTOMER

LOG

FORM 2013 R-2

WELL NO. 1 LEASE New-Rod TICKET NO. 037186
 CUSTOMER L.O. Dalg ORIGINAL PAGE NO. 1
 JOB TYPE Surface Pipe DATE 10-6-10

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	17:00							ON LOC
	18:40	3	5					200 Break Circ Pump
	18:45		54.0					200 Mix Cement
	18:55							Release Plug
	18:56	6						200 Start Pump
		6						Good Returns 17bbl disp
	19:00		18.0					300 Plug Down
	19:05							Shot in
								Wash up
								Job Complete
								Thanks
								Glean Bynny
								Gar, Blissing
								Don Roberts

CUSTOMER

WELL DATA

FIELD **33** SEC. **21** TWR. **12** RING. **12** COUNTY **ST. PFFORD** 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	1A	28 8/8	KB	300		
LINER						
TUBING						
OPEN HOLE			12 1/4	KG	500	SHOTS/FT.
PERFORATIONS						
PERFORATIONS						
PERFORATIONS						

JOB DATA

CALLS OUT	ON LOCATION	JOB STARTED	JOB COMPLETED
DATE: 10-6	DATE: 10-6	DATE: 10-6	DATE: 10-6-90
TIME: 15:00	TIME: 17:00	TIME: 18:00	TIME

PERSONNEL AND SERVICE UNITS

NAME	UNIT NO & TYPE	LOCATION
C. Byerly 83826	3471	6t Band
C. Blessing 58166	Com 0	
D. Dobrah 80032	0455 Bulk	

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 _____ IN

GELLING AGENT TYPE _____ GAL _____ LB _____ IN

FRIC. RED. AGENT TYPE _____ GAL _____ LB _____ IN

BREAKER TYPE _____ GAL _____ LB _____ IN

BLOCKING AGENT TYPE _____ GAL _____ LB _____ IN

PERFFAC BALLS TYPE _____

OTHER _____

OTHER _____

DEPARTMENT **Cement**

DESCRIPTION OF JOB **8 3/8" Surface Pipe**

JOB DONE THROUGH TUBING CASING ANNULUS TBG/ANN.

CUSTOMER REPRESENTATIVE **XO Davidson**

HALLIBURTON OPERATOR **Ken Byerly** COPIES REQUESTED _____

CEMENT DATA

STAGE	NUMBER OF BAGS	CEMENT	BRAND	BULK SACKED	ADDITIONS	YIELD CU.FT/SK	MIXED LBS/GAL
	2910	20/10	Pur	B	32.00	1.27	1420

SUMMARY

VOLUMES

CIRCULATING DISPLACEMENT _____

BREAKDOWN _____ MAXIMUM _____

AVERAGE _____ FRACTURE GRADIENT _____

HYDRAULIC HORSEPOWER _____

ORDERED _____ AVAILABLE _____ USED _____

AVERAGE RATES IN BPM _____

TREATING DISPL. _____ OVERALL _____

CEMENT LEFT IN PIPE _____

REASON **Request**

FORM 2025-B2

CUSTOMER _____

FRESHSLUSH: BBL-GAL _____ TYPE _____

LOAD & BKDN: BBL-GAL _____ PAD: BBL-GAL _____

TREATMENT: BBL-GAL _____ DISPL: BBL-GAL **180**

CEMENT SLURRY: BBL-GAL **54.0**

TOTAL VOLUME: BBL-GAL _____

REMARKS _____

CUSTOMER **L D D-16**

LEASE **Drum-Rod**

WELL NO. **#1**

JOB TYPE **Surface Pipe**

DATE **10-6-90**