

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

ORIGINAL

API NO. 15- 185-229860000
County Stafford
N/2 S/2 NW Sec. 6 Twp. 21 Rge. 12 XXW

Operator: License # 6039
Name: L. D. Drilling, Inc.
Address RR 1 Box 183 B
Great Bend,
City/State/Zip Kansas 67530

3630 Feet from S (circle one) Line of Section
3960 Feet from E (circle one) Line of Section

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

Purchaser: NCRA
Operator Contact Person: L. D. Davis
Phone (316) 793-3051

Lease Name ROSE Well #. #1

Field Name Dell, East

Contractor: Name: L. D. Drilling, Inc.
License: 6039

Producing Formation Arbuckle

Elevation: Ground 1853 KB 1858

Wellsite Geologist: Kim Shoemaker

Total Depth 3530' PBDT _____

Designate Type of Completion
 New Well Re-Entry Workover

Amount of Surface Pipe Set and Cemented at 317' Feet

Oil SWD S10W Temp. Abd.
 Gas ENHR SIGW
 Dry Other (Core, WSV, Expl., Cathodic, etc)

Multiple Stage Cementing Collar Used? Yes No

If yes, show depth set _____ Feet

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

If Alternate II completion, cement circulated from _____

feet depth to _____ w/ _____ sx cmt.

Operator: _____

Drilling Fluid Management Plan Net I 4-26-96
(Data must be collected from the Reserve Pit) RL

Well Name: _____

Chloride content _____ ppm Fluid volume 130 bbls

Comp. Date _____ Old Total Depth _____

Dewatering method used hauling

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

Location of fluid disposal if hauled offsite: _____

Operator Name Bobs Oil Service

1-22-95 1-29-95 2-07-95
Spud Date Date Reached TD Completion Date

Lease Name Teichmann SWD License No. 30610

SW Quarter Sec. 16 Twp. 22 S Rng. 12 X/W

County Stafford Docket No. 23,722

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 L. D. Davis L. D. Davis

Title President Date 4-7-95

Subscribed and sworn to before me this 7th day of April 19 95.

Notary Public Bessie M DeWerff
Date Commission Expires 5-20-97

4-25-1995
K.C.C. OFFICE USE ONLY
Letter of Confidentiality Attached
Wireline Log Received
Geologist Report Received
APR 25 1995
DISTRIBUTION
KCC SWD/Rep NGPA
KGS Plug Other
WICHITA, KANSAS

NOTARY PUBLIC - State of Kansas
DESSIE M. DeWERFF
My Appl. Exp. 5-20-97

Operator Name L. D. Drilling, Inc. Lease Name Rose Well # #1
 Sec. 6 Twp. 21 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 (Attach Additional Sheets.) | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Log | Formation (Top), Depth and Datum | <input checked="" type="checkbox"/> Sample |
| Samples Sent to Geological Survey | <input type="checkbox"/> Yes <input type="checkbox"/> No | Name | Top | Datum |
| Cores Taken | <input type="checkbox"/> Yes <input type="checkbox"/> No | Chase | 1637 | (+221) |
| Electric Log Run (Submit Copy.) | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Heebner | 3089 | (-1231) |
| List All E.Logs Run: | | Brown Lime | 3214' | (-1356) |
| DST on separate sheet | | Lansing | 3229' | (-1371) |
| | | Base K/C | 3440 | (-1582) |
| | | Cong. | 3450 | (-1592) |
| | | Arbuckle | 3473 | (-1615) |
| | | RTD | 3530 | (-1672) |

| CASING RECORD <input type="checkbox"/> New <input type="checkbox"/> Used | | | | | | | |
|---|-------------------|---------------------------|-----------------|---------------|----------------|--------------|--------------------------------------|
| Report all strings set-conductor, surface, intermediate, production, etc. | | | | | | | |
| Purpose of String | Size Hole Drilled | Size Casing Set (In O.D.) | Weight Lbs./Ft. | Setting Depth | Type of Cement | # Sacks Used | Type and Percent Additives |
| Surface | | 8 5/8" | 24# | 317' | 40/60 Poz | 195 100 | 2% Gel 3%CC |
| Production | | 5 1/2" | 10.5# | 3516' | 40/60 Poz | 125 | 18% salt, 400# salt 5# gil. in 50 |

| 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 |
|----------------|---|--|---|--|-----------|
| | | | | | |
| 4 spf | 3517-3527 | | 500 gal. 28% NE | | Open hole |
| 4 spf | 3476-3485 | | 1500 gal 28% NE | | |
| 4 spf | 3495-3503 | | (1200 Gal. 28% NE) | | |

| | | | | | |
|--|---------------------|--------------------|--|---------------|---|
| TUBING RECORD | | Size <u>2 7/8"</u> | Set At <u>3526'</u> | Packer At | Liner Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Date of First, Resumed Production, SWD or Inj. <u>2-7-95</u> | | | Producing Method <input type="checkbox"/> Flowing <input checked="" type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain) | | |
| Estimated Production Per 24 Hours | Oil Bbls. <u>15</u> | Gas Mcf | Water Bbls. <u>6</u> | Gas-Oil Ratio | Gravity |

| | | |
|---|---|---------------------|
| Disposition of Gas: | METHOD OF COMPLETION | Production Interval |
| <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease (If vented, submit ACO-18.) | <input type="checkbox"/> Open Hole <input checked="" type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input checked="" type="checkbox"/> Commingled <input type="checkbox"/> Other (Specify) _____ | _____ |

Attachment to ACO-1

OPERATOR: L. D. DRILLING, INC.

LEASE: ROSE #1

WELLSITE GEO: Kim, Shoemaker

N/2 S/2 NW/4

Sec. 6-21S-12W

Stafford County, Ks.

CONTRACTOR: L. D. DRILLING, INC.

PTD: 3500'

API#15-185-22986

SPUD: 1-22-95 5:30 P.M. Ran 7 Jts. New 24# 8 5/8" W/195 sx. 40/60 Pozmix, 2% Gel, 3% CC Plug down @ 11:45 P.M. did not circulate. Ran 100 more sx. 40/60 cement Plug down @ 3:00 A.M. Cement to surface. Halliburton.

1-23-95 W.O.C. @ 317'
 1-24-95 1560' Drilling
 1-25-95 2250' Drilling
 1-26-95 2900' Drilling
 1-27-95 3307' Trip out W/DST #2
 1-28-95 3486' Circulate to cond hole
 1-29-95 3530' Logging
 3530 RTD

DST #1 1588-1720 Chase
 Times: 30-30-20----
 Blow: 1st open: blt to 3" -decreased
 flush tool blt. to 11"
 2nd open: Surf. blow flush tool no help
 Recovery: 120' Mud
 IFP: 123-134 FFP: 200-plugged
 ISIP: 463 FSIP: -----

Set 5 1/2" production csg. @
 3516' W/125 sx. 40/60 Pozmix,
 18% Salt, 400# salt-5# Gil in
 50 sx. 14' off bottom

DST #2 3238-3307
 Time: 30-45-45-60
 Blow: 1st open: bb in 27 min.
 2nd open: bb in 27 min.
 Recovery: 50' gip, 55' VSO&GCWM
 186' SGCMW
 IFP: 78-89 FFP: 123-200
 ISIP: 1106 FSIP: 1059

DST #3 3436-86 Arbuckle
 Times: 30-45-45-60
 BLOW: 1st open: blt to 7"
 2nd open: bb in 42 min.
 RECOVERY: 200' gip, 15' O&GCM-15% oil
 62' HO&GCM 18-20% oil, 30-60% gas
 IFP: 46-47 FFP: 72-67
 ISIP: 896 FSIP: 875

SAMPLE TOPS:

Chase 1637 (+221)
 Heebner 3089 (-1231)
 Brown Lime 3214' (-1356)
 Lansing 3229 (-1371)
 Base K/C 3440 (-1582)
 Cong. 3450 (-1592)
 Arbuckle 3473 (-1615)
 RTD 3530 (-1672)

DST #4 3483-3506
 Times: 30-45-45-60
 BLOW: 1st open - 8" blow
 2nd open - bb
 Recovery: 28' GIP, 33' HOC&GCM 19% gas
 62' M&GCO
 5-28% gas, 50% oil
 IFP: 34-36 FFP: 45-47 ISIP: 983 FSIP: 939

LOG TOPS:

Anhy 670 (-1188)
 Chase 1638 (+220)
 Heebner 3088 (-1230)
 Brown Lime 3212 (-1354)
 Lansing 3229 (-1371)
 B/KC 3436 (-1578)
 Cong. 3448 (-1590)
 Arb. 3470 (-1612)
 Log T.D. 3529 (-1671)

DST #5 3503-3530
 Times: 30-45-45-60
 Blow: 1st open: blt to 10"
 2nd open: bb 42 min.
 Recovery: 185' gip
 93' Ho&gcm 20-35% oil
 IFP: 49-40 FFP: 56-56
 ISIP: 1026 FSIP: 983



HALLIBURTON

HALLIBURTON ENERGY SERVICES

HAL-1908-N

CHARGE TO: LD Drilg Inc
 ADDRESS: RR 1 Box 183 B
 CITY, STATE, ZIP CODE: Great Bend KS 67530

CUSTOMER COPY
 No. 741548 - 5
 TICKET

PAGE 1 OF 2

| | | | | | | | |
|---|---|--------------------------------|----------------------------------|--------------------------|---------------------------------|------------------------------|---------------------------------|
| SERVICE LOCATIONS <u>PRATT 25555</u> | WELL/PROJECT NO. <u>#1</u> | LEASE <u>Rosc</u> | COUNTY/PARISH <u>Stafford</u> | STATE <u>KS</u> | CITY/OFFSHORE LOCATION | DATE <u>1-29-95</u> | OWNER <u>Wichita, Kansas</u> |
| 2. TICKET TYPE <input checked="" type="checkbox"/> SERVICE | NITROGEN JOB? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | CONTRACTOR <u>LD Drilg</u> | RIG NAME/NO. <u>#1</u> | SHIPPED VIA <u>LT</u> | DELIVERED TO <u>Location</u> | ORDER NO. | |
| 3. <input type="checkbox"/> SALES | WELL TYPE <u>01</u> | WELL CATEGORY <u>Dec 01</u> | JOB PURPOSE <u>LS</u> | | WELL PERMIT NO. <u>035</u> | WELL LOCATION <u>1908</u> | |
| 4. REFERRAL LOCATION | INVOICE INSTRUCTIONS | | | | | | |

| PRICE REFERENCE | SECONDARY REFERENCE/ PART NUMBER | ACCOUNTING | | | DESCRIPTION | QTY. | | U/M | | UNIT PRICE | AMOUNT |
|-----------------|-------------------------------------|------------|------|----|--------------------|--------|-----|-------|----|------------|---------|
| | | LOG | ACCT | DF | | | | | | | |
| 000-117 | | 1 | | | MILEAGE | 25 1/2 | | | | 2.75 | 69.75 |
| 001-016 | | 1 | | | Pump Charge | 6 | hrs | | | | 157.000 |
| 030-016 | | 1 | | | 5W Plug | 1 | eg | 5 1/2 | in | 60.00 | 60.00 |
| 12A | 825.205 | 1 | | | Guide Shoe | 1 | eg | 5 1/2 | in | 121.00 | 121.00 |
| 24A | 815.19251 | 1 | | | Insert Float Valve | 1 | eg | 5 1/2 | in | 110.00 | 110.00 |
| 27 | 815.19313 | 1 | | | Auto Fillup Tube | 1 | eg | 5 1/2 | in | 55.00 | 55.00 |
| 40 | 906.60022 | 1 | | | Centralizers | 3 | eg | 5 1/2 | in | 60.00 | 180.00 |

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

X L. D. Davis
 DATE SIGNED: 1-29-95 TIME SIGNED: 11:59 A.M. P.M.

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>2164 75</u> |
| TYPE LOCK | DEPTH | OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN? | <input checked="" type="checkbox"/> | | | FROM CONTINUATION PAGE(S) <u>1884 23</u> | |
| BEAN SIZE | SPACERS | WE UNDERSTOOD AND MET YOUR NEEDS? | <input checked="" type="checkbox"/> | | | | |
| TYPE OF EQUALIZING SUB | CASING PRESSURE | OUR SERVICE WAS PERFORMED WITHOUT DELAY? | <input checked="" type="checkbox"/> | | | | |
| TUBING SIZE | TUBING PRESSURE | WELL DEPTH | WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY? | <input checked="" type="checkbox"/> | | | |
| TREE CONNECTION | TYPE VALVE | | ARE YOU SATISFIED WITH OUR SERVICE? | <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO | | SUB-TOTAL <u>4048 99</u> APPLICABLE TAXES WILL BE ADDED ON INVOICE |
| <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>L. D. DAVIS</u> | CUSTOMER OR CUSTOMER'S AGENT (SIGNATURE) <u>X L. D. Davis</u> | HALLIBURTON OPERATOR/ENGINEER <u>Glenn B. ...</u> | EMP # <u>85826</u> | HALLIBURTON APPROVAL |
|---|--|--|-----------------------|----------------------|



JOB SUMMARY

HALLIBURTON DIVISION Mid Low 1
 HALLIBURTON LOCATION PRATT KS

BILLED ON TICKET NO. 741548

WELL DATA
 FIELD _____ SEC 6 TWP. 21S RNG. 12W COUNTY Stafford 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 | 4 | 14# | 5 1/2" | KB | 3516 | |
| LINER | | | | | | |
| TUBING | | | | | | |
| OPEN HOLE | | | 7 7/8 | 3516 | 3530 | SHOTS/FT. |
| PERFORATIONS | | | | | | |
| PERFORATIONS | | | | | | |
| PERFORATIONS | | | | | | |

JOB DATA

| CALLER OUT | ON LOCATION | JOB STARTED | JOB COMPLETED |
|------------|-------------|-------------|---------------|
| 1-29-95 | 1-29-95 | 1-29-95 | 1-29-95 |
| DATE | DATE | DATE | DATE |
| TIME 0900 | TIME 1200 | TIME | TIME |

TOOLS AND ACCESSORIES

| TYPE AND SIZE | QTY. | MAKE |
|----------------------------------|------|------|
| FLOAT COLLARY <u>USCAT 5 1/2</u> | 1 | HCS |
| FLOAT SHOE | | |
| GUIDE SHOE <u>Rcg 5 1/2</u> | 1 | " |
| CENTRALIZERS <u>S-4 5 1/2</u> | 3 | " |
| BOTTOM PLUG | | |
| TOP PLUG <u>SWAL 5 1/2</u> | 1 | " |
| HEAD | | |
| PACKER | | |
| OTHER | | |

PERSONNEL AND SERVICE UNITS

| NAME | UNIT NO. & TYPE | LOCATION |
|-----------|------------------------|----------------|
| G. Byrly | 85826 | 39601 PRATT KS |
| L. Garner | 62723 52504 | RCM " |
| C. Baker | 62723 | 50808 " |
| | | 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.-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 5 1/2" Longstring

JOB DONE THRU: TUBING CASING ANNULUS TBG/ANN.

CUSTOMER REPRESENTATIVE X

HALLIBURTON OPERATOR Allen Byrly COPIES REQUESTED _____

CEMENT DATA

| STAGE | NUMBER OF SACKS | CEMENT | BRAND | BULK SACKED | ADDITIVES | YIELD CU.FT./SK. | MIXED LBS./GAL. |
|-------|-----------------|--------|-------|-------------|-----------------------------------|------------------|-----------------|
| | 75 | 40/60 | P02 | B | 29.6CL 18% Salt 75% CFR-3 | 1.35 | 14.35 |
| | 50 | 40/60 | P02 | B | 29.6CL 18% Salt 75% CFR-3 50# 6:1 | 1.44 | 14.00 |

PRESSURES IN PSI

SUMMARY

VOLUMES

CIRCULATING _____ DISPLACEMENT _____ PRES LUSH BBL.-GAL. 20 TYPE Salt
 BREAKDOWN _____ MAXIMUM _____ LOAD & BKDN: BBL.-GAL. _____ PAD: BBL.-GAL. _____
 AVERAGE _____ FRACTURE GRADIENT _____ TREATMENT: BBL.-GAL. _____ DISPL: BBL.-GAL. _____
 SHUT-IN: INSTANT _____ 5-MIN _____ 15-MIN. _____ CEMENT SLURRY BBL.-GAL. 30.8
 HYDRAULIC HORSEPOWER _____ TOTAL VOLUME: BBL.-GAL. _____
 ORDERED _____ AVAILABLE _____ USED _____ REMARKS
 AVERAGE RATES IN BPM _____ Total Pipe 3533'
 TREATING _____ DISPL. _____ OVERALL _____ 153KS in Rathole of lead out
 CEMENT LEFT IN PIPE _____
 FEET _____ REASON Shoe + T

CUSTOMER LD Oils
 LEASE Rose
 WELL NO. 1
 JOB TYPE Longstring
 DATE 1-29-95



DATE 1-29-95 PAGE NO. 1

JOB LOG HAL-2013-C

CUSTOMER LD Drlg WELL NO. 1 LEASE Rose JOB TYPE Longstring TICKET NO. 741548

| CHART NO. | TIME | RATE (BPM) | VOLUME (BBL) (GAL) | PUMPS | | PRESSURE (PSI) | | DESCRIPTION OF OPERATION AND MATERIALS |
|-----------|-------|------------|--------------------|-------|---|----------------|--------|--|
| | | | | T | C | TUBING | CASING | |
| | 07:00 | | | | | | | Called out |
| | 12:00 | | | | | | | ON Location <small>Guide Shot Frac</small> |
| | 13:20 | | | | | | | Run Float Equipment <small>cont. 1-3-5</small> |
| | 14:30 | | | | | | | Casing on Bottom |
| | 14:35 | | | | | | | Break Circulation (Big Pump) |
| | 14:45 | | 0 | | | | | Hook up to Pump Truck |
| | 14:47 | 6 | 2.0 | | | | | 300 Pump Pre Flush 400# salt |
| | 14:56 | 3 | 2.5 | | | | | - filling Rat hole |
| | 14:52 | 6 | 2.5 | | | | | 400 Start Mixing Down hole lead H. 35 |
| | 14:55 | 6 | 8.0 | | | | | 400 Start Mixing Tail cont 140# |
| | 14:56 | 6 | 30.8 | | | | | 200 Finish Mixing |
| | 14:59 | - | - | | | | | - Wash out pump and lines |
| | 15:10 | - | - | | | | | - Release plug |
| | 15:10 | 7.5 | 0 | | | | | 200 Start Displacement |
| | 15:19 | 8 | 60 | | | | | 200 Cement on Bottom |
| | 15:21 | 5 | 83 | | | | | 500 Reduce Rate |
| | 15:23 | | 85.8 | | | | | 700 Land Plug |
| | 15:24 | | | | | | | 800 PSI Plug |
| | | | | | | | | Release PSI |
| | | | | | | | | Float Held |
| | | | | | | | | Wash up Truck |
| | | | | | | | | Job Complete |
| | | | | | | | | Thanks LD |
| | | | | | | | | <u>Glen, Larry, Cedrick</u> |

ORIGINAL



HALLIBURTON

TICKET CONTINUATION

DUNCAN COPY

TICKET No. 741361

HALLIBURTON ENERGY SERVICES

| | | | | |
|--------------------------|----------------|------------------|-----------|---------|
| CUSTOMER L D DRILLING | WELL ROSE 1 | DATE 01-23-95 | PAGE 8 | OF 3 |
|--------------------------|----------------|------------------|-----------|---------|

FORM 1911 R-10

| PRICE REFERENCE | SECONDARY REFERENCE/ PART NUMBER | ACCOUNTING | | | DESCRIPTION | QTY. | | U/M | | UNIT PRICE | AMOUNT | |
|-----------------|-------------------------------------|------------|------|----|---|----------------------|--------------------|-------------------|--------------------|------------|--------|----|
| | | LOC | ACCT | DF | | QTY. | U/M | QTY. | U/M | | | |
| 504-130 | | 1 | | | 50/50 POZMIX W2 %GEL | 100 | sk | | | 6.19 | 619 | 00 |
| 509-406 | 890.50812 | 1 | | | CALCIUM CHLORIDE BLENDED 3% | 2 | sk | | | 36.175 | 73 | 50 |
| ORIGINAL | | | | | | | | | | | | |
| 500-207 | | 1 | | | LOADED ON TRUCK #4413-FRONT SERVICE CHARGE | | | | | 1.35 | 140 | 40 |
| 500-306 | | 1 | | | MILEAGE CHARGE | TOTAL WEIGHT 8422 | LOADED MILES 20 | CUBIC FEET 104 | TON MILES 84.22 | .95 | 80 | 01 |

No. B 246082

CONTINUATION TOTAL

912 91

WELL DATA
FIELD _____ SEC. 6 TWP. Z1 RING. 12W COUNTY. STAFFORD 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 | N | 24 | 8 7/8 | K13 | 316 | |
| LINER | | | | | | |
| TUBING | | | | | | |
| OPEN HOLE | | | | 316 | 17 | SHOTS/FT. |
| PERFORATIONS | | | | | | |
| PERFORATIONS | | | | | | |
| PERFORATIONS | | | | | | |

JOB DATA

| CALLED OUT | ON LOCATION | JOB STARTED | JOB COMPLETED |
|------------------|------------------|------------------|--------------------|
| DATE <u>1-22</u> | DATE <u>1-22</u> | DATE <u>1-22</u> | DATE <u>1-22</u> |
| TIME <u>1800</u> | TIME <u>2030</u> | TIME _____ | TIME <u>1145pm</u> |

TOOLS AND ACCESSORIES

| TYPE AND SIZE | QTY. | MAKE |
|---------------|----------|--------------|
| FLOAT COLLAR | | |
| FLOAT SHOE | | |
| GUIDE SHOE | | |
| CENTRALIZERS | | |
| BOTTOM PLUG | | |
| TOP PLUG | <u>1</u> | <u>Howco</u> |
| HEAD | <u>1</u> | <u>"</u> |
| PACKER | | |
| OTHER | | |

PERSONNEL AND SERVICE UNITS

| NAME | UNIT NO. & TYPE | LOCATION |
|----------------------|------------------|--------------|
| <u>74221 M. DUFF</u> | <u>40037 P14</u> | <u>25555</u> |
| <u>61622 SEBA</u> | <u>2410 2CM</u> | |
| <u>B6633 KING</u> | <u>4413 Bulk</u> | |

ORIGINAL

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 CMI
DESCRIPTION OF JOB SET 316' 8 7/8'S
JOB DONE THRU: TUBING CASING ANNULUS TBG./ANN
CUSTOMER REPRESENTATIVE X Don Papp
HALLIBURTON OPERATOR [Signature] COPIES REQUESTED _____

CEMENT DATA

| STAGE | NUMBER OF SACKS | CEMENT | BRAND | BULK SACKED | ADDITIVES | YIELD CU.FT./SK. | MIXED LBS./GAL. |
|----------|-----------------|------------|--------------|-------------|---------------------|------------------|-----------------|
| | <u>195</u> | <u>POZ</u> | <u>40/60</u> | <u>15</u> | <u>2% GEL 5% CC</u> | <u>1.29</u> | <u>15.47</u> |
| <u>+</u> | <u>100</u> | | | | | | |

PRESSURES IN PSI _____ **SUMMARY** _____ **VOLUMES** _____
CIRCULATING _____ DISPLACEMENT _____ PRESFLUSH: BBL.-GAL. _____ TYPE _____
BREAKDOWN _____ MAXIMUM _____ LOAD & BKDN: BBL.-GAL. _____ PAD: BBL.-GAL. _____
AVERAGE _____ FRACTURE GRADIENT _____ TREATMENT: BBL.-GAL. _____ DISPL: BBL.-GAL. 19.5
SHUT-IN: INSTANT _____ 5-MIN _____ 15-MIN. _____ CEMENT SLURRY: BBL.-GAL. 44.8
HYDRAULIC HORSEPOWER _____ TOTAL VOLUME: BBL.-GAL. _____
ORDERED _____ AVAILABLE _____ USED _____
AVERAGE RATES IN BPM _____
TREATING _____ DISPL. _____ OVERALL _____
CEMENT LEFT IN PIPE _____
FEET 15 REASON ECQ

REMARKS

DATE 1-22-15
JOB TYPE 2 3/8 S
WELL NO. 1
LEASE 2055



HALLIBURTON

TICKET CONTINUATION

DUNCAN COPY

TICKET No. 741631

HALLIBURTON ENERGY SERVICES

FORM 1911 R-10

CUSTOMER: L. D. DRILLING; WELL: ROSE 1; DATE: 01-22-95; PAGE 2 OF 2

Table with columns: PRICE REFERENCE, SECONDARY REFERENCE/PART NUMBER, ACCOUNTING (LOC, ACCT, DF), DESCRIPTION, QTY., U/M, UNIT PRICE, AMOUNT. Includes entries for 504-130 (50/50 POZMIX W2% GEL) and 509-406 (CALCIUM CHLORIDE BLENDED 3%).

ORIGINAL

LOADED ON TRUCK #4413-SPLIT SERVICE CHARGE

CUBIC FEET 207

500-207

1

1 35

279 45

500-306

1

MILEAGE CHARGE

TOTAL WEIGHT 16,604

LOADED MILES

20

TON MILES

166.04

95

157 74

No. B 246087

CONTINUATION TOTAL

1864 74



HALLIBURTON

DATE 7-23-12

JOB LOG HAL-2013-C

| CUSTOMER | | WELL NO. | | LEASE | | JOB TYPE | | TICKET NO. | |
|-----------|------|------------|--------------------|-------|---|----------------|--------|--|--------------------------------|
| L.D. D216 | | 1 | | ROSE | | 878'S | | 741631 | |
| CHART NO. | TIME | RATE (BPM) | VOLUME (BBL) (GAL) | PUMPS | | PRESSURE (PSI) | | DESCRIPTION OF OPERATION AND MATERIALS | |
| | | | | T | C | TUBING | CASING | | |
| | 1800 | | | | | | | | CALLED OUT ON WOL |
| | 2030 | | | | | | | | |
| | 2250 | | | | | | | | BREAK CIRC 450 START MIXING |
| | 2303 | 6 | - | | | | | | |
| | 2311 | | 44.8 | | | | | | FINISH MIXING |
| | 2312 | | | | | | | | RELEASE PLUG |
| | 2313 | 5 | - | | | | | 96 | START DISJ |
| | 2317 | | 19.5 | | | | | 600 | PLUG DOWN |
| | | | | | | | | | CIRC'D NO CMT TO RT |
| | | | | | | | | | CLOSE IN |
| | | | | | | | | | ORIGINAL |
| | | | | | | | | | JOB COMPLETE |
| | | | | | | | | | THANK YOU |
| | | | | | | | | | JAIMIE |
| | | | | | | | | | TODD |
| | | | | | | | | | DANNY |

CUSTOMER



CHARGE TO: LD Dillingham, Inc.
 ADDRESS: _____
 CITY, STATE, ZIP CODE: _____

CUSTOMER COPY

TICKET

No. **785647 - 5**

PAGE 1 OF 1

HAL-1908-N

| | | | | | | | |
|----------------------|---|---|---------------------------------------|---|---|------------------------------|----------------------|
| 1. SERVICE LOCATIONS | WELL/PROJECT NO. <u>7</u> | LEASE <u>ROSE</u> | COUNTY/PARISH <u>ST. CHARLES</u> | STATE <u>KY</u> | CITY/OFFSHORE LOCATION <u>Crownburg, KY</u> | DATE <u>1/24/17</u> | OWNER <u>SAME</u> |
| 2. | TICKET TYPE <input type="checkbox"/> SERVICE <input type="checkbox"/> SALES | NITROGEN JOB? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | CONTRACTOR <u>LD Dillingham, Inc.</u> | RIG NAME/NO. <u>LD Dillingham, Inc.</u> | SHIPPED VIA <u>ACT</u> | DELIVERED TO <u>WILLIAMS</u> | ORDER NO. <u>N/A</u> |
| 3. | WELL TYPE <u>01</u> | WELL CATEGORY <u>01</u> | JOB PURPOSE <u>C-21</u> | WELL PERMIT NO. <u>N/A</u> | WELL LOCATION <u>LAND</u> | | |
| 4. | REFERRAL LOCATION | INVOICE INSTRUCTIONS | | | | | |

| PRICE REFERENCE | SECONDARY REFERENCE/ PART NUMBER | ACCOUNTING | | | DESCRIPTION | QTY. | | UNIT PRICE | | AMOUNT |
|-----------------|-------------------------------------|------------|-------|----|--------------|------|------|------------|--|--------|
| | | LOG | ACCT. | DF | | U/M | U/M | | | |
| | | | | | MILEAGE | | | | | |
| 7-0523 | | | | | | | 1 | 900 | | 900 |
| 7-1670 | ORIGINAL | | | | DICK D-2524 | | 2524 | 0.45 | | 1138 |
| 7-1671 | | | | | DICK D-2524 | | 3524 | 0.45 | | 1586 |
| 7-1672 | | | | | GAMMA D-2524 | | 3524 | 0.11 | | 388 |
| 7-1673 | | | | | GAMMA D-2524 | | 3524 | 0.11 | | 388 |
| 7-1674 | | | | | DSN D-2524 | | 3524 | 0.40 | | 1410 |
| 7-1675 | | | | | DSN D-2524 | | 679 | 0.40 | | 272 |
| 7-1676 | | | | | D-2524 | | 3524 | 0.45 | | 1586 |
| 7-1677 | | | | | D-2524 | | 679 | 0.45 | | 306 |

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 |
| TYPE LOCK | DEPTH | OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN? | | | | | |
| BEAN SIZE | SPACERS | WE UNDERSTOOD AND MET YOUR NEEDS? | | | | | FROM CONTINUATION PAGE(S) |
| 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 |
| <input type="checkbox"/> do <input type="checkbox"/> do not require IPC (Instrument Protection). <input type="checkbox"/> Not offered | | | <input type="checkbox"/> CUSTOMER DID NOT WISH TO RESPOND | | | | |

CUSTOMER ACCEPTANCE OF MATERIALS AND SERVICES The customer hereby acknowledges receipt of the materials and services listed on this ticket.

| | | | | |
|---|--|-------------------------------|--------------|----------------------|
| CUSTOMER OR CUSTOMER'S AGENT (PLEASE PRINT) | CUSTOMER OR CUSTOMER'S AGENT (SIGNATURE) | HALLIBURTON OPERATOR/ENGINEER | EMP # | HALLIBURTON APPROVAL |
| | <u>X</u> | <u>[Signature]</u> | <u>07499</u> | |

DATE: 1/24/17
 TIME: 1:30 PM
 BY: [Signature]