

ORIGINAL

SIDE ONE

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

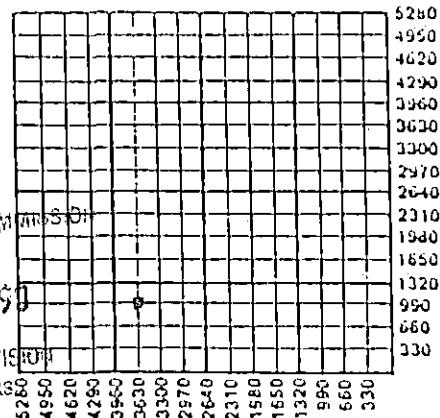
Operator: License # 6039
Name: L. D. Drilling, Inc.
Address R.R. 1 Box 183 B
City/State/Zip Great Bend, Kansas 67530
Purchaser: Koch Oil Company
Operator Contact Person: L. D. Davis
Phone (316) 793-3051
Contractor: Name: Trans Pacific Drilling Co.
License: 9408
Wellsite Geologist: Jim Musgrove

Designate Type of Completion
 New Well Re-Entry Workover
 Oil SWD Temp. Abd.
 Gas Inj Delayed Comp.
 Dry Other (Core, Water Supply, etc.)

If O.W.O.: old well info as follows:
Operator: _____
Well Name: _____
Comp. Date _____ Old Total Depth _____

Drilling Method:
 Mud Rotary Air Rotary Cable
5-14-90 5-20-90 5-31-90
Spud Date Date Reached TD Completion Date

API NO. 15- 185-22,677-0000
County STAFFORD
NW SE SW Sec. 23 Twp. 21S Rge. 12 East West
990' Ft. North from Southeast Corner of Section
3630' Ft. West from Southeast Corner of Section
(NOTE: Locate well in section plat below.)
Lease Name AUSTIN Well # X 3
Field Name Sandra
Producing Formation Arbuckle
Elevation: Ground 1847 GR KB 1855
Total Depth 3638' PBTD _____

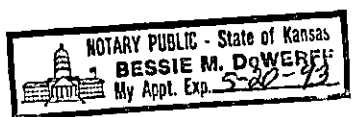


Amount of Surface Pipe Set and Cemented at 381' Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set _____ Feet
If Alternate II completion, cement circulated from _____
feet depth to _____ w/ _____ SX CNT.

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 8-9-90
Subscribed and sworn to before me this 9th day of August
19 90.
Notary Public Bessie M. DeWerff
Bessie M. DeWerff
Date Commission Expires 5-20-93



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

81

SIDE TWO

Operator Name L. D. Drilling, Inc. Lease Name Austin Well # 3
 Sec. 23 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.)

See Attached

Name	Formation Description	
	Top	Bottom
Heebner	3126	(-1271)
Toronto	3145	(-1290)
Douglas	3158	(-1303)
Brown Lime	3258	(-1403)
Lansing	3275	(-1420)
Base K/C	3498	(-1643)
Conglomerate Sand	3516	(-1661)
Viola	3532	(-1677)
Simpson Shale	3575	(-1720)
Arbuckle	3617	(-1762)

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#	381'	Hal-Lite	150	3% CC
Production	7 7/8"	4 1/2"	10.5#	3629'	60/40 Poz	50	3% CC
					60/40 Poz	150	10% salt, .75

CFR3

PERFORATION RECORD

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

Shots Per Foot	Specify Footage of Each Interval Perforated	Depth
		750 gal Mod 303 open hole

TUBING RECORD

Size 2 3/8" Set At 3635' Packer At

Liner Run Yes No

Date of First Production Producing Method Flowing Pumping Gas Lift Other (Explain)

Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
	15		0		

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

Attachment to ACO-1 Austin #3 NW SE SW Sec. 23-21S-12W
Stafford County, Kansas

DST #1 3394-3455
Times: 30-30-30-30
Blow: Weak Blow thruout
Recovery: 10' slightly oil specked mud

IFP: 38-38 FFP: 38-38
ISIP: 55 FSIP: 52

DST #2 3535-3580
Times: 30-30-30-30
Blow: weak blow
Recovery: 9' slightly oil specked mud
IFP: 33-33 FFP: 35-35
ISIP: 46 FSIP: 46

DST #3 3620-3630
Times: 45-45-45-45
Blow: fair to strong
Recovery: 1297' gip, 161' clean gassy oil,
31' heavy oil cut mud

IFP: 33-46 FFP: 66-77
ISIP: 343 FSIP: 231



WORK ORDER CONTRACT AND PRE-TREATMENT DATA

FORM 1908 R-7

A Division of Halliburton Company

ATTACH TO INVOICE & TICKET NO. 947615

DISTRICT Lot B and KS

ORIGINAL DATE 5-21-90

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. D. Only Inc (CUSTOMER) AND DELIVER AND SELL PRODUCTS, SUPPLIES, AND MATERIALS FOR THE PURPOSE OF SERVICING

WELL NO. # 3 LEASE East... SEC. 23 TWP. 21 RANGE 12

FIELD _____ COUNTY St. James STATE KS OWNED BY Sgmc

THE FOLLOWING INFORMATION WAS FURNISHED BY THE CUSTOMER OR HIS AGENT

FORMATION NAME _____ TYPE _____ FORMATION THICKNESS _____ FROM _____ TO _____ PACKER: TYPE _____ SET AT _____ TOTAL DEPTH _____ MUD WEIGHT _____ BORE HOLE _____ INITIAL PROD: OIL _____ BPD, H2O _____ BPD, GAS _____ MCF PRESENT PROD: OIL _____ BPD, H2O _____ BPD, GAS _____ MCF

Table with columns: NEW USED, WEIGHT, SIZE, FROM, TO, MAX. ALLOW. P.S.I., OPEN HOLE, PERFORATIONS, SHOTS/FT.

PREVIOUS TREATMENT: DATE _____ TYPE _____ MATERIALS _____

TREATMENT INSTRUCTIONS: TREAT THRU TUBING [] ANNULUS [] CASING [] TUBING/ANNULUS [] HYDRAULIC HORSEPOWER ORDERED _____

3.5 lb/gal cement slurry 150 yds 4 in hole 1000 ft 7.5 min
1000 ft to top of hole 3000 psi

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...
b) To defend, indemnify, release and hold harmless Halliburton, its divisions, subsidiaries, parent and affiliated companies...
c) That because of the uncertainty of variable well conditions and the necessity of relying on facts and opinions...
d) That Halliburton warrants only title to the products, supplies and materials...
e) That Customer shall, at its net and expense, attempt to recover any Halliburton equipment, tools or instruments...
f) To waive the provisions of the Deceptive Trade Practices - Consumer Protection Act...
g) That this contract shall be governed by the law of the state where services are performed...
h) That Halliburton shall not be bound by any changes or modifications in this contract...

I HAVE READ AND UNDERSTAND THIS CONTRACT AND REPRESENT THAT I AM AUTHORIZED TO SIGN THE SAME AS CUSTOMER'S AGENT. SIGNED _____ DATE 5-20-90 TIME 2:20 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 in respect to services furnished under this contract.

CUSTOMER



ORIGINAL

TICKET NO. 947615-9

FORM 1906 R-11

WELL NO. - FARM OR LEASE NAME #3 <i>Arreston</i>		COUNTY <i>S. F. F. Co.</i>	STATE <i>KS</i>	CITY / OFFSHORE LOCATION	DATE <i>5-21-96</i>
CHARGE TO <i>L. O. O'Neil Inc.</i>		OWNER <i>S. F. F. Co.</i>		TICKET TYPE (CHECK ONE) SERVICE <input checked="" type="checkbox"/> SALES <input type="checkbox"/>	
ADDRESS		CONTRACTOR <i>Trans-Pac Drk.</i>		LOCATION <i>1 LT 2000</i>	
CITY, STATE, ZIP		SHIPPED VIA <i>Truck</i>		LOCATION <i>2</i>	
WELL TYPE <i>O.I.</i>		WELL CATEGORY <i>O.I.</i>		WELL PERMIT NO. <i>B-888514</i>	
TYPE AND PURPOSE OF JOB <i>2" casing</i>		DELIVERED TO <i>Location</i>		LOCATION <i>3</i>	
		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 where 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 WILL BE NO WARRANTIES, EXPRESS OR IMPLIED, OF MERCHANTABILITY, FITNESS FOR A PARTICULAR PURPOSE OR OTHERWISE WHICH EXCEED BEYOND THOSE STATED IN THE IMMEDIATELY PRECEDING SENTENCE. Halliburton's liability and customer's exclusive remedy in any case 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 or 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	10	mi			2.20	22.00
001-016		1		Pump Charge	8	hrs	3	30	1012.00	1012.00
030-018		1		5/8" Plug	1	ea	4	1/2	45.00	45.00
12A	825.20	1		Guide Shoe	1	ea	4	1/2	83.00	83.00
24A	815.191	1		Insert Flange	1	ea	4	1/2	73.00	73.00
27	815.171	3		Auto Fillup	1	ea	4	1/2	27.50	27.50
40	807.92	1		Controllers	3	ea	4	1/2	41.00	123.00

AS PER ATTACHED BULK MATERIAL DELIVERY TICKET NO.

B-888514

1292.52

WAS JOB SATISFACTORILY COMPLETED? _____

WAS OPERATION OF EQUIPMENT SATISFACTORY? _____

WAS PERFORMANCE OF PERSONNEL SATISFACTORY? _____

X *L. O. O'Neil*
CUSTOMER OR HIS AGENT (PLEASE PRINT)

X *L. O. O'Neil*
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

CUSTOMER

SUB TOTAL

APPLICABLE TAXES WILL BE ADDED ON INVOICE.

WELL DATA

FIELD 23 SEC 21 TWP 12 RING 12 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 _____

JOB DATA

NEW USED	WEIGHT	SIZE	FROM	TO	MAXIMUM PSI ALLOWABLE
CASING	1 7/8	4 1/2"	KB	320	
LINER					
TUBING					
OPEN HOLE		7 1/8"	3620	3630	SHOTS/FT.
PERFORATIONS					
PERFORATIONS					
PERFORATIONS					

TOOLS AND ACCESSORIES

TYPE AND SIZE	QTY.	MAKE
FLOAT COLLAR		
FLOAT SHOE <u>1 1/2"</u>	<u>4 1/2"</u>	<u>1</u>
GUIDE SHOE <u>8 1/2"</u>	<u>4 1/2"</u>	<u>1</u>
CENTRALIZERS <u>S-4</u>	<u>1 1/2"</u>	<u>3</u>
BOTTOM PLUG		
TOP PLUG <u>5 1/2"</u>	<u>4 1/2"</u>	<u>1</u>
HEAD		
PACKER		
OTHER		

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 _____

PERSONNEL AND SERVICE UNITS

NAME	UNIT NO. & TYPE	LOCATION
<u>Beck</u>	<u>5797</u>	<u>6+</u>
<u>W. Wilson</u>	<u>Comb</u>	<u>Beck</u>
<u>O. Dabritz</u>	<u>154</u>	<u>"</u>

DEPARTMENT Cement

DESCRIPTION OF JOB 4 1/2" Longstring

JOB DONE THRU: TUBING CASING ANNULUS TBG/ANN.

CUSTOMER REPRESENTATIVE X

HALLIBURTON OPERATOR Allen, B. J. COPIES REQUESTED _____

CEMENT DATA

STAGE	NUMBER OF SACKS	CEMENT	BRAND	BULK SACKED	ADDITIVES	YIELD CU.FT./SK.	MIXED LBS./GAL.
	<u>1750</u>	<u>40/60</u>	<u>P-2</u>	<u>13</u>	<u>10% S. 14</u>	<u>75% CFR-3</u>	<u>1.30</u>
							<u>14.52</u>

PRESSURES IN PSI

SUMMARY

VOLUMES

CIRCULATING _____ DISPLACEMENT _____ PRESLUSH BBL-GAL 20 TYPE Salt

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

AVERAGE _____ FRACTURE GRADIENT _____ TREATMENT: BBL-GAL _____ DISPL. BBL-GAL 58.7

SHUT-IN: INSTANT _____ 5-MIN. _____ 15-MIN. _____ CEMENT SLURRY BBL-GAL 24.7

HYDRAULIC HORSEPOWER _____ TOTAL VOLUME: BBL-GAL _____

ORDERED _____ AVAILABLE _____ USED _____ AVERAGE RATES IN BPM _____

TREATING _____ DISPL. _____ OVERALL _____ CEMENT LEFT IN PIPE _____

FEET 20 REASON Shoe IT

REMARKS

Plugged mouse hole 5 SKS
Plugged Rat hole 10 SKS

CUSTOMER LD Oil
LEASE Hustlin
WELL NO. 7-3
JOB TYPE Longstring
DATE 5-21-70

HALLIBURTON SERVICES
JOB LOG

FORM 2013 R-2

WELL NO. # 5 LEASE ~~XXXXXX~~ TICKET NO. 747615

CUSTOMER L O Drilling PAGE NO. 1

JOB TYPE Longstring DATE 5-21-70

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	2100							On Location
	0130							Run Cement Plug Equipment
	0300							Casing on bottom
	0305							Spud Cement 100 yd
	0330	6	20				300	Run 5 1/2 Plug
	0335	6	30	7			350	Mix Cement
	0345							- Wash out lines/Release Plug
	0349	8					250	Start Displacement
	0354	8.5					450	Cement on Bottom
	0350	5.5					600	Decrease Rate
	0557		58.7				1100	End Plug
	0357							- Release Plug
	0400							- Wash up
	0341		4					- Plug Rothole / Mouse hole
	0500							Job Complete
								Thank You!
								Wells: Bp11 82846
								Ways: Wb100 87577
								Drill: D100 80022

CUSTOMER



HALLIBURTON SERVICES
Duncan, Oklahoma 73536

A Division of Halliburton Company

TICKET NO. 947584-0

FORM 1906 R-11

WELL NO. - FARM OR LEASE NAME 3 Justice		COUNTY HALLCO	STATE OK	CITY / OFFSHORE LOCATION	DATE 5-15-90
CHARGE TO L.D. DeLo Inc		OWNER AIE		TICKET TYPE (CHECK ONE) SERVICE <input checked="" type="checkbox"/> SALES <input type="checkbox"/>	NITROGEN JOB YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
ADDRESS RR1 Box 183 B		CONTRACTOR TRANSAC INC		LOCATION 1 613000	CODE S0320
CITY, STATE, ZIP LOT BEAD KS 67530		SHIPPED VIA 2924	FREIGHT CHARGES <input type="checkbox"/> PPD <input type="checkbox"/> COLLECT	LOCATION 2	CODE
WELL TYPE 01	WELL CATEGORY 01	WELL PERMIT NO.	DELIVERED TO Wellite	LOCATION 3	CODE
TYPE AND PURPOSE OF JOB 010		B-888504	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 where 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	10	mi			22.00	22	00
001-016		1		Ramp Charge	365	ft			421.00	421	00
036-503		1		Play (6000)	1	GA			57.00	57	00

RECEIVED
STATE CORPORATION COMMISSION
AUG 2, 1990
CONSERVATION DIVISION
Wichita, Kansas

NOT THIS ANNUAL REPORT

AS PER ATTACHED BULK MATERIAL DELIVERY TICKET NO. B-888504 1335-1

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.

HALLIBURTON OPERATOR
HALLIBURTON APPROVAL

SUB TOTAL 1541.00
APPLICABLE TAXES WILL BE ADDED ON INVOICE.



JOB SUMMARY

DIVISION _____
 HALLIBURTON LOCATION _____

BILLED ON TICKET NO. 717534

WELL DATA

FIELD _____ SEC. Z3 TWP. 21S RNG. R2W COUNTY. SHUCCO STATE. IL

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	22	2 7/8	20	205	
LINER						
TUBING						
OPEN HOLE				305	20	SHOTS/FT.
PERFORATIONS						
PERFORATIONS						
PERFORATIONS						

JOB DATA

CALLLED OUT	ON LOCATION	JOB STARTED	JOB COMPLETED
DATE <u>5-14</u>	DATE <u>5-14</u>	DATE <u>5-15</u>	DATE <u>5-15</u>
TIME <u>1:00</u>	TIME <u>1:00</u>	TIME	TIME

TOOLS AND ACCESSORIES

TYPE AND SIZE	QTY.	MAKE
FLOAT COLLAR		
FLOAT SHOE		
GUIDE SHOE		
CENTRALIZERS		
BOTTOM PLUG		
TOP PLUG	1	Halliburton
HEAD	1	"
PACKER		
OTHER		

MATERIALS

TREAT. FLUID _____ DENSITY _____ LB./GAL. API
 DISPL. FLUID _____ DENISTY _____ 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 _____

PERSONNEL AND SERVICE UNITS

NAME	UNIT NO. & TYPE	LOCATION
<u>71231</u>	<u>18012</u>	<u>2147</u>
<u>71231</u>	<u>18012</u>	<u>20350</u>
<u>3224</u>	<u>34004</u>	<u>11</u>

DEPARTMENT CMT
 DESCRIPTION OF JOB 21 305' x 20"

JOB DONE THRU: TUBING CASING ANNULUS TBG./ANN.

CUSTOMER REPRESENTATIVE X
 HALLIBURTON OPERATOR _____
 COPIES REQUESTED _____

CEMENT DATA

STAGE	NUMBER OF SACKS	CEMENT	BRAND	BULK SACKED	ADDITIVES	YIELD CU.FT./SK.	MIXED LBS./GAL.
	123	H1	H1	B	3000	167	141
	3	H2	H1	B	3000	120	141

PRESSURES IN PSI

SUMMARY

VOLUMES

CIRCULATING _____ DISPLACEMENT _____ PRESLUSH: BBL.-GAL. _____ TYPE _____
 BREAKDOWN _____ MAXIMUM _____ LOAD & BKDN: BBL.-GAL. _____ PAD: BBL.-GAL. 23.77
 AVERAGE _____ FRACTURE GRADIENT _____ TREATMENT: BBL.-GAL. _____ DISPL. BBL.-GAL. 211.2
 SHUT-IN: INSTANT _____ 5-MIN. _____ 15-MIN. _____ CEMENT SLURRY: BBL.-GAL. _____
 HYDRAULIC HORSEPOWER _____ TOTAL VOLUME: BBL.-GAL. _____
 ORDERED _____ AVAILABLE _____ USED _____ AVERAGE RATES IN BPM _____
 TREATING _____ DISPL. _____ OVERALL _____
 CEMENT LEFT IN PIPE _____
 FEET 15 REASON 200

REMARKS

CUSTOMER _____
 LEASE _____
 WELL NO. _____
 JOB TYPE _____
 DATE _____

HALLIBURTON SERVICES
JOB LOG

WELL NO. 30 LEASE AKASHI TICKET NO. 741284
 CUSTOMER L.D. DETMERS PAGE NO. _____
 JOB TYPE 8715 DATE 5-13-90

FORM 2013 R-2

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	11:00							Called out
	10:30							on log
	0250							Break Circ
	0257	7 1/2	-				400	Start mixing 5601 5L
	0306							Release Plug
	0307	7	5601				300	Start 23.87 5L 0.5P
	0311	4	71.88				200	Plug Down
								Circ'd 0 SKs to pit
								Close 10-Jet collar
								Temp 1/2 5L - Jet collar
								Run line 30' down 30'
								JOB Complete
								THANK YOU
								JANIE
								SHAW
								BENJIS
								2924 (P)