

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

Operator: License # 5558

Name: Dawson-Markwell Exploration Co.

Address 3620 N.W. 58th

City/State/Zip Okla. City, OK 73112

Purchaser: Texaco T & T Co.

Operator Contact Person: Ed Markwell

Phone (405) 947-2587

Contractor: Name: Duke Drilling Co., Inc.

License: 5929

Wellsite Geologist: Jim Craif

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/Re-Entry: old well info as follows:

Operator: _____

Well Name: _____

Comp. Date _____ Old Total Depth _____

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

8-11-94 8-17-94 9-12-94
Spud Date Date Reached TD Completion Date

API NO. 15- 185-22,968 ORIGINAL

County Stafford
200' N & 150' E
SW - NW - SE - _____ Sec. 31 Twp. 21S Rge. 11 E

1850 Feet from SW (circle one) Line of Section
2160 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 Fischer Well # 3

Field Name MAX

Producing Formation Conglomerate Chert

Elevation: Ground 1760 KB 1768

Total Depth 3600' PBD 3574'

Amount of Surface Pipe Set and Cemented at 241.94 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 ALT 1 J 94 6-7-95
(Data must be collected from the Reserve Pit)

Chloride content 8600 ppm Fluid volume _____ bbls

Dewatering method used _____

Location of fluid disposal if hauled offsite: _____

Operator Name: Lined Pit on Fischer Land

Lease Name _____ License No. _____

NE Quarter Sec. 1 Twp. 22 S Rng. 12 E/W

County Stafford Docket No. _____

INSTRUCTIONS: An original and two copies of this form shall be filed with the Kansas Corporation Commission, 200 Colorado Derby Building, Wichita, Kansas 67202, within 120 days of the spud date, recompletion, workover or conversion of a well. Rule 82-3-130, 82-3-106 and 82-3-107 apply. Information on side two of this form will be held confidential for a period of 12 months if requested in writing and submitted with the form (see rule 82-3-107 for confidentiality in excess of 12 months). One copy of all wireline logs and geologist well report shall be attached with this form. ALL CEMENTING TICKETS MUST BE ATTACHED. Submit CP-4 form with all plugged wells. Submit CP-111 form with all temporarily abandoned wells.

All requirements of the statutes, rules and regulations promulgated to regulate the oil and gas industry have been fully complied with and the statements herein are complete and correct to the best of my knowledge.

Signature [Signature]

Title President Date 10-12-94

Subscribed and sworn to before me this 14th day of October 19 94.

Notary Public Christie Hall

Date Commission Expires 11/19/94

K.C.C. OFFICE USE ONLY
F Letter of Confidentiality Attached
C Wireline Log Received
C Geologist Report Received
Distribution: KCC SWD/Rep KGS Plug
OCT 17 1994
STATE CORPORATION COMMISSION
WICHITA, KANSAS
P1

Operator Name Dawson-Markwell Exploration Co Lease Name Fischer Well # 3

Sec. 31 Twp. 21S Rge. 11 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 checked="" type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Name	Top	Datum
Cores Taken	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Anhydrite	522	+1246
Electric Log Run (Submit Copy.)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Brown Lime	3146	-1378
List All E.Logs Run: Dual Induction, Density Neutron, Radiation Guard Gamma Ray Bond		Lansing	3172	-1404
		Base of KC	3397	-1629
		Base of Penn.	3414	-1646
		Conglomerate Chert	3462	-1694
		Simpson Shale	3503	-1735
		Arbuckle Dolomite	3532	-1764

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"	20#	241.94'	50/50 poz	185	2% gel 3%cc
Production	7 7/8"	5 1/2"	14#	3599	Common 40/60 Poz	135 150	2% gel 18% salt

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
5 holes	3536-40		
5 holes	3552-56		
	Cast Iron Bridge Plug 3520'		
16 holes	3463-71	500 gals of USA acid Frac MTT gel-20,000#/20,500 Gals.	

TUBING RECORD Size 2 3/8 Set At 3430' Packer At _____ Liner Run Yes No

Date of First, Resumed Production, SWD or Inj. 9-2-94 Producing Method Flowing Pumping Gas Lift Other (Explain)

Estimated Production Per 24 Hours	Oil	Bbls.	Gas	Mcf	Water	Bbls.	Gas-Oil Ratio	Gravity
	36				5			42

Disposition of Gas: Vented Sold Used on Lease (If vented, submit ACO-18.)

METHOD OF COMPLETION

Open Hole Perf. Dually Comp. Commingled Other (Specify)

Production Interval 3463-71



WESTERN TESTING CO., INC.

15.185.22968.0000

FORMATION TESTING

TICKET No. 20535

P. O. BOX 1599 PHONE (316) 282-5861 WICHITA, KANSAS 67201

Elevation 1768 KB Formation Simpson Eff. Pay Ft.

District GREAT Bend Date 8-15-94 Customer Order No.

COMPANY NAME Dawson-Markwell Exploration Co.

ADDRESS 3620 N.W. 56th OKLAHOMA CITY, OK 73112

LEASE AND WELL NO Fisher #3 COUNTY Stafford STATE KS Sec 31 Twp 21 Rge 11

Mail Invoice To Same Co. Name H.J. FISCHER Address No. Copies Requested 100

Mail Charts To Same Address ORIGINAL No. Copies Requested 100

Formation Test No. 1 Interval Tested From 3530 ft. to 3545 ft. Total Depth 3545 ft.

Packer Depth 3525 ft. Size 6 7/8 in. Packer Depth ft. Size in.

Packer Depth 3530 ft. Size 6 7/8 in. Packer Depth ft. Size in.

Depth of Selective Zone Set

Top Recorder Depth (Inside) 3537 ft. Recorder Number 10270 Cap 4150

Bottom Recorder Depth (Outside) 3540 ft. Recorder Number 13550 Cap 4125

Below Straddle Recorder Depth ft. Recorder Number Cap

Drilling Contractor Dulo Drig rig 4 Drill Collar Length I. D. in.

Mud Type Chemical Viscosity 36 Weight Pipe Length I. D. in.

Weight 9.4 Water Loss 8.4 cc. Drill Pipe Length 3510 I. D. 3.8 in.

Chlorides 6200 P.P.M. Test Tool Length 20 ft. Tool Size 5 1/2 in.

Jars: Make Serial Number Anchor Length 15 ft. Size 5 1/2 in.

Did Well Flow? Reversed Out Surface Choke Size 3/4 in. Bottom Choke Size 3/4 in.

Main Hole Size 2 7/8 in. Tool Joint Size 1 1/2 X 1 1/2 in.

Blow: TF

Recovered 150 ft. of mud

Recovered ft. of Packers failed

Recovered ft. of

Recovered ft. of

Recovered ft. of

Chlorides P.P.M. Sample Jars used Remarks: SET TOOL TWICE, PACKERS WOULD NOT HOLD

Time On Location 4:00 P.M. Time Pick Up Tool 4:20 P.M. Time Off Location A.M. P.M.

Time Set Packer(s) 6:00 P.M. Time Started Off Bottom 6:15 P.M. Maximum Temperature

Initial Hydrostatic Pressure (A) 1775 P.S.I.

Initial Flow Period Minutes (B) P.S.I. to (C) P.S.I.

Initial Closed In Period Minutes (D) P.S.I.

Final Flow Period Minutes (E) P.S.I. to (F) P.S.I.

Final Closed In Period Minutes (G) P.S.I.

Final Hydrostatic Pressure (H) 1751 P.S.I.

COMPANY TERMS

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All charges subject to 12% interest after 60 days from date of invoice. Any expense incurred for collection will be added to the original amount.

Test Approved By Signature of Customer or his authorized representative

FIELD INVOICE

Open Hole Test \$
Misrun \$
Straddle Test \$
Jars \$
Selective Zone \$
Safety Joint \$
Standby \$
Evaluation \$
Extra Packer \$
Circ. Sub. \$
Mileage \$



WESTERN TESTING CO., INC.
FORMATION TESTING

TICKET No 20536

P. O. BOX 1599 PHONE (316) 262-5861
WICHITA, KANSAS 67201

Elevation 1768 KB Formation Simpson sd. Eff. Pay - Ft.

District GREAT Bend Date 8-15-94 Customer Order No. -

COMPANY NAME Dawson-Markwell Exploration Co.

ADDRESS 3620 N.W. 58th OKLAHOMA CITY, OK. 73112

LEASE AND WELL NO. Fisher #3 COUNTY STAFFORD STATE KS Sec. 31 Twp. 21 Rge. 11

Mail Invoice To Same Co. Name Address No. Copies Requested 10

Mail Charts To Same Address ORIGINAL No. Copies Requested 10

Formation Test No. 2 Interval Tested From 3535 ft. to 3545 ft. Total Depth 3545 ft.

Packer Depth 3530 ft. Size 6 7/8 in. Packer Depth - ft. Size - in.

Packer Depth 3535 ft. Size 6 7/8 in. Packer Depth - ft. Size - in.

Depth of Selective Zone Set -

Top Recorder Depth (Inside) 3539 ft. Recorder Number 10270 Cap. 4150

Bottom Recorder Depth (Outside) 3542 ft. Recorder Number 13550 Cap. 4175

Below Straddle Recorder Depth - ft. Recorder Number - Cap. -

Drilling Contractor Duke Drilling I.D. - in.

Mud Type Chemical Viscosity 156 Weight Pipe Length - in.

Weight 9.4 Water Loss 8.4 cc. Drill Pipe Length 3515 I.D. 3.8 in.

Chlorides 6200 P.P.M. Test Tool Length 20 ft. Tool Size 5 1/2 in.

Jars: Make - Serial Number - Anchor Length 10 ft. Size 5 1/2 in.

Did Well Flow? - Reversed Out - Surface Choke Size 5/16 in. Bottom Choke Size 3/4 in.

Main Hole Size 7/8 in. Tool Joint Size 4 1/2 x 11 in.

Blow: IF - WEAK Blow throughout 1/2" To 2" Blow

FF - WEAK Blow throughout 1/2" Blow

Recovered 105 ft. of GAS IN PIPE

Recovered 1 ft. of CLEAN OIL GRAVITY 32

Recovered 15 ft. of HEAVY OIL cut mud

Recovered - ft. of 16% oil 94% mud

Recovered - ft. of

Chlorides - P.P.M. Sample Jars used 3 Remarks:

Time On Location 4:00 AM/PM Time Pick Up Tool 7:40 AM/PM Time Off Location - AM/PM

Time Set Packer(s) 8:50 AM/PM Time Started Off Bottom 11:50 AM/PM Maximum Temperature 112°

Initial Hydrostatic Pressure (A) 1765 P.S.I.

Initial Flow Period Minutes 30 (B) 20 P.S.I. to (C) 20 P.S.I.

Initial Closed In Period Minutes 30 (D) 62 P.S.I.

Final Flow Period Minutes 60 (E) 20 P.S.I. to (F) 20 P.S.I.

Final Closed In Period Minutes 60 (G) 52 P.S.I.

Final Hydrostatic Pressure (H) 1744 P.S.I.

COMPANY TERMS

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All charges subject to 12% interest after 60 days from date of invoice. Any expense incurred for collection will be added to the original amount.

Test Approved By [Signature] Signature of Customer or his authorized representative

FIELD INVOICE

Open Hole Test \$
Mistrun \$
Straddle Test \$
Jars \$
Selective Zone \$
Safety Joint \$
Standby \$
Evaluation \$
Extra Packer \$
Circ. Sub. \$
Mileage \$



WESTERN TESTING CO., INC.
FORMATION TESTING

TICKET No 20537

P. O. BOX 1599 PHONE (316) 262-5661
WICHITA, KANSAS 67201

Elevation 1765 KB Formation Arbuckle Eff. Pay _____ Ft.

District Great Bend Date 8-16-94 Customer Order No. _____

COMPANY NAME Dawson-Markwell Exploration Co.

ADDRESS 3620 N.W. 58th Oklahoma City, OK 73112

LEASE AND WELL NO. Fisher #3 COUNTY Stafford STATE Ks Sec. 21 Twp 21 Rge 11

Mail Invoice To Same Address ORIGINAL No. Copies Requested Per

Co. Name _____ Address _____ No. Copies Requested _____

Mail Charts To Same Address _____ No. Copies Requested Per

Formation Test No. 3 Interval Tested From 3538 ft. to 3568 ft. Total Depth 3568 ft.

Packer Depth 3538 ft. Size 6 7/8 in. Packer Depth _____ ft. Size _____ in.

Packer Depth _____ ft. Size _____ in. Packer Depth _____ ft. Size _____ in.

Depth of Selective Zone Set _____

Top Recorder Depth (Inside) 3560 ft. Recorder Number 10270 Cap 4150

Bottom Recorder Depth (Outside) 3563 ft. Recorder Number 13550 Cap 4175

Below Straddle Recorder Depth _____ ft. Recorder Number _____ Cap _____

Drilling Contractor Duke DRI 8/19/94 Drill Collar Length _____ I. D. _____ in.

Mud Type Chemical Viscosity 56 Weight Pipe Length _____ I. D. _____ in.

Weight 9.2 Water Loss 8.4 cc. Drill Pipe Length 3523 I. D. 3.8 in.

Chlorides 6200 P.P.M. Test Tool Length 15 ft. Tool Size 5 1/2 in.

Jars: Make _____ Serial Number _____ Anchor Length 30 ft. Size 5 1/2 in.

Did Well Flow? _____ Reversed Out _____ Surface Choke Size 3/4 in. Bottom Choke Size 3/4 in.

Main Hole Size 7 7/8 in. Tool Joint Size 4 1/2 XH in.

Blow: TF - Weak Blow Throughout 1/2" To 1" Blow

FF - Weak Blow Throughout 1" To 2 1/2" Blow

Recovered 160 ft. of Gas in Pipe

Recovered 20 ft. of Heavy oil cut mud - 23% oil 3% gas 74% mud

Recovered _____ ft. of _____

Recovered _____ ft. of _____

Recovered _____ ft. of _____

Chlorides _____ P.P.M. Sample Jars used 2 Remarks: _____

Time On Location 5:40 AM Time Pick Up Tool 6:25 AM Time Off Location _____ AM

Time Set Packer(s) 7:30 AM Time Started Off Bottom 10:30 AM Maximum Temperature 112

Initial Hydrostatic Pressure _____ (A) 1725 P.S.I.

Initial Flow Period _____ Minutes 30 (B) _____ 31 P.S.I. to (C) 31 P.S.I.

Initial Closed In Period _____ Minutes 30 (D) 52 P.S.I.

Final Flow Period _____ Minutes 60 (E) _____ 31 P.S.I. to (F) 31 P.S.I.

Final Closed In Period _____ Minutes 60 (G) 52 P.S.I.

Final Hydrostatic Pressure _____ (H) 1725 P.S.I.

COMPANY TERMS

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All charges subject to 12% interest after 60 days from date of invoice. Any expense incurred for collection will be added to the original amount.

Test Approved By _____
Signature of Customer or his authorized representative

FIELD INVOICE

Open Hole Test \$ _____
Misrun \$ _____
Straddle Test \$ _____
Jars \$ _____
Selective Zone \$ _____
Safety Joint \$ _____
Standby \$ _____
Evaluation \$ _____
Extra Packer \$ _____
Circ. Sub. \$ _____
Mileage \$ _____



WESTERN TESTING CO., INC.
FORMATION TESTING

TICKET No 20538

P. O. BOX 1599 PHONE (316) 262-5861
WICHITA, KANSAS 67201

Elevation 1768 KB Formation Long Eff. Pay Ft.

District GREAT Bend Date 8-16-74 Customer Order No.

COMPANY NAME Dawson-Markwell Exploration Co

ADDRESS 3620 N.W. 58th OKLAHOMA CITY, OK. 73112

LEASE AND WELL NO Fisher #3 COUNTY Stafford STATE K Sec 31 Twp 21 Rge 11

Mail Invoice To Same Co. Name Address No. Copies Requested 109

Mail Charts To Same Co. Name Address ORIGINAL No. Copies Requested 109

Formation Test No. 4 Interval Tested From 3438 ft. to 3534 ft. Total Depth 3601 ft.

Packer Depth 3438 ft. Size 6 5/8 in. Packer Depth - ft. Size - in.

Packer Depth 3534 ft. Size 6 5/8 in. Packer Depth - ft. Size - in.

Depth of Selective Zone Set

Top Recorder Depth (Inside) 3442 ft. Recorder Number 10270 Cap 4150

Bottom Recorder Depth (Outside) 3445 ft. Recorder Number 13550 Cap 4175

Below Straddle Recorder Depth 3598 ft. Recorder Number 13401 Cap 4000

Drilling Contractor Duke Drilling Co Drill Collar Length - I. D. - in.

Mud Type Chemical Viscosity 8.54 Weight Pipe Length - I. D. - in.

Weight 9.2 Water Loss 8.4 cc. Drill Pipe Length 3418 I. D. 3.8 in.

Chlorides 6200 P.P.M. Test Tool Length 20 ft. Tool Size 5 1/2 in.

Jars: Make - Serial Number - Anchor Length 96 ft. Size 3 1/2 in.

Did Well Flow? - Reversed Out - Surface Choke Size 3/4 in. Bottom Choke Size 7/8 in.

Main Hole Size 7/8 in. Tool Joint Size 4 1/2 x 11 in.

Blow: IF - FF.

Recovered 110 ft. of Mud

Recovered ft. of

Recovered ft. of PACKER FAILURE

Recovered ft. of

Recovered ft. of

Chlorides P.P.M. Sample Jars used Remarks: SET TOOL TWICE

Time On Location 8:40 AM Time Pick Up Tool 9:10 AM Time Off Location AM/PM

Time Set Packer(s) 10:25 AM Time Started Off Bottom 10:35 AM Maximum Temperature

Initial Hydrostatic Pressure (A) P.S.I.

Initial Flow Period (B) Minutes P.S.I. to (C) P.S.I.

Initial Closed In Period (D) Minutes P.S.I.

Final Flow Period (E) Minutes P.S.I. to (F) P.S.I.

Final Closed In Period (G) Minutes P.S.I.

Final Hydrostatic Pressure (H) P.S.I.

COMPANY TERMS

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Test Approved By Signature of Customer or his authorized representative

FIELD INVOICE

Open Hole Test \$
Mistrun \$
Straddle Test \$
Jars \$
Selective Zone \$
Safety Joint \$
Standby \$
Evaluation \$
Extra Packer \$
Circ. Sub. \$
Mileage \$



WESTERN TESTING CO., INC.
FORMATION TESTING

TICKET No 20539

P. O. BOX 1599 PHONE (316) 262-5861
WICHITA, KANSAS 67201

Elevation 1768 KB Formation Congl. Eff. Pay Ft.

District GREAT BAY Date 8-17-94 Customer Order No.

COMPANY NAME Dawson-Markwell Exploration Co.

ADDRESS 3620 N.W. 58th OKLAHOMA CITY, OK. 73112

LEASE AND WELL NO. Fisher #3 COUNTY STAFFORD STATE KS Sec. 31 Twp. 21st Rge. 11th

Mail Invoice To Same Co. Name Address No. Copies Requested 299

Mail Charts To Same Address ORIGINAL No. Copies Requested 299

Formation Test No. 5 Interval Tested From 3405 ft. to 3535 ft. Total Depth 3601 ft.

Packer Depth 3405 ft. Size 6 5/8 in. Packer Depth - ft. Size - in.

Packer Depth 3535 ft. Size 6 5/8 in. Packer Depth - ft. Size - in.

Depth of Selective Zone Set

Top Recorder Depth (Inside) 3408 ft. Recorder Number 10270 Cap. 4150

Bottom Recorder Depth (Outside) 3411 ft. Recorder Number 13550 Cap. 4175

Below Straddle Recorder Depth 3598 ft. Recorder Number 13401 Cap. 4000

Drilling Contractor Duke Drilling 1-94 Drill Collar Length - I. D. - in.

Mud Type Chemical Viscosity 54 Weight Pipe Length - I. D. - in.

Weight 9.2 Water Loss 8.4 cc. Drill Pipe Length 3385 I. D. 3.8 in.

Chlorides 6200 P.P.M. Test Tool Length 20 ft. Tool Size 5 1/2 in.

Jars: Make - Serial Number - Anchor Length 130 ft. Size 5 1/2 in.

Did Well Flow? - Reversed Out - Surface Choke Size 3/4 in. Bottom Choke Size 3/4 in.

Main Hole Size 7 7/8 in. Tool Joint Size 4 1/2 X 1 1/2 in.

Blow: IF - WEAK BUILDING TO A FAIR BLOW 1" TO 3 1/2" BLOW
FF - 10X 1/2" BLOW THROUGHOUT 2 1/2" BLOW

Recovered 90 ft. of Mud

Recovered ft. of

Recovered ft. of

Recovered ft. of

Recovered ft. of

Chlorides P.P.M. Sample Jars used 2 Remarks:

Time On Location 12:20 A.M. Time Pick Up Tool 12:20 A.M. Time Off Location A.M. P.M.

Time Set Packer(s) 1:35 A.M. P.M. Time Started Off Bottom 4:35 A.M. P.M. Maximum Temperature 111

Initial Hydrostatic Pressure (A) 1703 P.S.I.

Initial Flow Period Minutes 30 (B) - P.S.I. to (C) - P.S.I.

Initial Closed In Period Minutes 30 (D) 759 P.S.I.

Final Flow Period Minutes 60 (E) 41 P.S.I. to (F) 62 P.S.I.

Final Closed In Period Minutes 60 (G) 769 P.S.I.

Final Hydrostatic Pressure (H) 1661 P.S.I.

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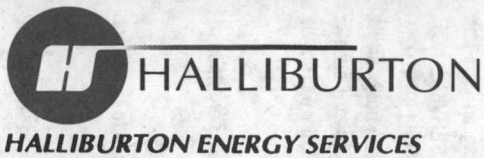
All charges subject to 12% interest after 60 days from date of invoice. Any expense incurred for collection will be added to the original amount.

Test Approved By [Signature] Signature of Customer or his authorized representative

FIELD INVOICE

Open Hole Test \$
Misrun \$
Straddle Test \$
Jars \$
Selective Zone \$
Safety Joint \$
Standby \$
Evaluation \$
Extra Packer \$
Circ. Sub. \$
Mileage \$
Fluid Sampler \$

Paul [Signature] Thank



CHARGE TO:
 ADDRESS:
 CITY, STATE, ZIP CODE:

COPY

TICKET

No.

614511 - 7

FORM 1906 R-13

SERVICE LOCATIONS	WELL/PROJECT NO.	LEASE	COUNTY/PARISH	STATE	CITY/OFFSHORE LOCATION	DATE	OWNER
1. 224#	3	Fischer	Stafford	K		8-17-94	
2.	TICKET TYPE <input type="checkbox"/> SERVICE	NITROGEN JOB? <input type="checkbox"/> YES <input type="checkbox"/> NO	CONTRACTOR	RIG NAME/NO.	SHIPPED VIA	DELIVERED TO	ORDER NO.
3.	<input type="checkbox"/> SALES	<input type="checkbox"/> NO	Duke Drilling	44	440	Wellsite	
4.	WELL TYPE	WELL CATEGORY	JOB PURPOSE	WELL PERMIT NO.	WELL LOCATION		
REFERRAL LOCATION	INVOICE INSTRUCTIONS		01	035 5/2 Prod	15-185-22968	31-21-1142	

RECEIVED
 STATE COMPTROLLER'S COMMISSION
 OCT 17 1994

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.		U/M		UNIT PRICE	AMOUNT
		LOC	ACCT	DF							
000-117		1			MILEAGE	40		mi		2.75	110.00
201-016		1			Pump Charge	3599		ft		1570.00	1570.00
230-016		1			Plug SW	1		EA	5/2	60.00	60.00
12A	825 205	1			GUIDE SHOE	1		EA	"	121.00	121.00
24A	815 19251	1			Fusset Front	1		EA	"	110.00	110.00
27	815 19311	1			Auto Fillup	1		EA		55.00	55.00
40	806 60022	1			CENTRALIZERS	4		EA	5/2	44.00	176.00

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.

SUB SURFACE SAFETY VALVE WAS:
 PULLED & RETURN PULLED RUN

CUSTOMER OR CUSTOMER'S AGENT SIGNATURE
 X *[Signature]*
 DATE SIGNED: 8-17-94
 TIME SIGNED: 1300
 A.M. P.M.
 do do not require IPC (Instrument Protection). Not offered

TYPE LOCK DEPTH
 BEAN SIZE SPACERS
 TYPE OF EQUALIZING SUB. CASING PRESSURE
 TUBING SIZE TUBING PRESSURE WELL DEPTH
 TREE CONNECTION TYPE VALVE

SURVEY

AGREE	UN-DECIDED	DIS-AGREE
OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN?		
WE UNDERSTOOD AND MET YOUR NEEDS?		
OUR SERVICE WAS PERFORMED WITHOUT DELAY?		
WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY?		
ARE YOU SATISFIED WITH OUR SERVICE?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<input type="checkbox"/> CUSTOMER DID NOT WISH TO RESPOND		

PAGE TOTAL: 2202.00
 FROM CONTINUATION PAGE(S): 2189.61
 SUB-TOTAL: 4391.61
 APPLICABLE TAXES WILL BE ADDED ON INVOICE

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): E.L. Markwell, Jr. | CUSTOMER OR CUSTOMER'S AGENT (SIGNATURE): X *[Signature]* | HALLIBURTON OPERATOR/ENGINEER: *[Signature]* | EMP #: 74220 | HALLIBURTON APPROVAL:

TERMS AND CONDITIONS

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 recovered and repairable, Customer shall pay the repair costs, unless caused by Halliburton's sole negligence. If the equipment is not recovered or is irreparable, Customer shall pay the replacement cost, unless caused by Halliburton's sole negligence. If a radioactive source becomes lost or lodged in the well, Customer shall meet all requirements of Section 39.15(a) of the Nuclear Regulatory Commission regulations and any other applicable laws or regulations concerning retrieval or abandonment and shall permit Halliburton to monitor the recovery or abandonment efforts all at no risk or liability 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.



HALLIBURTON ENERGY SERVICES

TICKET CONTINUATION

COPY

TICKET No. 614511

CUSTOMER DAWSON MARKWELL WELL 3 FISCHER DATE 08-17-94 ^{NOV 23 1994} PAGE 2 OF 2

FORM 1911 R-8

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			TIME	DESCRIPTION	QTY.		U/M		UNIT PRICE	AMOUNT
		LOG	ACCT	DF								
504-316		1				40/60 POZMIX CEMENT 2% GEL	150	SK			6.08	912.00
509-968	516.00158	1				SALT BLENDED 18% W/150	1,400	LB			15	210.00
509-968	516.00158	1				SALT NOT MIXED	400	LB			15	60.00
507-153	516.00161	1				CFR-3 BLENDED 0.75% W/150	94	LB			4.85	455.90
508-291	516.00337	1				GILSONITE BLENDED 5LB W/75	400	LB			40	160.00
						UNIT NO. 4413 LOADED:						
						FRONT-75 SK LEAD						
						REAR--75 SK TAIL						
500-207		1				SERVICE CHARGE				184	1.85	248.40
500-306		1				MILEAGE CHARGE	TOTAL WEIGHT	LOADED MILES	TON MILES			
							15,085	20		150.85	.95	143.31

CONTINUATION TOTAL 2,189.61

ORIGINAL

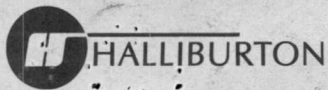
JOB LOG HAL-2013-C

CUSTOMER: Dawson-Maxwell WELL NO.: 3 LEASE: Fischer JOB TYPE: 5 1/2 Prod TICKET NO.: 614511

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
								Call down ON LOG ORIGINAL
	1520							BREAK CIRC
	1605	7				600		START SALT FLUSH
	1607	7	3			690		FINISH FLUSH
	1610		368					PLUG RATIO w/ 15 SKS LEAD
	1613	6	-			400		START MIXING LEAD
	1618	6	1843			400		START MIXING TAIL
	1623	6	3779			400		FINISH MIXING CMT
	1624		-					CLEAR LINES
	1624		-					RELEASE PLUG
	1626	8	-			250		START DSP
	1639	4	8769			1000		HURRY DOWN RELEASE - HEND
								Job Complete
								THANK YOU JAMES TODD JAKE

CUSTOMER

 RECEIVED
 STATE CORPORATION COMMISSION
 OCT 17 1994
 REGISTRATION DIVISION
 WICHITA, KANSAS



JOB SUMMARY

HALLIBURTON DIVISION
HALLIBURTON LOCATION

CONFIDENTIAL
PRAH RG

BILLED ON TICKET NO. 614511

WELL DATA

FIELD _____ SEC. 31 TWP. 21 RNG. 11w COUNTY SHARROCK STATE K

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			5 1/2	KB	3599	
LINER						
TUBING						
OPEN HOLE					0600	SHOTS/FT.
PERFORATIONS						
PERFORATIONS						
PERFORATIONS						

JOB DATA

TOOLS AND ACCESSORIES

TYPE AND SIZE	QTY.	MAKE
FLOAT COLLAR		
FLOAT SHOE		
GUIDE SHOE	1	Hollow
CENTRALIZERS	4	
BOTTOM PLUG		
TOP PLUG		
HEAD		
PACKER		
OTHER		

CALLED OUT	ON LOCATION	JOB STARTED	JOB COMPLETED
DATE 8-17	DATE 8-17	DATE 8-17	DATE 8-17
TIME 10:30	TIME 12:30	TIME	TIME

PERSONNEL AND SERVICE UNITS

NAME	UNIT NO. & TYPE	LOCATION
24221 MUD	40037	25555
61022 SUBA	4010	
6257 GARDNER	4413	
	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 CH+

DESCRIPTION OF JOB SET 5577 5 1/2 PCD

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

CUSTOMER REPRESENTATIVE [Signature]

HALLIBURTON OPERATOR [Signature] COPIES REQUESTED _____

CEMENT DATA

STAGE	NUMBER OF SACKS	CEMENT	BRAND	BULK SACKED	ADDITIVES	YIELD CU.FT./SK.	MIXED LBS./GAL.
	75	P02	11/60	D	28601 10% SALT 3% CFR-3	138	142
	75	P02	11/60	D	28601 10% SALT 4% CFR-3 5#61	175	157

PRESSURES IN PSI

SUMMARY

VOLUMES

CIRCULATING _____ DISPLACEMENT _____ PRESLUSH: BBL.-GAL. 20 TYPE SU14

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

AVERAGE _____ FRACTURE GRADIENT _____ TREATMENT: BBL.-GAL. _____ DISPL: BBL.-GAL. 3767

SHUT-IN: INSTANT _____ 5-MIN _____ 15-MIN _____ CEMENT SLURRY: BBL.-GAL. 1343 + 1936

HYDRAULIC HORSEPOWER _____ TOTAL VOLUME: BBL.-GAL. 3777

ORDERED _____ AVAILABLE _____ USED _____

AVERAGE RATES IN BPM _____

TREATING _____ DISPL. _____ OVERALL _____

CEMENT LEFT IN PIPE _____

FEET 1636 REASON JUSNET

REMARKS

RECEIVED
STATE COMPLETION COMMISSION
OCT 17 1994
WICHITA, KANSAS

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



HALLIBURTON ENERGY SERVICES

CHARGE TO: W. H. ...
 ADDRESS: 362 ...
 CITY, STATE, ZIP CODE: OK CITY 73112

COPY

TICKET

No.

614534 - []

PAGE 1 OF 2

FORM 1906 R-13

SERVICE LOCATIONS: 1. OK 5035

WELL/PROJECT NO. # <u>5</u>	LEASE <u>W. H. ...</u>	COUNTY/PARISH <u>Stoddard</u>	STATE <u>KS</u>	CITY/OFFSHORE LOCATION	DATE <u>8-11-94</u>	OWNER <u>Same</u>
TICKET TYPE: <input checked="" type="checkbox"/> SERVICE <input type="checkbox"/> SALES	NITROGEN JOB? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	CONTRACTOR <u>Duke Only</u>	RIG NAME/NO. <u>#4</u>	SHIPPED VIA <u>()</u>	DELIVERED TO <u>Location</u>	ORDER NO.
WELL TYPE <u>01</u>	WELL CATEGORY <u>01</u>	JOB PURPOSE <u>Seismic</u>	WELL PERMIT NO. <u>15-185-22968</u>	WELL LOCATION <u>Land</u>		
REFERRAL LOCATION	INVOICE INSTRUCTIONS: <u>22%</u>					

PRICE REFERENCE	SECONDARY REFERENCE / PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.		UNIT PRICE	AMOUNT
		LOC	ACCT.	DF		U/M	U/M		
00-117		1			MILEAGE	40	mi	2.75	110
001-016	ORIGINAL	1			Pump Charge	1	hrs	242.44	585
030-503		1			WOOD Plug	1	ea	8.75	95
		1			Measuring Line	1	ea		110

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.

CUSTOMER OR CUSTOMER'S AGENT SIGNATURE: X [Signature]

DATE SIGNED: 8-11-94 TIME SIGNED: 14:00 A.M. P.M.

TUBING SIZE: _____ TUBING PRESSURE: _____ WELL DEPTH: _____

TREE CONNECTION: _____ TYPE VALVE: _____

do do not require IPC (Instrument Protection). Not offered

SUB SURFACE SAFETY VALVE WAS: PULLED & RETURN PULLED RUN

SURVEY AGREE UN-DECIDED DIS-AGREE

OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN?

WE UNDERSTOOD AND MET YOUR NEEDS?

OUR SERVICE WAS PERFORMED WITHOUT DELAY?

WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY?

ARE YOU SATISFIED WITH OUR SERVICE? YES NO

CUSTOMER DID NOT WISH TO RESPOND

PAGE TOTAL: 790

FROM CONTINUATION PAGE(S): 1656

SUB-TOTAL APPLICABLE TAXES WILL BE ADDED ON INVOICE: 2446

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): X [Signature]

HALLIBURTON OPERATOR/ENGINEER: _____ EMP # _____

HALLIBURTON APPROVAL: _____



TICKET CONTINUATION

COPY

TICKET No. 614534

FORM 1811 R-8

CUSTOMER		WELL		DATE		PAGE OF							
DAWSON MARKWELL ETC.		FISHER 3		08-11-94		2 2							
PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			TIME	DESCRIPTION	QTY.		U/M	QTY.	U/M	UNIT PRICE	AMOUNT
		LOC	ACCT	DF									
504-130		1				50/50 POZMIX W2% GEL	185	sk			5.73	1060	
509-406	890.50812	1				CALCIUM CHLORIDE BLENDED 3%	5	sk			36.75	183	
ORIGINAL													
500-207		1				LOADED ON TRUCK #50808-SPLIT SERVICE CHARGE						1.35	263
500-306		1				MILEAGE CHARGE	TOTAL WEIGHT	LOADED MILES	TON MILES			95	149
							15,698	20	156.98				

CONTINUATION TOTAL 1656

WELL DATA

FIELD _____ SEC **31** TWP **21S** RNG **11W** 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	20	8 7/8	0	242'	
LINER						
TUBING						
OPEN HOLE			12 1/4		245'	SHOTS/FT.
PERFORATIONS						
PERFORATIONS						
PERFORATIONS						

JOB DATA

CALLLED OUT DATE	ON LOCATION DATE	JOB STARTED DATE	JOB COMPLETED DATE
8-11-94	8-11-94	8-11-94	8-11-94
TIME 10:45	TIME 1:00	TIME 11:00	TIME 17:00

TOOLS AND ACCESSORIES

TYPE AND SIZE	QTY.	MAKE
FLOAT COLLAR		
FLOAT SHOE		
GUIDE SHOE		
CENTRALIZERS		
BOTTOM PLUG		
TOP PLUG	Wood 8 7/8	1 HES
HEAD	2 Meas. Fold	1
PACKER		
OTHER		

PERSONNEL AND SERVICE UNITS

NAME	UNIT NO. & TYPE	LOCATION
G. Byerly	85826 39601 P.u.	PRAIT KS
B. MOUSE R	B2663 52304 RLM	"
M. Krentzel	26414 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.
 ME AGENT TYPE _____ GAL. _____ IN.
 FLUID LOSS ADD. TYPE _____ GAL.-LB. _____ IN.
 GELLING AGENT TYPE _____ GAL.-LB. _____ IN.
 FROG. 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 **8 7/8" Surface Pipe**
 JOB DONE THRU: TUBING CASING ANNULUS TRG/ANN
 CUSTOMER REPRESENTATIVE **X**

HALLIBURTON OPERATOR **Glenn Byerly** COPIES REQUESTED _____

CEMENT DATA

STAGE	NUMBER OF SACKS	CEMENT	BRAND	BULK SACKED	ADDITIVES	YIELD CU.FT./SK.	MIXED LBS./GAL.
	185	50/50	P02	B	39.6L 27.6L	1.28	13.25

PRESSURES IN PSI

SUMMARY

VOLUMES

CIRCULATING _____ DISPLACEMENT _____ PRESURISH: BBL.-GAL. _____ TYPE _____
 BREAKDOWN _____ MAXIMUM _____ LOAD & BKDN: BBL.-GAL. _____ PAD: BBL.-GAL. _____
 AVERAGE _____ FRACTURE GRADIENT _____ TREATMENT: BBL.-GAL. _____ DIST: BBL.-GAL. **14.8**
 SHUT-IN INSTANT _____ 5-MIN _____ 15-MIN _____ CEMENT SLURRY: BBL.-GAL. **42.2**
 HYDRAULIC HORSEPOWER _____ TOTAL VOLUME: BBL.-GAL. _____
 ORDERED _____ AVAILABLE _____ USED _____
 TREATING _____ DISPL. _____ OVERALL _____
 FEET **15** CEMENT LEFT IN PIPE _____
 REASON **Request**

REMARKS
 Run Measuring line (Shot Power)
 Disp when Cmt Circs
 Disp Plug To 210'

CUSTOMER: Dawson-McKinnell
LEASE: Fitch-R
WELL NO: # 3
JOB TYPE: Surface Pipe
DATE: 8-11-94



JOB LOG HAL-2013-C

CUSTOMER Dunson, Markwell	WELL NO. 3	LEASE Fischer	JOB TYPE Surface Pipe	TICKET NO. 614534
------------------------------	---------------	------------------	--------------------------	----------------------

CHART NO.	TIME	RATE (BPM)	VOLUME (DBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	14:00							On Location
	15:15							Run Casing
	15:50							Casing on Bottom
	16:00	3						Break Circulation
	16:05	5	0			200		Start Mixing
	16:16	5	42.2			200		Finish Mixing
	16:17							Release Plug
	16:20	4	0			200		start Displacement
	16:22	4				200		Ent Circulated 10 bbl to pit
	16:25		13					Shut Down 210' BY line
	16:30					200		Shut In
	16:40							wash up
	17:15							Job Complete
								Thanks
								Glen, Bill

ORIGINAL