

WELL TREATMENT REPORT

DS-494 PRINTED IN U.S.A.

DOWELL SCHLU



01309605

DATE 11-4-89

WELL NAME AND NUMBER States #1 SWD LOCATION (LEGAL) Sec 36, T34S, R43W DS LOCATION Ulysess, KS TREATMENT NUMBER 22-12-2120

POOL/FIELD _____ FORMATION _____ JOB DONE DOWN TUBING CASING ANNULUS ALLOWABLE PRESSURE _____

COUNTY / PARISH Baca STATE Colorado OIL: GAS WATER INJ. API GRAVITY _____ VAPOR PSI _____

TYPE OF SERVICE Acidizing Sand Control Fracturing Other Pump Rental SERVICE NAME _____ AGE OF WELL _____ TOTAL DEPTH _____ BHT. (LOG) _____

CUST. NAME Powell Program, Inc CASING SIZE 4 1/2 WT. _____ DEPTH 278 TUBING SIZE _____ WT. _____ DEPTH _____

ADDRESS _____ TYPE OR GRADE _____ TYPE OR GRADE _____ PACKER TYPE _____ PACKER DEPTH 1455'

CITY, STATE ZIP CODE _____ LINER SIZE _____ WT. _____ TOP-BOTTOM _____ OPEN HOLE _____ CASING VOL. _____ TUBING VOL. _____ ANNULAR VOL. _____

PERFORATED INTERVALS

TOP	TO	BOTTOM	NO. OF HOLES	TOP	TO	BOTTOM	NO. OF HOLES
1495	TO	1501	24		TO		
1579	TO	1582	12		TO		
1588	TO	1596	32		TO		

FOR CONVERSION PURPOSES 24 BBLs EQUALS 1000 GALLONS
ARRIVED ON LOCATION: 0930 LEFT LOCATION: 1630 DIAMETER OF PERFORATIONS = _____

INJECTION RECORD

TIME (0001 to 2400)	RATE BPM	TYPE OF FLUID	DENSITY	INCREMENT VOL. BBLs.	CUM. VOL. BBLs.	PROP TYPE	PROP #/GAL.	PRESSURE		NOTATIONS
								CSG.	TBG.	
										Pre-Job Safety Meeting
										Pre-Job Pressure Test To _____ psi
1030	4.	H ₂ O	8.34	2.1	-	-	-	-	500	Begin Circulating Hole
1045	1.2	H ₂ O	8.34	4	21	-	-	-	10	Continue circulating
1048	0	-	-	-	25	-	-	-	0	Shut Down, Hook up to Backside
1108	1.0	H ₂ O	8.34	0.2	25	-	-	860	-	Begin Pressuring up on packer
1111	-	-	-	-	25.2	-	-	860	-	Shut Down, Watch pressure
1120	1.0	H ₂ O	8.34	6.1	25.2	-	-	700	-	Bring Pressure Up Again
1120	0	-	-	-	25.3	-	-	930	-	Shut Down, watch Pressure
1134	1.0	H ₂ O	834	0.1	25.4	-	-	790	-	Bring Pressure Up Again
1135	0	-	-	-	25.4	-	-	800	-	Shut Down, watch Pressure
1137	0	-	-	-	25.4	-	-	750	-	Shut Down, Bleed off Pressure
1140	0	-	-	-	25.4	-	-	0	-	Wait For another packer
1508	0.5	H ₂ O	8.34	.1	25.4	-	-	930	-	Pressure up on new packer
1509	-	-	-	-	25.5	-	-	930	-	Shut Down, watch Pressure
1600	4.2	H ₂ O	-	10	25.5	-	-	800	-	End Job Pump away water
1606	2.4	H ₂ O	-	10.5	35.5	-	-	800	-	Continue Pumping

FRAC. GRADIENT _____ AVG. INJECTION RATES LIQ. 2.5 W/PROP _____ MATERIALS CHARGED FOR: MTRL QUANTITY MTRL QUANTITY

TOTAL FLUID 486 BBLs. TOTAL PROP _____ LBS.

TREATING PRESSURE SUMMARY MAX. 930 FINAL 520 AVG. 800 IMMED. S.D.P. _____ 15 MIN. SIP _____

PRODUCTION PRIOR TO THIS TR. Test Stabilized

CUSTOMER REPRESENTATIVE Bill Brady DS SERVICE SUPERVISOR Darryl E. Harnal

SCANNED

DOWELL SCHLUMBERGER INCORPORATED

P.O. BOX 4378 HOUSTON, TEXAS 77210

CUSTOMER

OILFIELD SERVICES	<input type="checkbox"/>
INDUSTRIAL SERVICES	<input type="checkbox"/>

DSI SERVICE ORDER
RECEIPT AND INVOICE NO.

03-12-

DSI SERVICE LOCATION NAME AND NUMBER
Ulysses, Kansas 03-12-2120

CUSTOMER NUMBER	CUSTOMER P.O. NUMBER	TYPE SERVICE CODE 335	BUSINESS CODES
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CUSTOMER'S NAME
Powell Program, Inc.

WORKOVER	<input checked="" type="checkbox"/> W	API OR IC NUMBER
NEW WELL	<input type="checkbox"/> N	
OTHER	<input type="checkbox"/>	

ADDRESS

CITY, STATE AND ZIP CODE

SCANNED

IMPORTANT SEE OTHER SIDE FOR TERMS & CONDITIONS				
ARRIVE LOCATION	MO. 11	DAY 4	YR. 89	TIME 0930

SERVICE ORDER RECEIPT
I certify that the materials and services listed were authorized and received and all services performed in a workmanlike manner and that I have the authority to accept and execute this document.

JOB COMPLETION	MO. 11	DAY 4	YR. 89	TIME 1630
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STATE <i>Colorado</i>	CODE 05	COUNTY / PARISH <i>Baca</i>	CODE 009	CITY
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SIGNATURE OF CUSTOMER OR AUTHORIZED REPRESENTATIVE
x W. K. Bailey

WELL NAME AND NUMBER / JOB SITE <i>States #15WD</i>	LOCATION AND POOL / PLANT ADDRESS <i>Sec 36 T34S R43W</i>	SHIPPED VIA <i>Dowell Schlumberger</i>
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ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
<i>048040-001</i>	<i>Miscellaneous Pump Charge</i>	<i>ea</i>	<i>1</i>	<i>620.00</i>	<i>620.00</i>
<i>059697-000</i>	<i>PACR Pumping, Acidizing, Cement Records</i>	<i>ea</i>	<i>1</i>	<i>110.00</i>	<i>110.00</i>
<i>059200-002</i>	<i>Mileage Charge</i>	<i>mi</i>	<i>86</i>	<i>2.40</i>	<i>206.40</i>
SERVICE ORDER RECEIPT					

Field Estimate = \$ 936.40

LICENSE/REIMBURSEMENT FEE	
LICENSE/REIMBURSEMENT FEE	

REMARKS: <i>Thanks for using DSI!</i>	STATE	% TAX ON \$
	COUNTY	% TAX ON \$
	CITY	% TAX ON \$
	SIGNATURE OF DSI REPRESENTATIVE <i>Doug E Harned</i>	TOTAL \$