

STATE CORPORATION COMMISSION OF KANSAS
OIL & GAS CONSERVATION DIVISION
RECOMPLETION FORM
ACO-2 AMENDMENT TO WELL HISTORY

Operator: License # 5598
Name APX Corporation
Address P. O. Box 351
City/State/Zip Liberal, Kansas 67905-0351

Purchaser Panhandle Eastern Pipe Line Co.
(Transporter)
Operator Contact Person M. L. Pease
Phone (316) 624-6253

Designate Type of Original Completion

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

Date of Original Completion: 5/14/85

DATE OF RECOMPLETION:

7/25/88 8/31/88
Commenced Completed

Designate Type of Recompletion/Workover:

☐ Deepening ☐ Delayed Completion

☒ Plug Back ☐ Re-perforation

☐ Conversion to Injection/Disposal

Is recompleted production:

☐ Commingled; Docket No. _____

☐ Dual Completion; Docket No. _____

☐ Other (Disposal or Injection)? _____

API NO. 15- 189-20,849 R

County Stevens

C NW Sec 1 Twp 33S Rge 38 X East
West

3960 Ft North from Southeast Corner of Section
3960 Ft West from Southeast Corner of Section

(Note: Locate well in section plat below)

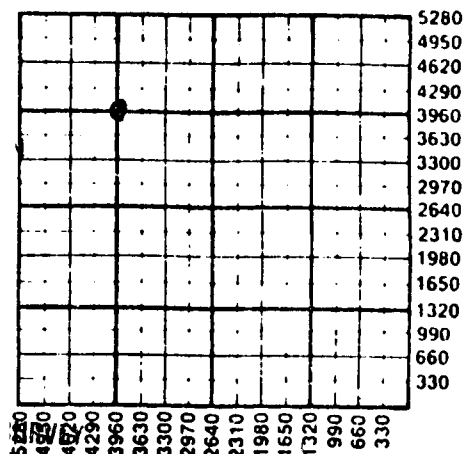
Lease Name Fields "A" Well # 1H

Field Name Hugoton

Name of New Formation Chase

Elevation: Ground 3165 ☒ NA

Section Plat



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)

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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 recompletion of any well. Rules 82-3-107 and 82-3-141 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 any additional wireline logs and driller's time logs (not previously submitted) shall be attached with this form. Submit ACO-4 prior to or with this form for approval of commingling or dual completions. Submit CP-4 with all plugged wells. Submit CP-111 with all temporarily abandoned wells. NOTE: Conversion of wells to either disposal or injection must receive approval before use; submit form U-1.

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 M. L. Pease Title Division Production Mgr. Date 12/21/88

Subscribed and sworn to before me this 8th day of February 19 89

Notary Public Glenna S. Salley

Date Commission Expires
GLENNA S. SALLEY
NOTARY PUBLIC
STATE OF KANSAS
MY APPT. EXPIRES 1-6-91 FORM ACO-2
5/88

Operator Name APX Corporation Lease Name Fields "A" Well # 1H
 Sec 1 Twp 33S Rge 38 X East West County Stevens

RECOMPLETED FORMATION DESCRIPTION:

____ Log ____ Sample

NameTopBottom

ADDITIONAL CEMENTING/SQUEEZE RECORD

Purpose:	Depth		Type of Cement	# Sacks Used	Type & Percent Additives
	Top	Bottom			
Perforate					
Protect Casing					
Plug Back TD					
Plug Off Zone					

Shots Per Foot	PERFORATION RECORD	Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used)
	Specify Footage of Each Interval Perforated	
2	2820-40, 2790-2801,	Brk dwn w/23,000 gal 2% KCL wtr. Frac w/134,950 gal gelled 2% KCL wtr & 367,800# 12/20 sd.
	2732-70, 2670-2720,	
	2610-50, 2560-2600,	
	2534-50	

PBTD 3000 Plug Type Cast iron Bridge Plug

TUBING RECORD:

Size _____ Set At _____ Packer At _____ Was Liner Run? _____ Y X N

Date of Resumed Production, Disposal or Injection 9/27/88

Estimated Production Per 24 Hours _____ bbl/oil _____ bbl/water

1158 MCF gas _____ gas-oil ratio
 @ 113 psig