ORIGINAL

API NO. 15- 129-22,990-R

STATE	CORPORATION	COMMISSIO	N OF KANSAS
OII	& GAS CONS	ERVATION D	IVISION
	RECOMPLET	ION FORM	
ACO-2	AMENDMENT T	O WELL HIS	TORY

RECOMPLETION FORM	County Morton
ACO-2 AMENDMENT TO WELL HISTORY	App C NW Sec. 18 Twp. 355 Rge. 39 X west
Operator: License # 5598	
Name: APX Corporation	
Address:P.O. Box 351	(NOTE: Locate well in section plat below.)
City/State/Zip: Liberal, KS 67905-0351	Lease Name <u>Haar "H"</u> Well # <u>1H</u>
Purchaser:	Field Name Hugoton
Panhandle Eastern Pipe Line Company	Producing Formation Chase
Operator Contact Person: J. L. Ashton Phone:(316) 624-6253	Elevation: Ground 3325 KB NA
Designate Type of Original Completion Workover Workover	5280 4950
Date of Original Completion 6-13-89	4620
Name of Original Operator Anadarko Petroleum Corp.	3960 3630
Original Well Name <u>Haar "H" No. 1</u>	3300
Date of Recompletion:	2310
8-17-89 9-12-90	1980
Commenced Completed	1320
Re-entry Workover Infill Completion	660
X Plug Back 2970 PBTD STATE CORS. Conversion to Injection/Disposal	
Commingled Docket No Dual Completion Docket No Other (Disposal or Injection?)	16 1930 KCC SWD/Rep NGPA  RVATION DIRECTOR KGS Plug Other  schitz, KLSS (Specify)
Docket No	
INSTRUCTIONS: This form shall be completed in triplicate and Derby Building, Wichita, Kansas 67202, within 120 days of apply. Information on side two of this form will be held contained and submitted with the form. See rule 82-3-107 for confident wireline logs and driller's time logs (not previously submitted prior to or with this form for approval of commingling or dua CP-111 with all temporarily abandoned wells. NOTE: Convertapproval before use; submit form U-1.	of the recompletion of any well. Rules 82-3-107 and 82-3-141 of idential for a period of 12 months if requested in writing ciality in excess of 12 months. One copy of any additional
ll requirements of the statutes, rules and regulations promulge ith and the statements herein are complete and correct to the	ated to regulate the oil and gas industry have been fully complied best of my knowledge.
ignature Suerly Milliams Title	Engineering Technician Date 10-12-90
Beverly J. Williams day of _	October 10.
otary Public (Chery Stress	Date Commission Expire Notary Public - State of Kar
o	FORM ACC-2

## SIDE THO

	RECOMPLE	TION FORMATION D	ESCRIPTION	
	X	Log Sa	umple	
Name		- Log 3a	Top	Bottom
Blaine			1049	1184
Cedar Hills			1224	1403
Stone Corral			1684	1732
Chase Council Grove			2568 2906	2906 NA
TD	01010		2,000	2989
	residence and a second control of the second		2	
	ADDITIONAL C	EMENTING/SQUEEZE	RECORD	
Purpose:	Top Bottom Type of Cement	# Sacks Used	Type and Percent Additives	
Perforate	Top Boccan Type of Cement	# Jacks Daeu	Type and	
Protect Casing Plug Back TD			None	
Plug Off Zone			=	
Shots Per Foot	PERFORATION RECORD Specify Footage of Each Interval Perforated		Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used)	
2	2 2734-2778		A/4400 gals 15% Fe Acid + 110 BS.	
			CIBP @ 2720	
2	2 2652-2706, 2617-2644, 2584-2608		Spot 2000 gals $7\frac{1}{2}\%$ Fe Acid on perfs.	
			Brk dwn w/12,500 gals 2% KCL wtr + 27.	
			Frac w/57,000 g	als foamed gelled 2% K
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