

SIDE TWO

Operator Name APX Corporation Lease Name Fincham "G" Well # 1H
 Sec. 33 Twp. 33S Rge. 34 East County Seward
 West

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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No Samples Sent to Geological Survey <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Electric Log Run (Submit Copy.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: center;">Formation Description</th> </tr> <tr> <td style="text-align: center;"><input checked="" type="checkbox"/> Log</td> <td colspan="2" style="text-align: center;"><input type="checkbox"/> Sample</td> </tr> <tr> <th style="text-align: left;">Name</th> <th style="text-align: center;">Top</th> <th style="text-align: center;">Bottom</th> </tr> <tr> <td>Blaine</td> <td style="text-align: center;">977</td> <td style="text-align: center;">1059</td> </tr> <tr> <td>Cedar Hills</td> <td style="text-align: center;">1160</td> <td style="text-align: center;">1324</td> </tr> <tr> <td>Stone Corral</td> <td style="text-align: center;">1644</td> <td style="text-align: center;">1707</td> </tr> <tr> <td>Chase</td> <td style="text-align: center;">2602</td> <td style="text-align: center;">NA</td> </tr> <tr> <td>Council Grove</td> <td style="text-align: center;">NA</td> <td style="text-align: center;">NA</td> </tr> <tr> <td>TD</td> <td></td> <td style="text-align: center;">2863</td> </tr> </table>	Formation Description			<input checked="" type="checkbox"/> Log	<input type="checkbox"/> Sample		Name	Top	Bottom	Blaine	977	1059	Cedar Hills	1160	1324	Stone Corral	1644	1707	Chase	2602	NA	Council Grove	NA	NA	TD		2863
Formation Description																												
<input checked="" type="checkbox"/> Log	<input type="checkbox"/> Sample																											
Name	Top	Bottom																										
Blaine	977	1059																										
Cedar Hills	1160	1324																										
Stone Corral	1644	1707																										
Chase	2602	NA																										
Council Grove	NA	NA																										
TD		2863																										

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	24	680	Poz/Comm	425	2%CC, 1/4# flocele
Production	7 7/8	5 1/2	14	2858	Class "C"	235	20% DCD, 2% CC 1/4# sxs flocele

Shots Per Foot	PERFORATION RECORD Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used) Depth
2	2670-2710	A/2000 gal 15% Fe Acid. / 2607-2710 A/5000 gal 28% Fe acid.
2	2628-64, 2602-08	A/2100 gals 15% Fe acid. A/16,800 gals 28% Fe acid. A/ 4800 gals 28% Fe acid. / 2602-2664

TUBING RECORD Size Set At Packer At Liner Run Yes No

Date of First Production SI WO SALES	Producing Method <input checked="" type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)
Estimated Production Per 24 Hours	Oil Bbls. Gas Mcfd Water Bbls. Gas-Oil Ratio Gravity
	517 @ 75 psi

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

METHOD OF COMPLETION

Open Hole Perforation Dually Completed Commingled
 Other (Specify) _____

Production Interval 2602-2710
O.A.

ORIGINAL



REMIT TO:
P.O. BOX 951046
DALLAS, TX 75395-1046

INVOICE

HALLIBURTON SERVICES

A Halliburton Company

INVOICE NO.	DATE
844110	08/26/1989

WELL LEASE NO./PLANT NAME		WELL/PLANT LOCATION		STATE	WELL/PLANT OWNER
FINCHEM C-1H		SEWARD		KS	SAME
SERVICE LOCATION		CONTRACTOR	JOB PURPOSE		TICKET DATE
LIBERAL		GABBERT & JONES #6	CEMENT SURFACE CASING		08/26/1989
ACCT. NO.	CUSTOMER AGENT	VENDOR NO.	CUSTOMER P.O. NUMBER	SHIPPED VIA	FILE NO.
001527	DAVID GILMORE			COMPANY TRUCK	81723

APX CORPORATION
P. O. BOX 351
LIBERAL, KS 67905-0351

DIRECT CORRESPONDENCE TO:
SUITE 600
COLORADO DERBY BUILDING
WICHITA, KS 67202-0000

PRICE REF. NO.	DESCRIPTION	QUANTITY	U/M	UNIT PRICE	AMOUNT
PRICING AREA - MID CONTINENT					
000-117	MILEAGE	10	MI	2.20	22.00
		1	UNT		
001-016	CEMENTING CASING	685	FT	549.00	549.00
		1	UNT		
030-016	CEMENTING PLUG 5W ALUM TOP	1	EA	90.00	90.00
504-043	PREMIUM CEMENT	206	SK	6.85	1,411.10
506-105	POZMIX A	69	SK	3.91	269.79
504-043	PREMIUM CEMENT	150	SK	6.85	1,027.50
509-406	ANHYDROUS CALCIUM CHLORIDE	9	SK	25.75	231.75
507-210	FLOCELE	106	LB	1.21	128.26
500-207	BULK SERVICE CHARGE	443	CFT	.95	420.85
500-306	MILEAGE CMTG MAT DEL OR RETURN	196.980	TMI	.70	137.89
INVOICE SUBTOTAL					4,288.14
DISCOUNT-(BID)					1,286.41-
INVOICE BID AMOUNT					3,001.73
*-KANSAS STATE SALES TAX					110.59
*-SEWARD COUNTY SALES TAX					26.03
INVOICE TOTAL - PLEASE PAY THIS AMOUNT =====>					\$3,138.35

RECEIVED
STATE
JUN 10 1990
CONCRETE DIVISION
Wichita, Kansas

LEGAL APPROVAL

APPROVED BY: *[Signature]*

LIBERAL OPERATIONS RECEIVED

SEP 08 1989

APPROVED BY: *[Signature]*

COPIED BY: *[Signature]*

OPERATIONS

TERMS 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 AFTER 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.