

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

SIDE ONE

ORIGINAL

API NO. 15- 175-21,100-000  
County Seward East  
SE NW NW Sec. 23 Twp. 33S Rge. 34 X West

Operator: License # 5598

Name: APX CORPORATION

Address P.O. BOX 351

City/State/Zip Liberal, KS 67905-0351

Purchaser: Panhandle Eastern Pipe Line Co.

(Transporter)  
Operator Contact Person: J. L. Ashton

Phone ( 316 ) 624-6253

Contractor: Name: Gabbert-Jones, Inc.

License: 5842

Wellsite Geologist: NA

Designate Type of Completion

New Well  Re-Entry  Workover

Oil  SMD  Temp. Abd.

Gas  Inj  Delayed Comp.

Dry  Other (Core, Water Supply, etc.)

If OWWO: old well info as follows:

Operator: \_\_\_\_\_

Well Name: \_\_\_\_\_

Comp. Date \_\_\_\_\_ Old Total Depth \_\_\_\_\_

Drilling Method:

Mud Rotary  Air Rotary  Cable

8-20-89 8-22-89 7-5-90  
Spud Date Date Reached TD Completion Date

4030  Ft. North from Southeast Corner of Section

4030  Ft. West from Southeast Corner of Section

(NOTE: Locate well in section plat below.)

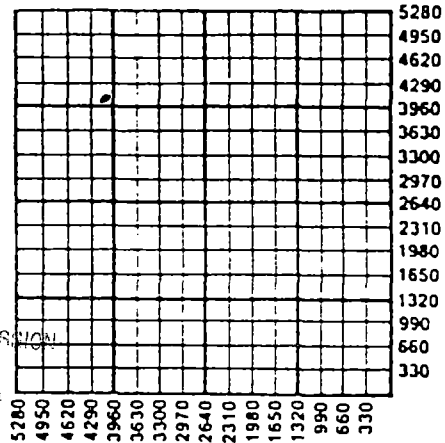
Lease Name Rowland "A"  Well # 1H

Field Name Hugoton

Producing Formation Chase

Elevation: Ground 2896.4 KB NA

Total Depth 2974 PBD 2962



RECEIVED

AUG 10 1990

Amount of Surface Pipe Set and Cemented at 660 Feet  
Wichita, Kansas

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.

**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 spud date of any well. Rule 82-3-130, 82-3-107 and 82-3-106 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 drillers time log 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. Any recompletion, workover or conversion of a well requires filing of ACO-2 within 120 days from commencement date of such work.

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.

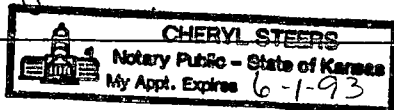
Signature Beverly J. Williams

Title Engineering Technician Date 8-8-90

Subscribed and sworn to before me this 8th day of August, 19 90.

Notary Public Cheryl Steers

Date Commission Expires \_\_\_\_\_



K.C.C. OFFICE USE ONLY		
F	<input type="checkbox"/>	Letter of Confidentiality Attached
C	<input checked="" type="checkbox"/>	Wireline Log Received
C	<input type="checkbox"/>	Drillers Timelog Received
Distribution		
<input checked="" type="checkbox"/>	KCC	<input type="checkbox"/> SWD/Rep
<input type="checkbox"/>	KGS	<input type="checkbox"/> Plug
<input type="checkbox"/>		<input type="checkbox"/> NGPA
<input type="checkbox"/>		<input type="checkbox"/> Other
(Specify)		

Operator Name APX CORPORATION Lease Name Rowland "A" Well # 1H  
 Sec. 23 Twp. 33S Rge. 34  East  West  
 County Seward

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.

<p>Drill Stem Tests Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (Attach Additional Sheets.)</p> <p>Samples Sent to Geological Survey <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Cores Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Electric Log Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (Submit Copy.)</p>	<p style="text-align: center;"><b>Formation Description</b></p> <p style="text-align: center;"><input checked="" type="checkbox"/> Log <input type="checkbox"/> Sample</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Name</th> <th style="text-align: center;">Top</th> <th style="text-align: center;">Bottom</th> </tr> </thead> <tbody> <tr> <td>Blaine</td> <td style="text-align: center;">981</td> <td style="text-align: center;">1074</td> </tr> <tr> <td>Cedar Hills</td> <td style="text-align: center;">1132</td> <td style="text-align: center;">1290</td> </tr> <tr> <td>Stone Corral</td> <td style="text-align: center;">1620</td> <td style="text-align: center;">1699</td> </tr> <tr> <td>Chase</td> <td style="text-align: center;">2627</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;">2962</td> </tr> </tbody> </table>	Name	Top	Bottom	Blaine	981	1074	Cedar Hills	1132	1290	Stone Corral	1620	1699	Chase	2627	NA	Council Grove	NA	NA	TD		2962
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CASING RECORD <input checked="" type="checkbox"/> New <input type="checkbox"/> 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	660	Pozmix & Common	365	2% cc 3% cc
Production	7 7/8	5 1/2	14	2974	Class "C"	255	20% DCD 10% DCD
PERFORATION RECORD				Acid, Fracture, Shot, Cement Squeeze Record			
Shots Per Foot	Specify Footage of Each Interval Perforated			(Amount and Kind of Material Used) Depth			
2	2716-56			A/2000 gals 7 1/2% fe acid.			
2	2664-2704, 2634-46			A/2600 gals 7 1/2% fe acid. Frac w/53,000 gals foamed gelled 2% KCL wtr + 157,000# 12/20 shd.			
TUBING RECORD				Liner Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Size	Set At	Packer At					
2 3/8	2630	0					
Date of First Production	Producing Method <input type="checkbox"/> Flowing <input checked="" type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)						
1-30-90							
Estimated Production Per 24 Hours	Oil - Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity		
		105	65	-			

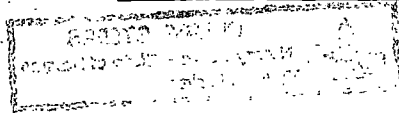
Disposition of Gas:  Vented  Sold  Used on Lease (If vented, submit ACO-18.)

METHOD OF COMPLETION

Open Hole  Perforation  Dually Completed  Commingled

Other (Specify) \_\_\_\_\_

Production Interval 2634-2756 O.A.



ORIGINAL



HALLIBURTON SERVICES

A Halliburton Company

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

INVOICE

INVOICE NO.	DATE
823536	08/20/1989

WELL LEASE NO./PLANT NAME		WELL/PLANT LOCATION		STATE	WELL/PLANT OWNER
ROWLAND A-1H		SEWARD		KS	SAME
SERVICE LOCATION		CONTRACTOR	JOB PURPOSE		TICKET DATE
LIBERAL		GABBERT & JONES #6	CEMENT SURFACE CASING		08/20/1989
ACCT. NO.	CUSTOMER AGENT	VENDOR NO.	CUSTOMER P.O. NUMBER	SHIPPED VIA	FILE NO.
001527	DAVID GILMORE			COMPANY TRUCK	81446

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	668	FT	542.20	542.20
		1	UNT		
030-016	CEMENTING PLUG 5W ALUM TOP	8	5/8 IN	90.00	90.00
		1	EA		
504-043	PREMIUM CEMENT	150	SK	6.85	1,027.50
504-043	PREMIUM CEMENT	161	SK	6.85	1,102.85
506-105	POZMIX A	54	SK	3.91	211.14
507-210	FLOCELE	92	LB	1.21	111.32
509-406	ANHYDROUS CALCIUM CHLORIDE	8	SK	25.75	206.00
500-207	BULK SERVICE CHARGE	381	CFT	.95	361.95
500-306	MILEAGE CMTG MAT DEL OR RETURN	169.800	TMI	.70	118.86
INVOICE SUBTOTAL					3,793.82
DISCOUNT-(BID)					1,138.12-
INVOICE BID AMOUNT					2,655.70
*-KANSAS STATE SALES TAX					96.09
*-SEWARD COUNTY SALES TAX					22.60
INVOICE TOTAL - PLEASE PAY THIS AMOUNT =====>					\$2,774.39

RECEIVED STATE CORPORATION COMMISSION AUG 10 1990 CONSERVATION DIVISION Wichita, Kansas

FINAL APPROVAL

*[Signature]*

LIBERAL OPERATIONS RECEIVED

AUG 28 1989

APPROVED \_\_\_\_\_

DATE 8-28-89

CODED BY \_\_\_\_\_

LOCATION \_\_\_\_\_

TANGIBLE \_\_\_\_\_

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 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