

JAN 03 1992

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

API NO. 15- 189-21,030 -00-01 FROM CONFIDENTIAL

County Stevens
SE SW NE Sec 3 Twp 33S Rge 38 X East West

Operator: License # 5598
Name APX Corporation
Address P. O. Box 351

2690 Ft North from Southeast Corner of Section
1370 Ft West from Southeast Corner of Section
(Note: Locate well in section plat below)

City/State/Zip Liberal, Kansas 67905-0351

Lease Name Guyer "A" Well # 3H

Purchaser Panhandle Eastern Pipe Line Co.
(Transporter)

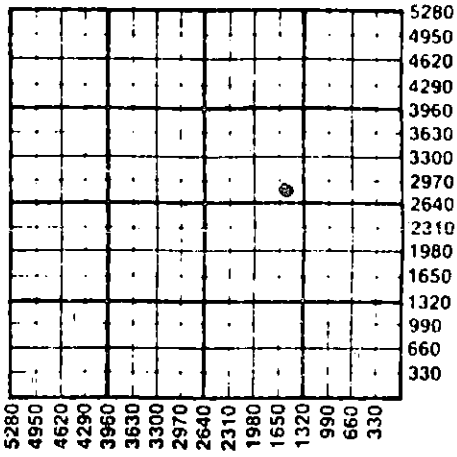
Field Name Hugoton

Operator Contact Person M. L. Pease
Phone (316) 624-6253

Name of New Formation Chase

Elevation: Ground 3158.3 KB —

Section Plat



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: 9/9/88

DATE OF RECOMPLETION:

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)? _____

RECEIVED
STATE CORPORATION COMMISSION
DEC 21 1988
12-21-88
CONSERVATION DIVISION
Wichita, Kansas

K. C. C. OFFICE USE ONLY
 Letter of Confidentiality Attached
 Wireline Log Received
 Driller's Timelog Received
Distribution
 KCC SWD/Rep NGPA
 KGS Plug Other
(Specify)

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 12/19/88

Subscribed and sworn to before me this 20th day of December 19 88

Notary Public Glenna S. Salley Date Commission Expires _____

JAN 05 1989

KANSAS GEOLOGICAL SURVEY
WICHITA BRANCH

GLENN S. SALLEY
NOTARY PUBLIC
STATE OF KANSAS
MY APPT. EXPIRES 1-6-91

FORM ACO-2
5/88

pl

SIDE TWO

Operator Name APX Corporation Lease Name Guyer "A" Well # 3H
 Sec 3 Twp 33S Rge 38 East West County Stevens

RECOMPLETED FORMATION DESCRIPTION:

___ Log ___ Sample

Name Top Bottom

| ADDITIONAL CEMENTING/SQUEEZE RECORD | | | | | |
|---|-------|--------|----------------|--------------|--------------------------|
| Purpose: | Depth | | Type of Cement | # Sacks Used | Type & Percent Additives |
| | Top | Bottom | | | |
| <input type="checkbox"/> Perforate | _____ | _____ | _____ | _____ | _____ |
| <input type="checkbox"/> Protect Casing | _____ | _____ | _____ | _____ | _____ |
| <input type="checkbox"/> Plug Back TD | _____ | _____ | _____ | _____ | _____ |
| <input type="checkbox"/> 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 | 2500-2511, 2530-2566, 2580-2612, 2630-2686, 2699-2731, 2753-2768, 2788-2800 |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

PBTD 2860 Plug Type _____

TUBING RECORD:

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

Date of Resumed Production, Disposal or Injection _____

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

1250 MCF gas _____ gas-oil ratio
@ 95 psig