

ORIGINAL

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

API NO. 15- 189-21,200--0000

FROM CONFIDENTIAL

County Stevens
NW SE SW Sec 18 Twp 32S Rge 38 East West

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

1250 Ft North from Southeast Corner of Section
3898 Ft West from Southeast Corner of Section
(Note: Locate well in section plat below)

City/State/Zip Liberal, Kansas 67905-0351

Lease Name Keller "C" Well # 2H

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 3182.0 KB NA

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: 10-14-88

DATE OF RECOMPLETION:

Commenced _____ Completed _____

Designate Type of Recompletion/Workover:

Deepening Delayed Completion

Plug Back Re-perforation

Conversion to Injection/Disposal

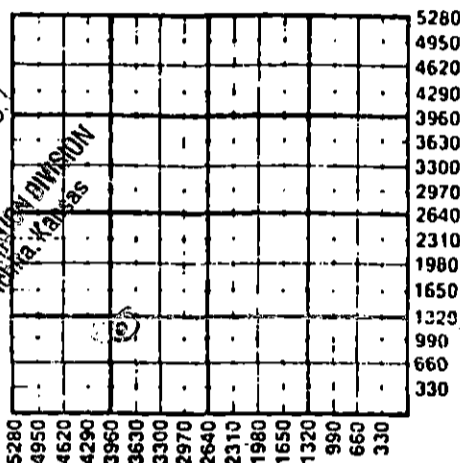
Is recompleted production:

Commingled; Docket No. _____

Dual Completion; Docket No. _____

Other (Disposal or Injection)?

RECEIVED
STATE CORPORATION COMMISSION
JAN 25 1989
CONSERVATION DIVISION
WICHITA, KANSAS



K.C.C. OFFICE USE ONLY
 Letter of Confidentiality Attached
 Wireline Log Received
 Drillers Time Log 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 OP-4 with all plugged wells. Submit OP-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 1/23/89
M. L Pease

Subscribed and sworn to before me this 24th day of January 19 89

Notary Public Glenna S. Salley Date Commission Expires _____

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

FORM ACO-2
5/88

JAN 26 1989

KANSAS GEOLOGICAL SURVEY
WICHITA BRANCH

91

SIDE TWO

Operator Name APX Corporation Lease Name Keller "C" Well # 2H

Sec 18 Twp 32S Rge 38 East West County Stevens

RELEASED

RECOMPLETED FORMATION DESCRIPTION:

JAN 28 1991

Log Sample

FROM CONFIDENTIAL

Name Top Bottom

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
	Specify Footage of Each Interval Perforated	(Amount and Kind of Material Used)
2	2726-2740, 2682-2694, 2631-2666, 2576-2610, 2504-2540, 2458-2492, 2430-2448	Brk dwn w/20,300 gal 2% KCL wtr. Frac w/135,000 gal gelled 2% KCL wtr & 367,800# 12/20 sd.

PBTD 2788 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

1860 MCF gas _____ gas-oil ratio @ 105 psig