

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

Operator: License # 5598
Name APX Corporation
Address P. O. Box 351
City/State/Zip Liberal, Kansas 67905-0351

Purchaser Panhandle Eastern Pipe Line Co.
(Transporter)
Operator Contact Person M. L. Pease
Phone (316) 624-6253

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: 8/27/88
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)?

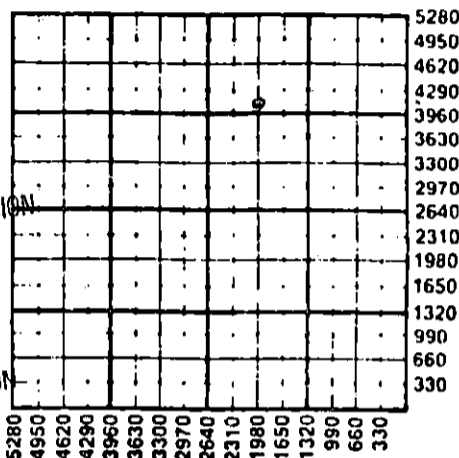
API NO. 15- 189-21,006-0000
County Stevens
App C W/2 NE Sec 26 Twp 32S Rge 39 X East West

4010 Ft North from Southeast Corner of Section
1980 Ft West from Southeast Corner of Section
(Note: Locate well in section plat below)

Lease Name Stecher "C" Well # 1H
Field Name Hugoton

Name of New Formation Chase

Elevation: Ground 3143.0 KB N/A
Section Plat



RECEIVED
STATE CORPORATION COMMISSION
1-18-89
JAN 18 1989
CONSERVATION DIVISION
Wichita, Kansas

K.C.C. OFFICE USE ONLY
F _____ Letter of Confidentiality Attached
C Wireline Log Received
C _____ Drillers Timelog Received
Distribution
 KCC _____ SWD/Rep NGPA
 KGS _____ Plug Other
(Specify)
.....
.....
1-18-89

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 1/13/89
M. L. Pease

Subscribed and sworn to before me this 16th 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

SIDE TWO

Operator Name APX Corporation Lease Name Stecher "C" Well # 1H
 Sec 26 Twp 32S Rge 39 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	Acid, Fracture, Shot, Cement Squeeze Record
	Specify Footage of Each Interval Perforated	(Amount and Kind of Material Used)
2	2384-2396, 2404-2436, 2453-2488, 2530-2558, 2586-2610, 2634-2642, 2668-2672, 2680-2684	Brk dwn w/18,800 gal 2% KCL wtr. Frac w/134,850 gal gelled 2% KCL wtr & 368,000# 12/20 sd.

PBTD 2710 Plug Type _____

TUBING RECORD:

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

Date of Resumed Production, Disposal or Injection 9/13/88

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

1529 MCF gas _____ gas-oil ratio
@ 92.5 psig