

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, KS 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: 12/20/88

DATE OF RECOMPLETION:

Commenced _____ Completed AUG 17 1989

Designate Type of Recompletion/Workover: CONSERVATION DIVISION
Wichita, Kansas

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- 189-21,285-0000

County Stevens

NE SE NW Sec 8 Twp 32S Rge 37 East West

3890 Ft North from Southeast Corner of Section
2970 Ft West from Southeast Corner of Section

(Note: Locate well in section plat below)

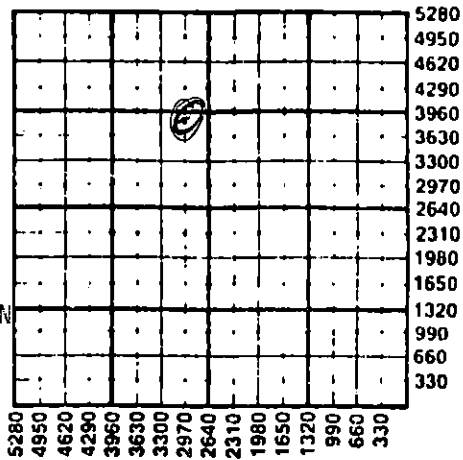
Lease Name EMBERTON "B" Well # 1H

Field Name Hugoton

Name of New Formation Chase

Elevation: Ground 3141 KB NA

Section Plat



RECEIVED
STATE CORPORATION COMMISSION

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 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 David W. Kappler Title Division Production Eng. Date 8/2/89
David W. Kappler

Subscribed and sworn to before me this 2nd day of August 19 89

Notary Public Cheryl Steers Date Commission Expires _____



SIDE TWO

Operator Name APX CORPORATION Lease Name EMBERTON "B" Well # 1H

Sec 8 Twp 32 S Rge 37 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	2572-2584	Break down w/18,900 gal 2% KCL water.
2	2597-2632	Frac w/135,000 gal x-linked gelled 2%
2	2644-2680	KCL water and 367,800# 12/20 sand.
2	2716-2748	_____
2	2764-2790	_____
2	2824-2836	_____
2	2854-2860	_____
2	2868-2878	_____

PBTD 2950 Plug Type Float

TUBING RECORD:

Size NA 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# FCP

