

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

API NO. 15- 129-21,006 -00-00

County Morton

N/2 SE SE Sec. 4 Twp. 34S Rge. 39 X East West

1250 Ft. North from Southeast Corner of Section

660 Ft. West from Southeast Corner of Section
(NOTE: Locate well in section plat below.)

Lease Name Armstrong "C" Well # 1H

Field Name Hugoton

Producing Formation Chase

Elevation: Ground 3273.8 KB NA

Total Depth 2974 PBDT 2951

Operator: License # 5598

Name: APX CORPORATION

Address P.O. Box 351

City/State/Zip Liberal, KS 67905-0351

Purchaser: Panhandle Eastern Pipeline Co.
(Transporter)

Operator Contact Person: M. L Pease

Phone (316) 624-6253

Contractor: Name: Gabbert-Jones, Inc.

License: 5842

Wellsite Geologist: NA

Designate Type of Completion
 New Well Re-Entry Workover

Oil SWD Temp. Abandoned
 Gas Inj Delayed Comp.
 Dry Other (Core, Water Supply, etc.)

If OWO: old well info as follows: 1-26-90

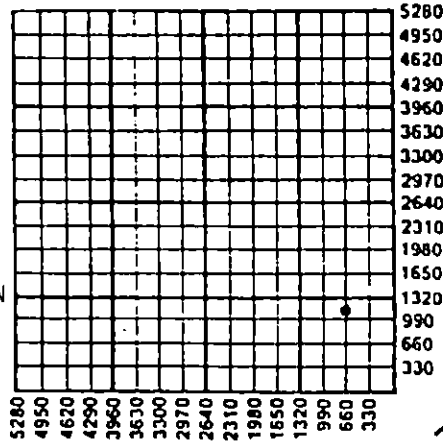
Operator: Wichita, Kansas

Well Name: _____

Comp. Date _____ Old Total Depth _____

Drilling Method:
 Mud Rotary Air Rotary Cable

8/9/89 8/12/89 10/31/89
Spud Date Date Reached TD Completion Date



Amount of Surface Pipe Set and Cemented at 629 Feet

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 1-23-90

Subscribed and sworn to before me this 23rd day of January, 1990.

Notary Public Cheryl Steers

Date Commission Expires _____



K.C.C. OFFICE USE ONLY
F Letter of Confidentiality Attached
 Wireline Log Received
C Drillers Time Log Received
Distribution
 KCC SWD/Rep NGPA
 KGS Plug Other (Specify)

X 91

SIDE TWO

Operator Name APX CORPORATION Lease Name ARMSTRONG "C" Well # 1H
 Sec. 3 Twp. 34S Rge. 39 East County Stevens
 West

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.

Drill Stem Tests Taken (Attach Additional Sheets.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Formation Description <input checked="" type="checkbox"/> Log <input type="checkbox"/> Sample <table border="1"> <thead> <tr> <th>Name</th> <th>Top</th> <th>Bottom</th> </tr> </thead> <tbody> <tr> <td>Blaine</td> <td>1152</td> <td>1253</td> </tr> <tr> <td>Cedar Hills</td> <td>1290</td> <td>1470</td> </tr> <tr> <td>Stone Corral</td> <td>1736</td> <td>1792</td> </tr> <tr> <td>Chase</td> <td>2576</td> <td>2920</td> </tr> <tr> <td>Council Grove</td> <td>2920</td> <td>NA</td> </tr> <tr> <td>TD</td> <td></td> <td>2974</td> </tr> </tbody> </table>	Name	Top	Bottom	Blaine	1152	1253	Cedar Hills	1290	1470	Stone Corral	1736	1792	Chase	2576	2920	Council Grove	2920	NA	TD		2974
Name	Top		Bottom																				
Blaine	1152		1253																				
Cedar Hills	1290		1470																				
Stone Corral	1736	1792																					
Chase	2576	2920																					
Council Grove	2920	NA																					
TD		2974																					
Samples Sent to Geological Survey	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																						
Cores Taken	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																						
Electric Log Run (Submit Copy.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																						

CASING RECORD New 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	24.0	629	Pozmix & Common	385	2% CC 3% CC
Production	7 7/8	5 1/2	14.0	2973	Class "C"	590	20% DCD 10% DCD

Shots Per Foot	Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used)	Depth
2	2909-14, 2899-2904, 2866-72, 2810-38	BK DWN w/18,600 gals 2% KCL	2602-2914
2	2752-92, 2684-2722, 2630-64, 2602-12	WTR + 415 BS. Frac w/136,600 gals X-Linked gelled 2% KCL	O.A.
		WTR + 401,700# 12/20 sd	

TUBING RECORD	Size	Set At	Packer At	Liner Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
----------------------	------	--------	-----------	---

Date of First Production 11-14-89	Producing Method <input checked="" type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)
Estimated Production Per 24 Hours	Oil Bbls. Gas Mcf Water Bbls. -- Gas-Oil Ratio Gravity
	1450 @ 80 psi

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: 2602-2914 O.A.

ORIGINAL



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

INVOICE

HALLIBURTON SERVICES

A Halliburton Company

INVOICE NO.	DATE
823364	08/10/1989

WELL LEASE NO./PLANT NAME		WELL/PLANT LOCATION		STATE	WELL/PLANT OWNER
ARMSTRONG C-1H		MORTON		KS	SAME
SERVICE LOCATION	CONTRACTOR	JOB PURPOSE		TICKET DATE	
LIBERAL	GABBERT & JONES #11	CEMENT SURFACE CASING		08/10/1989	
ACCT. NO.	CUSTOMER AGENT	VENDOR NO.	CUSTOMER P.O. NUMBER	SHIPPED VIA	FILE NO.
001527	DAVID GILMORE			COMPANY TRUCK	81055

RECEIVED
STATE CORPORATIONS COMMISSION

APX CORPORATION
P. O. BOX 351
LIBERAL, KS 67905-0351

JUL 23 1989

CONSERVATION DIVISION
Wichita, Kansas

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	46	MI	2.20	101.20
		1	UNT		
001-016	CEMENTING CASING	636	FT	529.40	529.40
		1	UNT		
030-018	CEMENTING PLUG 5W, PLASTIC TOP	8 5/8	IN	98.00	98.00 *
		1	EA		
504-043	PREMIUM CEMENT	176	SK	6.85	1,205.60 *
506-105	POZMIX A	59	SK	3.91	230.69 *
504-043	PREMIUM CEMENT	150	SK	6.85	1,027.50 *
507-210	FLOCELE	97	LB	1.21	117.37 *
509-406	ANHYDROUS CALCIUM CHLORIDE	9	SK	25.75	231.75 *
500-207	BULK SERVICE CHARGE	403	CFT	.95	382.85 *
500-306	MILEAGE CMTG MAT DEL OR RETURN	268.703	TMI	.70	188.09 *
	INVOICE SUBTOTAL				4,112.45
	DISCOUNT-(BID)				1,315.95-
	INVOICE BID AMOUNT				2,796.50
	*-KANSAS STATE SALES TAX				100.62
	*-SEWARD COUNTY SALES TAX				23.69
	INVOICE TOTAL - PLEASE PAY THIS AMOUNT				\$2,920.81

FINAL APPROVAL	
APR #	LOCATION
LIBERAL OPERATIONS RECEIVED	
AUG 23 1989	
APPROVED	IDC
DATE	TANGIBLE
CODED BY	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 ATTORNEY FEES IN THE AMOUNT OF 20% OF THE AMOUNT OF THE UNPAID ACCOUNT.