

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

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. Abd.
 Gas Inj Delayed Comp
 Dry Other (Core, Water Supply,

If OWM: old well info as follows:

Operator: _____

Well Name: _____

Comp. Date _____ Old Total Depth _____

Drilling Method:

Mud Rotary Air Rotary Cable

8-19-89 8-22-89 1-16-90
Spud Date Date Reached TD Completion Date

API NO. 15- 175-21,099 106-00

County Seward

SE NW NW Sec. 5 Twp. 33S Rge. 34 East West

4030 Ft. North from Southeast Corner of Section

4030 Ft. West from Southeast Corner of Section

(NOTE: Locate well in section plat below.)

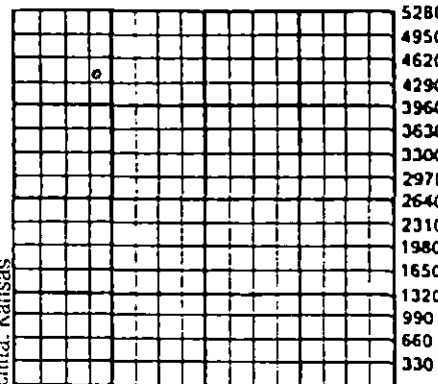
Lease Name Hitch "J" Well # 2H

Field Name Hugoton

Producing Formation Chase

Elevation: Ground 2903.1 KB NA

Total Depth 2825 PBDT 2778



Amount of Surface Pipe Set and Cemented at 567 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.

STATE CORPORATION COMMISSION
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MAR 2 2 1990

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 3-15-90

Subscribed and sworn to before me this 15th day of March, 1990.

Notary Public C Cheryl Steers

Date Commission Expires _____
CHERYL STEERS
Notary Public - State of Kansas
My Appt. Expires 6-1-93

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

SIDE TWO

Operator Name APX Corporation Lease Name Hitch "J" Well # 2H
 Sec. 5 Twp. 33S Rge. 34 East West
 County Seward

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.

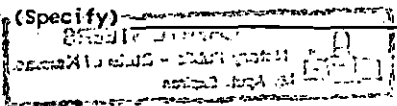
Drill Stem Tests Taken (Attach Additional Sheets.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Samples Sent to Geological Survey <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Electric Log Run (Submit Copy.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="3">Formation Description</th> </tr> <tr> <th rowspan="2">Name</th> <th colspan="2"><input checked="" type="checkbox"/> Log <input type="checkbox"/> Sample</th> </tr> <tr> <th>Top</th> <th>Bottom</th> </tr> </thead> <tbody> <tr> <td>Blaine</td> <td>1000</td> <td>1112</td> </tr> <tr> <td>Cedar Hills</td> <td>1170</td> <td>1328</td> </tr> <tr> <td>Stone Corral</td> <td>1638</td> <td>1713</td> </tr> <tr> <td>Chase</td> <td>2576</td> <td>NA</td> </tr> <tr> <td>Council Grove</td> <td></td> <td>NA</td> </tr> <tr> <td>TD</td> <td></td> <td>2825</td> </tr> </tbody> </table>	Formation Description			Name	<input checked="" type="checkbox"/> Log <input type="checkbox"/> Sample		Top	Bottom	Blaine	1000	1112	Cedar Hills	1170	1328	Stone Corral	1638	1713	Chase	2576	NA	Council Grove		NA	TD		2825
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CASING RECORD <input checked="" type="checkbox"/> New <input type="checkbox"/> 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#	567	Pozmix & Common	340	2% CC 3% CC
Production	7 7/8	5 1/2	14#	2820	Class "C"	240	20% DCD 10% DCD
PERFORATION RECORD				Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used)			
Shots Per Foot	Specify Footage of Each Interval Perforated						Depth
2	2969-2732			A/1800 gals 15% Acid. A/ 14,400 gals 50% N2-28% gelled Fe Acid. A/4140 gal 50% N2-28% gelled Fe Acid.			2696-2732
2	2650-2686, 2618-2629, 2592-2602			A/2800 gals 15% Fe Acid. A/ 11,400 gals 50% N2-28% SGA. A/3278 gals 50% N2-28% Fe Acid.			2592-2686
TUBING RECORD				Liner Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Date of First Production SI WO Sales		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	
		920 @ 90#					

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: 2592-2732 O.A.



ORIGINAL



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

INVOICE

HALLIBURTON SERVICES

A Halliburton Company

INVOICE NO.	DATE
844180	08/19/1989

WELL LEASE NO./PLANT NAME	WELL/PLANT LOCATION	STATE	WELL/PLANT OWNER
HITCH J-2H	SEWARD	KS	SAME
SERVICE LOCATION	CONTRACTOR	JOB PURPOSE	TICKET DATE
LIBERAL		CEMENT SURFACE CASING	08/19/1989
ACCT. NO.	CUSTOMER AGENT	VENDOR NO.	CUSTOMER P.O. NUMBER
001527	DAVID GILMORE		
		SHIPPED VIA	FILE NO.
		COMPANY TRUCK	81340

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

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	10	MI	2.20	22.00
		1	UNT		
001-016	CEMENTING CASING	565	FT	501.00	501.00
		1	UNT		
504-043	PREMIUM CEMENT	150	SK	6.85	1,027.50 *
504-043	PREMIUM CEMENT	146	SK	6.85	1,000.10 *
506-105	POZMIX A	49	SK	3.91	191.59 *
507-210	FLOCELE	86	LB	1.21	104.06 *
509-406	ANHYDROUS CALCIUM CHLORIDE	8	SK	25.75	206.00 *
500-207	BULK SERVICE CHARGE	361	CFT	.95	342.95 *
500-306	MILEAGE CMTG MAT DEL OR RETURN	160.900	TMI	.70	112.63 *
030-018	CEMENTING PLUG SW, PLASTIC TOP	8 5/8	IN	98.00	98.00 *
		1	EA		
INVOICE SUBTOTAL					3,605.83
DISCOUNT-(BID)					1,081.72-
INVOICE BID AMOUNT					2,524.11
*-KANSAS STATE SALES TAX					91.72
*-SEWARD COUNTY SALES TAX					21.58
INVOICE TOTAL - PLEASE PAY THIS AMOUNT =====>					\$2,637.41

RECEIVED
STATE CORPORATION COMMISSION
MAR 22 1990
CONSERVATION DIVISION
Wichita, Kansas

[Signature]

FINAL APPROVAL	
AGE #	LOCATION
LIBERAL OPERATIONS RECEIVED	
AUG 29 1989	
APPROVED	IDC
8-29-89	TANGLE
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