

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, etc.)

If OWO: old well info as follows:

Operator: \_\_\_\_\_

Well Name: \_\_\_\_\_

Comp. Date \_\_\_\_\_ Old Total Depth \_\_\_\_\_

Drilling Method:

Mud Rotary  Air Rotary  Cable

8/4/89 8/6/89 1/13/90  
Spud Date Date Reached TD Completion Date

API NO. 15- 129-21,005-00-00

County Morton

NW NE SE Sec. 3 Twp. 33S Rge. 40  East West

2540 Ft. North from Southeast Corner of Section

1250 Ft. West from Southeast Corner of Section

(NOTE: Locate well in section plat below.)

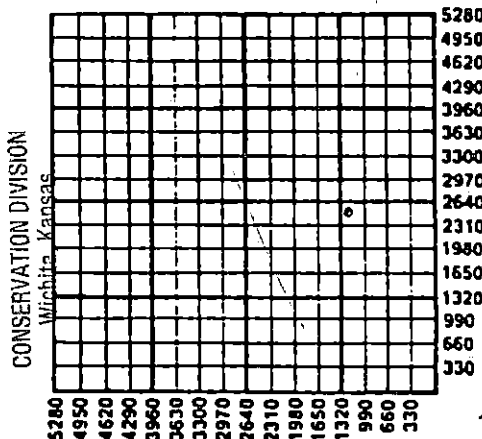
Lease Name FORWARD "A" Well # 2H

Field Name Hugoton ✓

Producing Formation Chase

Elevation: Ground 3236.4 KB NA

Total Depth 2653 PBDT 2640



MAR 2 2 1990

STATE CORPORATION COMMISSION RECEIVED

Amount of Surface Pipe Set and Cemented at 501 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 3-7-90

Subscribed and sworn to before me this 7th day of March, 19 90.

Notary Public Cheryl Steers

Date Commission Expires \_\_\_\_\_



**K.C.C. OFFICE USE ONLY**

Letter of Confidentiality Attached

Wireline Log Received

Drillers Timelog Received

KCC  SWD/Rep  NGPA

KGS  Plug  Other

(Specify)

**SIDE TWO**

Operator Name APX Corporation Lease Name FORWARD "A" Well # 2H  
 Sec. 3 Twp. 33S Rge. 40  East  West  
 County Morton

**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	<p align="center"><b>Formation Description</b></p> <p align="center"><input checked="" type="checkbox"/> Log <input type="checkbox"/> Sample</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Name</th> <th style="text-align: center;">Top</th> <th style="text-align: center;">Bottom</th> </tr> </thead> <tbody> <tr><td>Blaine</td><td style="text-align: center;">970</td><td style="text-align: center;">1051</td></tr> <tr><td>Cedar Hills</td><td style="text-align: center;">1090</td><td style="text-align: center;">1230</td></tr> <tr><td>Stone Corral</td><td style="text-align: center;">1492</td><td style="text-align: center;">1510</td></tr> <tr><td>Chase</td><td style="text-align: center;">2158</td><td style="text-align: center;">2498</td></tr> <tr><td>Council Grove</td><td style="text-align: center;">2498</td><td style="text-align: center;">NA</td></tr> <tr><td>TD</td><td></td><td style="text-align: center;">2653</td></tr> </tbody> </table>	Name	Top	Bottom	Blaine	970	1051	Cedar Hills	1090	1230	Stone Corral	1492	1510	Chase	2158	2498	Council Grove	2498	NA	TD		2653
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<b>CASING RECORD</b> <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	501	Pozmix	230	2% cc
Production	7 7/8	5 1/2	14	2651	Class "C"	245	20% DCD 10% DCD
<b>PERFORATION RECORD</b>				<b>Acid, Fracture, Shot, Cement Squeeze Record</b>			
Shots Per Foot	Specify Footage of Each Interval Perforated			(Amount and Kind of Material Used)			Depth
2	2324-72			A/4800 gal 15% Fe Acid + 120 BS.			2324-72
2	2259-2303, 2196-2248			Bk dwn w/16,400 gal 2% KCL wtr + 360 BS. Frac w/74,600 gal N2 foamed gelled 2% KCL wtr + 12,400# 100 mesh sd, 215,400# 12/20 sd			2196-2303
<b>TUBING RECORD</b>				Liner Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Date of First Production SI WOPL		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		
	--	1630 @ 93#					

Disposition of Gas:  Vented  Sold  Used on Lease (If vented, submit ACO-18.)

**METHOD OF COMPLETION**

Open Hole  Perforation  Dually Completed  Commingled  
 Other (Specify) PERFORATION

Production Interval 2196-2372 O.A



**HALLIBURTON SERVICES**

A Halliburton Company

INVOICE

INVOICE NO.	DATE
802769	08/04/1989

WELL LEASE NO./PLANT NAME	WELL/PLANT LOCATION	STATE	WELL/PLANT OWNER
FORWARD A-2H	MORTON	KS	SAME
SERVICE LOCATION	CONTRACTOR	JOB PURPOSE	TICKET DATE
LIBERAL	GABBERT & JONES #11	CEMENT SURFACE CASING	08/04/1989
ACCT. NO.	CUSTOMER AGENT	VENDOR NO.	CUSTOMER P.O. NUMBER
001527	JOHN SHILLING		
		SHIPPED VIA	FILE NO.
		COMPANY TRUCK	80776

DIRECT CORRESPONDENCE TO:

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

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	15	MI	2.20	33.00
		1	UNT		
001-016	CEMENTING CASING	505	FT	477.00	477.00
		1	UNT		
030-018	CEMENTING PLUG SW, PLASTIC TOP	8 5/8	IN	98.00	98.00
		1	EA		
504-043	PREMIUM CEMENT	150	SK	6.85	1,027.50
504-043	PREMIUM CEMENT	173	SK	6.85	1,185.05
506-105	POZMIX A	57	SK	3.91	222.87
507-210	FLOCELE	95	LB	1.21	114.95
509-406	ANHYDROUS CALCIUM CHLORIDE	8	SK	25.75	206.00
500-207	BULK SERVICE CHARGE	396	CFT	.95	376.20
500-306	MILEAGE CMTG MAT DEL OR RETURN	264.870	TMI	.70	185.41
	INVOICE SUBTOTAL				3,925.98
	DISCOUNT-(BID)				1,256.29-
	INVOICE BID AMOUNT				2,669.69
	*-KANSAS STATE SALES TAX				98.71
	*-SEWARD COUNTY SALES TAX				23.24
	<b>INVOICE TOTAL - PLEASE PAY THIS AMOUNT</b>				<b>\$2,791.64</b>

4362-2041  
KA 8-18

8-18-89

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.