

STATE CORPORATION COMMISSION OF KANSAS
OIL & GAS CONSERVATION DIVISION
RECOMPLETION FORM
AOO-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: 9/6/88

DATE OF RECOMPLETION:

Commenced _____ Completed _____

Designate Type of Recompletion/Workover:

_____ Deepening _____ Delayed Completion
_____ Plug Back _____ Re-perforation
_____ Conversion to Injection/Disposal

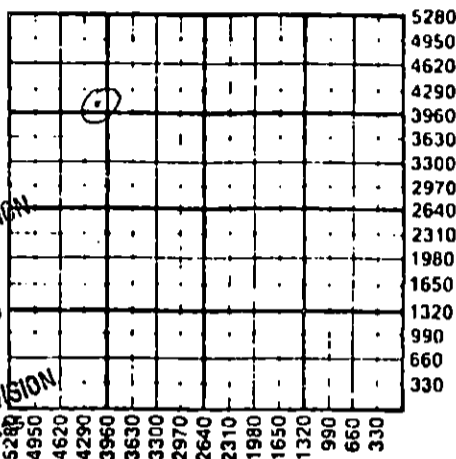
Is recompleted production:

_____ Commingled; Docket No. _____
_____ Dual Completion; Docket No. _____
_____ Other (Disposal or Injection)?

API NO. 15- 129-20,889-00-00
County Morton
SESE NW NW Sec 14 Twp 33S Rge 40 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 USA "H" Well # 1H
Field Name Hugoton
Name of New Formation Chase

Elevation: Ground 3280.9 KB NA
Section Plat



RECEIVED
STATE CORPORATION COMMISSION
JAN 24 1989
1-24-89
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)
.....
.....
1-24-89 (1)

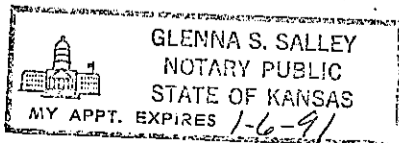
INSTRUCTIONS: This form shall be completed in triplicate and filed with the Kansas Corporation Commission, 200 Colorado Derby Building, Wichita, Kansas 67202, within 120 days of the recompletion of any well. Rules 82-3-107 and 82-3-141 apply. Information on side two of this form will be held confidential 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 AOO-4 prior to or with this form for approval of commingling or dual completions. Submit CP-4 with all plugged wells. Submit CP-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 1/23/89
M. L. Pease

Subscribed and sworn to before me this 23rd day of January 19 89

Notary Public Glenna S. Salley Date Commission Expires _____



SIDE TWO

Operator Name APX Corporation Lease Name USA "H" Well # 1H
 Sec 14 Twp 33S Rge 40 X East West County Morton

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 | 2340-2346 | Brk dwn w/8800 gal 2% KCL water. Frac w/50,300 gal x-linked gelled 2% KCL water & 132,000# 12/20 sd. |
| 2 | 2360-2400 | |
| 2 | 2421-2463 | |
| 2 | 2494-2515 | Acidize w/2100 gal 15% FE acid. Frac w/6000 gal gelled 2% KCL water 65 & 70 quality foam & 6000# 12/20 sd. |
| | | |
| | | |

PBTD 2533 Plug Type Cast Iron Bridge Plug

TUBING RECORD:

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

Date of Resumed Production, Disposal or Injection SI WOPL

Estimated Production Per 24 Hours _____ bbl/oil _____ 0 _____ bbl/water

840 MCF gas NA gas-oil ratio
@ 102# FCP