

STATE CORPORATION COMMISSION OF KANSAS
OIL & GAS CONSERVATION DIVISION
RECOMPLETION FORM
AC0-2 AMENDMENT TO WELL HISTORY

API NO. 15- 129-20,870-00-00

County Morton

NE SW SW Sec 31 Twp 33S Rge 39 East West

Operator: License # 5598
Name APX Corporation
Address P. O. Box 351

1250 Ft North from Southeast Corner of Section
*3957 Ft West from Southeast Corner of Section
(Note: Locate well in section plat below)

City/State/Zip Liberal, Kansas 67905-0351

Lease Name Hayward "L" Well # 1H

Purchaser Panhandle Eastern Pipe Line Co.
(Transporter)

Field Name Hugoton

Operator Contact Person M. L Pease
Phone (316) 624-6253

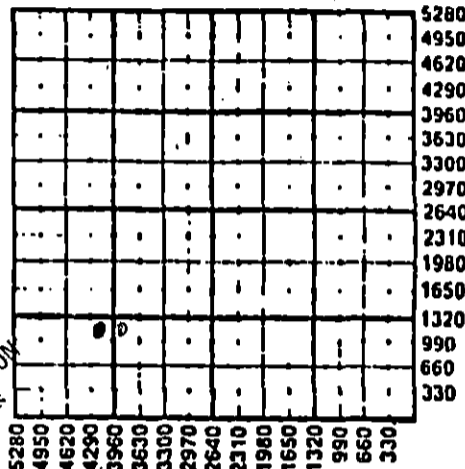
Name of New Formation Chase

Elevation: Ground 3280.6 KB N/A

Section Plat

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: 8-18-88

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)?

RECEIVED
STATE CORPORATION COMMISSION
FEB 22 1989
2-22-1989
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)
.....
.....
2-22-89

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 AC0-4 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 1/4/89
M. L Pease

Subscribed and sworn to before me this 5th day of January 19 89

Notary Public Glenna S. Salley

Notary Public
GLENN S. SALLEY
NOTARY PUBLIC
STATE OF KANSAS
MY APPT. EXPIRES 1-6-91 FORM AC0-2
5/88

SIDE TWO

Operator Name APX Corporation Lease Name Hayward "L" Well # 1H

Sec 31 Twp 33S Rge 39 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			
Perforate					
Protect Casing					
Plug Back TD					
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	2506-2518, 2538-2566, 2576-2636	Brk dwn w/12,500 gal 2% KCL wtr. Frac w/110,000 gal gelled 2% KCL wtr and 361,000# 12/20 sd.

PBTD 2636 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 10/17/88

Estimated Production Per 24 Hours _____ bbl/oil _____ bbl/water
1785 MCF gas _____ gas-oil ratio
 @ 108 psig

SIDE TWO

Operator Name APX Corporation Lease Name Hayward "L" Well # 1H
 Sec 31 Twp 33S Rge 39 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	Acid, Fracture, Shot, Cement Squeeze Record
	Specify Footage of Each Interval Perforated	(Amount and Kind of Material Used)
<u>2</u>	<u>2506-2518; 2538-2566, 2576-2636</u>	<u>Brk dwn w/12,500 gal 2% KCL wtr. Frac w/110,000 gal gelled 2% KCL wtr and 361,000# 12/20 sd.</u>

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