

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

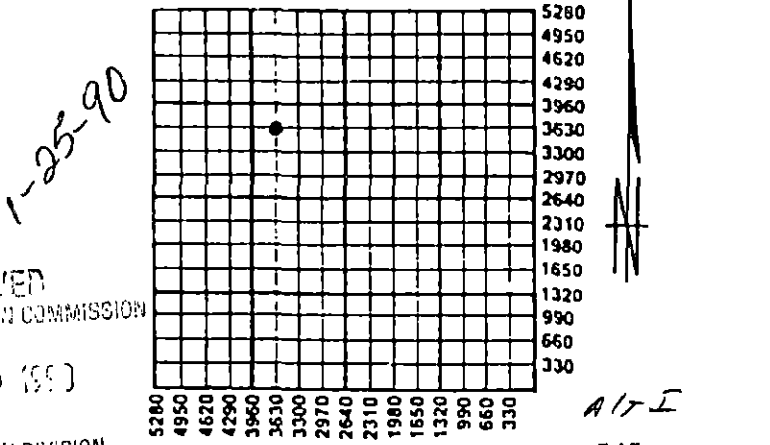
Designate Type of Completion
 New Well Re-Entry Workover
 Oil SWD Temp. Abd.
 Gas Inj Delayed Comp.
 Dry Other (Core, Water Supply, etc.)

If **OWO**: old well info as follows:
Operator: _____
Well Name: _____
Comp. Date _____ Old Total Depth _____

Drilling Methods:
 Mud Rotary Air Rotary Cable
7-10-89 7-12-89 10-17-89
Spud Date Date Reached TD Completion Date

API NO. 15- 129-20,995 -00-00
County Morton
NW SE NW Sec. 28 Twp. 33S Rge. 39 East West
3890 Ft. North from Southeast Corner of Section
3890 Ft. West from Southeast Corner of Section
(NOTE: Locate well in section plat below.)

Lease Name Dickenson "A" Well # 1H
Field Name Hugoton
Producing Formation Chase
Elevation: Ground 3247.0 KB NA
Total Depth 2852 PBDT 2841

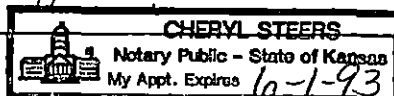


Amount of Surface Pipe Set and Cemented at 545 Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set _____ Feet
If Alternate II completion, cement circulated from _____
feet depth to _____ w/ _____ sx cmt.

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, 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
Distribution
 KCE SWD/Rep NGPA
 KGS Plug Other (Specify)

SIDE TWO

Operator Name APX Corporation Lease Name DICKENSON "A" Well # 1H
 Sec. 28 Twp. 33S Rge. 39 East County Morton 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>1112</td> <td>1226</td> </tr> <tr> <td>Cedar Hills</td> <td>1264</td> <td>1424</td> </tr> <tr> <td>Stone Corral</td> <td>1686</td> <td>1726</td> </tr> <tr> <td>Chase</td> <td>2471</td> <td>2808</td> </tr> <tr> <td>Council Grove</td> <td>2808</td> <td>NA</td> </tr> <tr> <td>TD</td> <td></td> <td>2852</td> </tr> </tbody> </table>	Name	Top	Bottom	Blaine	1112	1226	Cedar Hills	1264	1424	Stone Corral	1686	1726	Chase	2471	2808	Council Grove	2808	NA	TD		2852
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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 <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	24.0	545	Pozmix & Common	350	3% CC
Production	7 7/8	5 1/2	14.0	2851	Class "C"	245	10% DCD 20% DCD
PERFORATION RECORD				Acid, Fracture, Shot, Cement Squeeze Record			
Shots Per Foot	Specify Footage of Each Interval Perforated			Amount and Kind of Material Used		Depth	
2	2786-93, 2797-2807			A/1700 gal 15% fe acid & 43 BS.		2786-2807	
2	2750-59, 2699-2729, 2643-85, 2585-2614, 2516-49, 2495-2500			BK DWN w/18,500 gals 2% KCL WTR & 415 BS. Frac w/126,250 gal x-linked gelled 2% KCL WTR & 300,455# 12/20 sd.		2495-2759	
TUBING RECORD				Liner Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Size	Set At	Packer At					
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	
		2310 @ 75 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: 2495-2807
O.A.



INVOICE

HALLIBURTON SERVICES

A Halliburton Company

INVOICE NO.	DATE
823277	07/10/1989

WELL LEASE NO./PLANT NAME		WELL/PLANT LOCATION		STATE	WELL/PLANT OWNER
DICKENSON A-1H		MORTON		KS	SAME
SERVICE LOCATION	CONTRACTOR	JOB PURPOSE		TICKET DATE	
LIBERAL	GABBERT & JONES #6	CEMENT SURFACE CASING		07/10/1989	
ACCT. NO.	CUSTOMER AGENT	VENDOR NO.	CUSTOMER P.O. NUMBER	SHIPPED VIA	FILE NO.
001527	JOHN SHILLING			COMPANY TRUCK	80036

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

RECEIVED
STATE CORPORATE COMMISSION

JUL 23 1989

DIRECT CORRESPONDENCE TO:
SUITE 600
COLORADO DERBY BUILDING
WICHITA, KS 67202-0000

PRICE REF. NO.	DESCRIPTION	CONSERVATION DIVISION	QUANTITY	U/M	UNIT PRICE	AMOUNT
	PRICING AREA - MID CONTINENT	Wichita, Kansas				
000-117	MILEAGE		10	MI	2.20	22.00
			1	UNT		
001-016	CEMENTING CASING		550	FT	495.00	495.00
			1	UNT		
030-018	CEMENTING PLUG 5W, PLASTIC TOP		8 5/8	IN	98.00	98.00
			1	EA		
504-043	PREMIUM CEMENT		150	SK	6.85	1,027.50
506-105	POZMIX A		50	SK	3.91	195.50
504-043	PREMIUM CEMENT		150	SK	6.85	1,027.50
509-406	ANHYDROUS CALCIUM CHLORIDE		8	SK	25.75	206.00
507-210	FLOCELE		88	LB	1.21	106.48
500-207	BULK SERVICE CHARGE		316	CFT	.95	300.20
500-306	MILEAGE CMTG MAT DEL OR RETURN		163.14	TMI	.70	114.20
	INVOICE SUBTOTAL					3,592.38
	DISCOUNT-(BID)					1,221.39-
	INVOICE BID AMOUNT					2,370.99
	*-KANSAS STATE SALES TAX					86.26
	*-SEWARD COUNTY SALES TAX					20.29
	INVOICE TOTAL - PLEASE PAY THIS AMOUNT					\$2,477.54

2168-2041
KA 8-9

Jmi, L. L. L.

8-7-89

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.

