

Kansas Corporation Commission Oil & Gas Conservation Division

1052765

Form ACO-1 June 2009 Form Must Be Typed Form must be Signed All blanks must be Filled

WELL COMPLETION FORM WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License #	API No. 15
Name:	Spot Description:
Address 1:	SecTwpS. R
Address 2:	Feet from North / South Line of Section
City:	Feet from _ East / _ West Line of Section
Contact Person:	Footages Calculated from Nearest Outside Section Corner:
Phone: ()	□NE □NW □SE □SW
CONTRACTOR: License #	County:
Name:	Lease Name: Well #:
Wellsite Geologist:	Field Name:
Purchaser:	Producing Formation:
Designate Type of Completion:	Elevation: Ground: Kelly Bushing:
New Well Re-Entry Workover	Total Depth: Plug Back Total Depth:
Oil WSW SWD SIOW Gas D&A ENHR SIGW OG GSW Temp. Abd. CM (Coal Bed Methane) Cathodic Other (Core, Expl., etc.):	Amount of Surface Pipe Set and Cemented at: Feet Multiple Stage Cementing Collar Used?
Operator:	
Well Name:	Drilling Fluid Management Plan (Data must be collected from the Reserve Pit)
Original Comp. Date: Original Total Depth: Deepening Re-perf. Conv. to ENHR Conv. to SWD Conv. to GSW	Chloride content: ppm Fluid volume: bbls Dewatering method used:
Plug Back: Plug Back Total Depth	Location of fluid disposal if hauled offsite:
Commingled Permit #:	Operator Name:
Dual Completion Permit #:	Lease Name: License #:
SWD Permit #:	Quarter Sec Twp S. R
☐ ENHR Permit #: ☐ GSW Permit #:	County: Permit #:
Spud Date or Date Reached TD Completion Date or Recompletion Date Recompletion Date	

AFFIDAVIT

I am the affiant and I hereby certify that 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.

Submitted Electronically

KCC Office Use ONLY					
Letter of Confidentiality Received					
Date:					
Confidential Release Date:					
Wireline Log Received					
Geologist Report Received					
UIC Distribution					
ALT I II III Approved by: Date:					

Side Two



Operator Name:				_ Lease N	lame:			Well #:		
Sec Twp	S. R	East	West	County:						
INSTRUCTIONS: Sh time tool open and clo recovery, and flow rate line Logs surveyed. A	osed, flowing and shu es if gas to surface te	t-in pressures, st, along with f	whether sh inal chart(s	nut-in press	ure reach	ed static level,	hydrostatic pres	sures, bottom h	ole temp	erature, fluid
Drill Stem Tests Taker (Attach Additional S		Yes	No		Log	y Formation	n (Top), Depth a	nd Datum		Sample
Samples Sent to Geo	logical Survey	Yes	No		Name			Тор	I	Datum
Cores Taken Electric Log Run Electric Log Submitte (If no, Submit Copy	d Electronically	Yes Yes Yes	☐ No ☐ No ☐ No							
List All E. Logs Run:										
		Report all	CASING I		New	Used mediate, producti	on, etc.			
Purpose of String	Purpose of String Size Hole Size Casing		Weigi Lbs. /	ght Setting Type o		Type of Cement	, , , , , , , , , , , , , , , , , , , ,		e and Percent Additives	
		AI	DDITIONAL	CEMENTIN	G / SQUE	EZE RECORD				
Purpose: Perforate Protect Casing Plug Back TD Plug Off Zone	Depth Top Bottom	Type of Cement # S			Used		Type and	Percent Additives		
Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated			s Set/Type orated			cture, Shot, Cemei mount and Kind of N		d	Depth
TUBING RECORD:	Size:	Set At:		Packer At:		Liner Run:				
Date of First, Resumed	Production, SWD or EN		ducing Meth	od:		as Lift C	Yes No	0		
Estimated Production Per 24 Hours	Oil	Bbls.		Mcf	Water		ols.	Gas-Oil Ratio		Gravity
DISPOSITIO	ON OF GAS:		M	IETHOD OF	COMPLET	ION:		PRODUCTIO	ON INTER	VAL:
Vented Sold	Used on Lease	Open	Hole (Specify)	Perf.	Dually ((Submit AC		nmingled mit ACO-4)			

A.X. & P., INC. AX&P INC Kepley Well Service, LLC 2008 Operation Expenses:2008.10 Cementin Wolf West 25E 8/3/2010

2,535.00

5869

2,535.00

Kepley Well Service, LLC

19245 Ford Road Chanute, KS 66720

Date	involce#
7/26/2010	A-45071

Cement Treatment Report

AX&P, Inc. 20147 200 Road Neodesha, KS 66757 (x) Landed Plug on Bottom at 600 PSI
(x) Shut in Pressure 600
(x)Good Cement Returns
() Topped off well with______ sacks
(x) Shut in

TYPE OF TREATMENT: Production Casing HOLE SIZE: 5 1/8"
TOTAL DEPTH: 850

Well-Name:	Terms	Due Da			
Wolfe West	Net 15 days	8/25/20	A 3000 17 17 17 17		
Service	r-Floatici	<u> </u>	Foot Parings	in Pilene	American.
ement 2 7/8 ales Tax		845		3.00 6.30%	2,535.0 0.0
Wolf West 25E Wilson County Section: Township: Range:					

Hooked onto 2 7/8" casing. Established circulation with 6 barrels of water, 2 GEL, METSO, COTTONSEED ahead, blended 87 sacks of OWC cement, dropped 2 rubber plugs, and pumped 5 barrels of water

Total	\$2,535.00			
Payments/Credits	\$0.00			
Balance Due	\$2,535.00			