

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

ORIGINAL

Form ACO-1
September 1999
Form Must Be Typed

WELL COMPLETION FORM

WELL HISTORY - DESCRIPTION OF WELL & LEASE

Operator: License # 3830
 Name: AX&P, Inc.
 Address: P.O. Box 1176
Independence, KS 67301
 City/State/Zip:
 Purchaser: Pacer
 Operator Contact Person: J.J. Hanke
 Phone: (620) 325-5212
 Contractor: Name: Patrick Tubbs
 License: 33079
 Wellsite Geologist: J J Hanke
 Designate Type of Completion:
 New Well Re-Entry Workover
 Oil SWD SIOW Temp. Abd.
 Gas ENHR SIGW
 Dry Other (Core, WSW, Expl., Cathodic, etc)

If Workover/Re-entry: Old Well Info as follows:
 Operator: _____
 Well Name: _____
 Original Comp. Date: _____ Original Total Depth: _____
 Deepening Re-perf. Conv. to Enhr./SWD
 Plug Back Plug Back Total Depth
 Commingled Docket No. _____
 Dual Completion Docket No. _____
 Other (SWD or Enhr.?) Docket No. _____
11/2/09 1/15/09 5/29/09
12/30/08
 Spud Date or Date Reached TD Completion Date or Recompletion Date

API No. 15 - 205-27754-00-00
 County: Wilson
NW SW-SE Sec. 28 Twp. 30 S. R. 16 East West
925 feet from (S) N (circle one) Line of Section
2050 feet from (E) W (circle one) Line of Section
 Footages Calculated from Nearest Outside Section Corner:
 (circle one) NE SE NW SW
 Lease Name: Unit 1-Wolfe North Well #: WN#8
 Field Name: Neodesha
 Producing Formation: Neodesha Sand
 Elevation: Ground: 785' Kelly Bushing: _____
 Total Depth: 815' Plug Back Total Depth: _____
 Amount of Surface Pipe Set and Cemented at 40' Feet
 Multiple Stage Cementing Collar Used? Yes No
 If yes, show depth set _____ Feet
 If Alternate II completion, cement circulated from 814
 feet depth to surface w/ 100 sx cmt.
pit 2-Dig - 8/6/09

Drilling Fluid Management Plan
 (Data must be collected from the Reserve Pit)
 Chloride content _____ ppm Fluid volume _____ bbls
 Dewatering method used _____
 Location of fluid disposal if hauled offsite: _____
 Operator Name: _____
 Lease Name: _____ License No.: _____
 Quarter _____ Sec. _____ Twp. _____ S. R. _____ East West
 County: _____ Docket No.: _____

INSTRUCTIONS: An original and two copies of this form shall be filed with the Kansas Corporation Commission, 130 S. Market - Room 2078, Wichita, Kansas 67202, within 120 days of the spud date, recompletion, workover or conversion of a well. Rule 82-3-130, 82-3-106 and 82-3-107 apply. Information of 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 geologist well report 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.

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: [Signature]
 Title: [Signature] Date: 7/10/09
 Subscribed and sworn to before me this 10th day of July
 20 09
 Notary Public: Becky R. Hambleton
 Date Commission Expires: _____

BECKY R. HAMBLETON
 Notary Public - State of Kansas
 My Appt. Expires 8/27/09

KCC Office Use ONLY

Letter of Confidentiality Received
 If Denied, Yes Date: _____
 Wireline Log Received
 Geologist Report Received
 UIC Distribution

Operator Name: AX&P, Inc. Lease Name: Unit 1 - Wolfe -N Well #WN # 8
 Sec. 28 Twp. 30 S. 16 East West County: Wilson

INSTRUCTIONS: Show important tops and base of formations penetrated. Detail all cores. Report all final copies of drill stems 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 test, along with final chart(s). Attach extra sheet if more space is needed. Attach copy of all Electric Wireline Logs surveyed. Attach final geological well site report.

Drill Stem Tests Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(Attach Additional Sheets)</i> 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 <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(Submit Copy)</i> List All E. Logs Run: <p style="text-align: center;">Gamma Ray - Neutron</p>	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum <p style="text-align: center;">Oswego 565' 760'</p> <p style="text-align: center; font-size: 1.5em; font-weight: bold;">RECEIVED JUL 31 2009 KCC WICHITA</p>
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CASING RECORD <input 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	11"	6 5/8"		40	Portl.	8	none
Production	5 1/8"	2 7/8"	6.5	814	Portl	100	2% Gel/ 1% Cal

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	#Sacks Used	Type and Percent Additives
<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 - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used)	Depth
1	Neodesha Sand	Acid / gel frac	767-77'

TUBING RECORD	Size	Set At	Packer At	Liner Run <input type="checkbox"/> Yes <input type="checkbox"/> No
		none		

Date of First, Resumerd Production, SWD or Enhr. <p style="text-align: center;">6/3/09</p>	Producing Method <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)
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Estimated Production Per 24 Hours	Oil Bbbs.	Gas Mcf	Water Bbbs.	Gas-Oil Ratio	Gravity
	2.5	min	28		

Disposition of Gas <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	METHOD OF COMPLETION <input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input checked="" type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <input type="checkbox"/> Other (Specify) _____	Production Interval
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CONSOLIDATED
Oil Well Services, LLC



ENTERED

TICKET NUMBER 20820
LOCATION Eureka
FOREMAN Steve New

PO Box 884, Chanute, KS 66720
820-431-9210 or 800-467-8676

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
1-24-09	1134	Unit 1 Wolf North #8				
CUSTOMER			TRUCK #	DRIVER	TRUCK #	DRIVER
AZAP			433	Alan		
MAILING ADDRESS			439	Calla		
P.O. Box 1176			437	Jim		
CITY	STATE	ZIP CODE				
Independence	Ks	67301				

JOB TYPE Long string HOLE SIZE 5 1/8 HOLE DEPTH 815' CASING SIZE & WEIGHT _____
 CASING DEPTH 810' DRILL PIPE _____ TUBING 2 3/8 OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT In CASING _____
 DISPLACEMENT 4.8 DISPLACEMENT PSI 500* MIX PSI Bump play 900* RATE _____

REMARKS: SAFETY Meeting! Rig up to 2 3/8 tubing. Break circulation with Fresh water
Mix 18k Gal Flush 5 bbls water spacer. Mix 1005k Reg. Cement with 2% Gel & 1% CaCl2 AT 14". Shut down wash-out pump & lines. Release 2 plugs. Displace with 4.8 bbls Fresh water AT 264 pps/min. Final Pumping Pressure 500* Bump play to 900*. Close well in Good cement to surface. Job complete Rig down

Thank You

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	870.00	870.00
5406	60	MILEAGE	3.45	207.00
11045	1005k	Class A Cement	12.20	12200.00
1118A	200*	Gel 2%	1.6	320.00
1102	100*	CaCl2 1%	.71	71.00
5407A	4.7 tons	Ton mileage Bulk Truck	1.16	327.12
5502L	3hrs	80 bbl Vacuum Truck	94.00	282.00
1123	3000 gallons	CITY WATER	14.00	420.00
4402	2	2 3/8 Top Rubber Plug	22.00	44.00
			Sub Total	3415.12
			SALES TAX 6.3%	91.22
			ESTIMATED TOTAL	3230.04

Revin 3737

828692

AUTHORIZATION Called by JS TITLE owner DATE _____