

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

API No. 15 - 205-27669-00-00  
County: Wilson  
NW SE SE Sec. 28 Twp. 30 S. R. 16  East  West  
1500 feet from (S) / N (circle one) Line of Section  
2100 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# 6  
Field Name: Neodesha  
Producing Formation: Neodesha Sand  
Elevation: Ground: 785' Kelly Bushing: \_\_\_\_\_  
Total Depth: 800 Plug Back Total Depth: \_\_\_\_\_  
Amount of Surface Pipe Set and Cemented at 35' Feet  
Multiple Stage Cementing Collar Used?  Yes  No  
If Yes, show depth set \_\_\_\_\_ Feet  
If Alternate II completion, cement circulated from 795'  
set depth to surface w/ 100 sx cmt.

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. \_\_\_\_\_  
11-5-08 11-26-08 12-10-08  
Spud Date or Date Reached TD Completion Date or Recompletion Date

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AITZ-Dlg - 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: POS. Date: 7/10/09

Subscribed and sworn to before me this 10<sup>th</sup> day of July, 2009.

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 - Wofe North Well #: WN# 6  
 Sec. 28 Twp. 30 S. R. 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;"><b>Gamma Ray - Neutron</b></p>	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum  Oswego 565 Sand 755
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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"		35'	Portl.	8	none
Production	5 1/8"	2 7/8"	6.5	795'	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				

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Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Depth
1	Neodesha Sand	Acid / gel frac 756-66'

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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.		Producing Method				
Dec 20, 2008		<input 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	
	2.5	min	35			

Disposition of Gas  Vented  Sold  Used on Lease *(If vented, Submit ACO-18.)*

METHOD OF COMPLETION

Production Interval  Open Hole  Perf.  Dually Comp.  Commingled  Other (Specify) \_\_\_\_\_



**CONSOLIDATED**  
Oil Well Services, LLC



**ENTERED**

TICKET NUMBER 20663

LOCATION Eureka

FOREMAN Russell McCoy

PO Box 884, Chanute, KS 66720  
620-431-9210 or 800-467-8676

**FIELD TICKET & TREATMENT REPORT**  
**CEMENT**

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
11-25-08	1124	Unit 1 Wolf North #6				Wilson
CUSTOMER			TRUCK #			
Ax + P			DRIVER			
MAILING ADDRESS			TRUCK #			
P.O. Box 1176			DRIVER			
CITY						
STATE						
ZIP CODE						
Independence						
KS						
67301						

JOB TYPE Longstring HOLE SIZE 5 1/8 HOLE DEPTH \_\_\_\_\_ CASING SIZE & WEIGHT \_\_\_\_\_  
 CASING DEPTH 795 DRILL PIPE \_\_\_\_\_ TUBING 2 7/8 (195) OTHER \_\_\_\_\_  
 SLURRY WEIGHT \_\_\_\_\_ SLURRY VOL \_\_\_\_\_ WATER gal/sk \_\_\_\_\_ CEMENT LEFT in CASING D'  
 DISPLACEMENT 4.7 DISPLACEMENT PSI 400# PSI 900# SHUT-IN RATE \_\_\_\_\_

REMARKS: Safety meeting, Rig up to 2 7/8 Tubing, Break circulation w/ 5 Bbl water, mix 1 sk Gel Pump 5 Bbl Fresh water spacer. mix 100 SK's Reg Cement 2% Gel 1% CL at 14.5 # per Gallon w/ yield 1.26 shut down, wash out Pump + mixer. Release 2 2 7/8 Plug's Displacement 4.7 Bbl water at 1/2 BPM Final Pump PSI was 400# Bump Plug to 900# close well in at 900# Groud cement Return to Surface Annulus stayed Full of cement. Job Complete, Tear Down.

Thank you  
Russell McCoy

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCTS	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	925.00	925.00
5406	60	MILEAGE	3.65	219.00
1104 S	100 SK's	class A cement	13.50	1350.00
1118 A	200 #	Gel = 2%	.17	34.00
1102	100 #	CLC12 = 1%	.75	75.00
5407	4.7 Ton's	Ton Mileage B&K Truck	m/c	315.00
4402	2	2 7/8 Top Rubber Plug's	23.00	46.00
				2,964.00
			6.3%	SALES TAX
				94.82
				ESTIMATES
				TOTAL
				3,058.82

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Ravin 3737

227734

AUTHORIZATION CALLED by JJ

TITLE OWNER

DATE 11-25-08