

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
City/State/Zip: Independence, Ks 67301
Purchaser: Coffeyville Resources
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 SLOW 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. _____

4/29/06 4/ 5/20/06 6/01/06
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

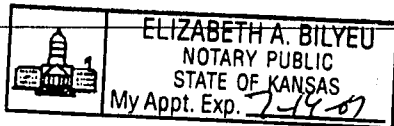
API No. 15 - 205-26541-00 00
County: Wilson
SW SE Sec 28 Twp. 30 S. R. 16 East West
1250 feet from N (circle one) Line of Section
1490 feet from E / W (circle one) Line of Section
Footages Calculated from Nearest Outside Section Corner:
(circle one) NE SE NW SW
Lease Name: Unit 1 Wolfe Well # Wolfe N#N3
Field Name: Neodesha
Producing Formation: Neodesha Sand
Elevation: Ground: 600' Kelly Bushing: _____
Total Depth: 826' Plug Back Total Depth: _____
Amount of Surface Pipe Set and Cemented at 39' Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set _____ Feet
If Alternate II completion, cement circulated from 813'
feet depth to surface 100 sx cmt.
Alt 2 - Dg - 11-6-08

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: P.R.S. Date: 6/26/06
Subscribed and sworn to before me this 26th day of June
2006
Notary Public: [Signature]
Date Commission Expires: _____



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

RECEIVED
JUN 30 2006
KCC WICHITA

Operator Name: AX&P, Inc. Lease Name: Unit 1 - Wolfe N Wolfe 'N # N3
 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 Yes No
 (Attach Additional Sheets)

Samples Sent to Geological Survey Yes No

Cores Taken Yes No

Electric Log Run Yes No
 (Submit Copy)

List All E. Logs Run:

Gamma Ray - Neutron only

Log Formation (Top), Depth and Datum Sample

Name Top Datum

Oswego 591

Neodesha Sand 773'

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"		39'	Port1	10	none
Production	5 1/8"	2 7/8"	6.5	813'	Port1	100	2% gel

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
1.2	Neodesha Sand	Acid / gel sand frac	755-65'

TUBING RECORD		Size	Set At	Packer At	Liner Run <input type="checkbox"/> Yes <input type="checkbox"/> No
Date of First, Resumed Production, SWD or Enhr.		Producing Method <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
	0	min	50		

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

METHOD OF COMPLETION Open Hole Perf. Dually Comp. Commingled Other (Specify) _____

Production Interval _____

CONSOLIDATED OIL WELL SERVICES, INC.
 P.O. BOX 884, CHANUTE, KS 66720
 620-431-9210 OR 800-467-8676

TICKET NUMBER 09939
 LOCATION Eureka
 FOREMAN Broad Butler

TREATMENT REPORT & FIELD TICKET
 CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
5-15-06	1124	Unit 1 - Wolfe N-3	28	30s	16E	Wilson
CUSTOMER AXOP, Inc			TRUCK #			
MAILING ADDRESS P.O. Box 1176			DRIVER			
CITY Independence			TRUCK #			
STATE Ks.			DRIVER			
ZIP CODE 67301			TRUCK #			
			DRIVER			

JOB TYPE Logging Miss HOLE SIZE 5 1/2" HOLE DEPTH 826' CASING SIZE & WEIGHT _____
 CASING DEPTH _____ DRILL PIPE _____ TUBING 2 7/8" - 813' OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT 4 3/4 Bbls DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety Meeting: Rig up to 2 7/8" Tubing, Break circulation with 5 Bbls water with 600 PSI Mixed 200 lbs Gel with 10 Bbls water. Pressure climbed to 1200 PSI. Shut down. Grab lower gear went to pump - Pressure climbed to 1500 PSI no circulation - Shut down - wait 5 minutes - Start Pumping Pressure at 600 PSI - good circulation - Increase Pump rate. Pressure at 1000 PSI with good circulation Pumped 25 Bbls water - brought Gel to surface. Pressure still around 1000 PSI to 1200 PSI. Decided not to cement Tubing in well, Mixed 200 lbs Gel with 10 Bbls water, Pumped 4 3/4 Bbls water behind 10 Bbl Gel Flush, Shut down. Close Tubing in. Leaving approx 600' Gel in hole.

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5609	2	PUMP CHARGE	152.00	304.00
5406	60	MILEAGE	3.15	189.00
1118 A	400 lbs	Gel	.14 #	56.00
5501 C	3 Hrs	Water Transport	98.00	294.00
1123	3400 Gals	City water	12.80	43.52
			Subtotal	886.52
			SALES TAX	6.27
			ESTIMATED TOTAL	892.79

RECEIVED
 JUN 30 2006
 KCC WICHITA

AUTHORIZATION called by Tom Gilman TITLE _____ DATE _____

205395

CONSOLIDATED OIL WELL SERVICES, INC.

P.O. BOX 884, CHANUTE, KS 66720

620-431-9210 OR 800-467-8676

TICKET NUMBER 08677

LOCATION Eureka

FOREMAN Brad Butler

TREATMENT REPORT & FIELD TICKET
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
4-14-06	1124	Unit #1 - Wafje #1-2	28	30s	16E	Wilson
CUSTOMER <u>AX-P, Inc.</u>						
MAILING ADDRESS <u>P.O. Box 1176</u>						
CITY <u>Independence</u>		STATE <u>Ks.</u>	ZIP CODE <u>67301</u>			
		TRUCK #	DRIVER	TRUCK #	DRIVER	
		<u>446</u>	<u>Scott</u>			
		<u>441</u>	<u>Larry</u>			
		<u>436</u>	<u>J.P.</u>			

JOB TYPE Leasing HOLE SIZE _____ HOLE DEPTH 855' CASING SIZE & WEIGHT _____
 CASING DEPTH _____ DRILL PIPE _____ TUBING 2 7/8" at 842' OTHER _____
 SLURRY WEIGHT 13.8 lb SLURRY VOL 25 Bbl WATER gal/sk 6.5 CEMENT LEFT in CASING _____
 DISPLACEMENT 4.8 Bbl DISPLACEMENT PSI 400 ~~PSI~~ 1000 Bump Plug RATE _____

REMARKS: Safety Meeting: Rig up to 2 7/8" Tubing, Break circulation w/ 20 Bbl water Pumped 15 Bbl Gel Flush, followed with 20 Bbl water spacer. Mixed 100 sks. Reg cement w/ 22 Gel 12 CAC. Shutdown w/ out pump lines - Drop Rubber Plug - Displace Plug with 4 3/4 Bbl water. Final Pumping at 400 PSI Bumped Plug to 1000 PSI - Pressure slowly bkd down to 700 PSI - close Tubing in with 700 PSI Good cement returns to surface - Job complete - Tear down

"Thank you"

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	800.00	800.00
5406	60	MILEAGE	3.15	189.00
11045	100 sks	Regular - class A cement	11.25	1125.00
1118 A	188 lbs	Gel 22	.14	26.32
1102	95 lbs	CAC 12	.64	60.80
5407	4.7 Ton	60 mileage - Bulk Tilt.	M/C	275.00
5502C	4 Hrs	80 Bbl. VAC Tilt	90.00	360.00
1123	5000 Gals	City water RECEIVED	12.80	64.00
1118 A	300 lbs	Gel Flush JUN 30 2006	.14	42.00
4402	1	2 7/8" Top Rubber Plug KCC WICHITA	18.00	18.00
			6.3%	SALES TAX
				ESTIMATED TOTAL
				84.18
				3044.30

204585

AUTHORIZATION Called by Tom Gilman

TITLE _____

DATE _____