

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form ACO-1
October 2008
Form Must Be Typed

ORIGINAL

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # 3830

Name: AX&P, Inc.

Address 1: 20147 200 Rd

Address 2: _____

City: Neodesha State: KS Zip: 66757

Contact Person: J J Hanke

Phone: (620) 325-5212

CONTRACTOR: License # 33079

Name: Patrick Tubbs

Wellsite Geologist: JJ Hanke

Purchaser: Pacer

Designate Type of Completion:

- New Well Re-Entry Workover
- Oil SWD SIOW
- Gas ENHR SIGW
- CM (Coal Bed Methane) Temp. Abd.
- 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. Conv. to SWD

Plug Back: _____ Plug Back Total Depth _____

Commingled Docket No.: _____

Dual Completion Docket No.: _____

Other (SWD or Enhr.?) Docket No.: _____

3-20-09 4-1-09 6-29-09

Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 205-27763-0000

Spot Description:

SE NW NE 33 Twp. 30 S. R. 16 East West

1250 Feet from North / South Line of Section

1710 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

NE NW SE SW

County: Wilson

Lease Name: Unit 1-Wolfe East Well #41DE

Field Name: Neodesha

Producing Formation: Neodesha Sd

Elevation: Ground: 780' Kelly Bushing: _____

Total Depth: 820' Plug Back Total Depth: _____

Amount of Surface Pipe Set and Cemented at: 43' Feet

Multiple Stage Cementing Collar Used? Yes No

If yes, show depth set: _____ Feet

If Alternate II completion, cement circulated from: 816'

feet depth to: surface w/ 100 ^{sx cmt}

APZ-Dlg-9/8/09

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: AX&P, Inc.

Lease Name: Unit 1 License No.: 3830

Quarter _____ Sec. 28 Twp. 30 S. R. 16 East West

County: Wilson Docket No. D-15-379

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: _____

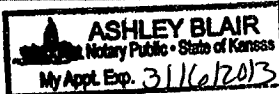
Title: _____ Date: 9/1/09

Subscribed and sworn to before me this 2nd day of August

20 09

Notary Public: Ashley Blair

Date Commission Expires: 3/16/2013



KCC Office Use ONLY

Letter of Confidentiality Received

If Denied, Yes Date: _____

Wireline Log Received

Geologist Report Received

UIC Distribution

RECEIVED

SEP 04 2009

KCC WICHITA

Operator Name: AX&P, Inc. Lease Name: Unit 1-Wolfe East Well #: 41DE
 Sec. 33 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 (Attach Additional Sheets) 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 (Submit Copy) 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 Oswego 570' Neodesha Sd. 760'
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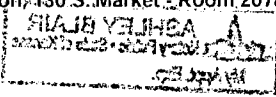
CASING RECORD <input type="checkbox"/> New <input type="checkbox"/> Used							
Report all strings set-conductor, surface, intermediate, production, etc.							
Purpose of String	Size Hole Drilled	Size Casing Set (In O.D.)	Weight Lbs. / Ft.	Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives
Surface	11"	6 5/8"		43'	Port1	10	
Production	5 1/8"	2 7/8"	6.5	816'	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	770'-780'	Sand/Water Frac	770-80

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. 8/20/09	Producing Method: <input type="checkbox"/> Flowing <input checked="" type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)
Estimated Production Per 24 Hours	Oil Bbls. 3 Gas Mcf negl. Water Bbls. 15 Gas-Oil Ratio _____ Gravity 39

DISPOSITION OF GAS: <input checked="" type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease (If vented, Submit ACO-18.)	METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input checked="" type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: <p style="text-align: center;">770-80</p>
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CONSOLIDATED
Oil Well Services, LLC

ENTERED

TICKET NUMBER 21110
LOCATION Eureka
FOREMAN STEURMAN

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
4-1-09	1134	Wolf 41D				Wilson
CUSTOMER AXIP			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS P.O. Box 1176			485	Alan		
CITY Independence			479	John		
STATE KS			436	T.P.		
ZIP CODE 67301						

JOB TYPE Long string HOLE SIZE 8 1/2" HOLE DEPTH 831' CASING SIZE & WEIGHT _____
 CASING DEPTH 816' DRILL PIPE _____ TUBING 2 3/8" OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT 4 3/4 DISPLACEMENT PSI 400[#] MIX PSI Bump Play 900[#] RATE 1/2 bbl per min.

REMARKS: Safety Meeting: Rig up to 2 3/8" tubing. Break circulation with 5 bbls Fresh water. Mix 1 sks Gel & 5 bbls water spacer. Mix 2 sacks Class A Cement w/ 2% Gel & 1% CaCl2. Shut down. Wash out Pump & Lines. Stuff 2 plays. Displace with 4 3/4 bbls Fresh water AT 1/2 bbl per min. Final pumping Pressure 400[#] Bump Play 900[#]. Shut well in 900[#] Good Cement Return 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	100 SKS	Class A Cement	12.70	1270.00
1102	100 [#]	CaCl2 1%	.71	71.00
1118A	200 [#]	Gel 2%	.16	32.00
5407	4.7 Tons	60 miles Bulk Truck Ton Mileage	1.16	327.12
4402	2	2 3/8" Top Rubber Plays	22.00	44.00
5502C	3 hrs	80 bbl vacuum truck	94.00	282.00
1123	3000 gallons	CITY water	14.00	42.00
		KCC WICHITA		
		SEP 04 2009		
		RECEIVED		
		Sub Total		3145.12
		SALES TAX		91.92
		ESTIMATED TOTAL		3237.04

Ravin 3737

020235

AUTHORIZATION Called by JJ TITLE owner DATE _____