



KANSAS CORPORATION COMMISSION 1051740
OIL & GAS CONSERVATION DIVISION

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 # 3830
Name: A X & P, Inc.
Address 1: 20147 200 Rd.
Address 2: _____
City: Neodesha State: KS Zip: 66757 + _____
Contact Person: JJ Hanke
Phone: (620) 325-5212
CONTRACTOR: License # 33079
Name: Tubbs, Patrick
Wellsite Geologist: JJ Hanke
Purchaser: _____

Designate Type of Completion:

- New Well Re-Entry Workover
- Oil WSW SWD SIOW
 Gas D&A ENHR SIGW
 OG GSW Temp. Abd.
 CM (Coal Bed Methane)
 Cathodic Other (Core, Expl., 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
 Conv. to GSW
 Plug Back: _____ Plug Back Total Depth
 Commingled Permit #: _____
 Dual Completion Permit #: _____
 SWD Permit #: _____
 ENHR Permit #: _____
 GSW Permit #: _____

<u>9/30/2010</u>	<u>10/19/2010</u>	<u>10/27/2010</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-205-27872-00-00
Spot Description: _____
SW SW NE NW Sec. 29 Twp. 30 S. R. 16 East West
1,161 Feet from North / South Line of Section
3,860 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Wilson
Lease Name: Wolfe West Well #: 23E
Field Name: _____
Producing Formation: Neodesha Sand
Elevation: Ground: 798 Kelly Bushing: 800
Total Depth: 850 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: 847
feet depth to: 0 w/ 90 sx cmt.

Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)

Chloride content: 0 ppm Fluid volume: 40 bbls
Dewatering method used: Evaporated
Location of fluid disposal if hauled offsite:
Operator Name: _____
Lease Name: _____ License #: _____
Quarter _____ Sec. _____ Twp. _____ S. R. _____ East West
County: _____ Permit #: _____

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: Deanna Garrison Date: 04/06/2011



1051740

Operator Name: A X & P, Inc. Lease Name: Wolfe West Well #: 23E
 Sec. 29 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 complete copy of all Electric Wire-line Logs surveyed. Attach final geological well site report.

Drill Stem Tests Taken (Attach Additional Sheets)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Log Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Name	Top
Cores Taken	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Oswego	600
Electric Log Run	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Neodesha Sd.	790
Electric Log Submitted Electronically (If no, Submit Copy)	<input type="checkbox"/> Yes <input type="checkbox"/> No		
List All E. Logs Run:			

CASING RECORD <input type="checkbox"/> New <input checked="" 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	6.625	15	35	Portl.	8	none
Production	5.125	2.875	6.5	850	Portl.	90	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	Neodesha Sand	Acid/gel Frac	805-15

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. 10/28/2010	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. 4	Gas Mcf	Water Bbls. 20	Gas-Oil Ratio Gravity

DISPOSITION OF GAS: <input type="checkbox"/> Vented <input checked="" 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 (Submit ACO-5) (Submit ACO-4) <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: 805-815
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CONSOLIDATED
Oil Well Services, LLC

REMIT TO
Consolidated Oil Well Services, LLC
Dept. 970
P.O. Box 4346
Houston, TX 77210-4346

MAIN OFFICE
P.O. Box 884
Chanute, KS 66720
620/431-9210 • 1-800/467-8676
FAX 620/431-0012

INVOICE

Invoice # 237426

Invoice Date: 10/19/2010 Terms: 0/30,n/30

Page 1

A. X. & P. INC.
% JURGEN HANKE
20147 CR 200
NEODESHA KS 66757
(620) 325-5251

WOLFE WEST WW 23E
29782
10-18-10

Part Number	Description	Qty	Unit Price	Total
1104S	CLASS "A" CEMENT (SALE)	90.00	13.5000	1215.00
1102	CALCIUM CHLORIDE (50#)	100.00	.7500	75.00
1118B	PREMIUM GEL / BENTONITE	200.00	.2000	40.00
1123	CITY WATER	3000.00	.0149	44.70
4402	2 1/2" RUBBER PLUG	2.00	23.0000	46.00

Description	Hours	Unit Price	Total
436 80 BBL VACUUM TRUCK (CEMENT)	3.00	85.00	255.00
479 TON MILEAGE DELIVERY	282.00	1.20	338.40
485 CEMENT PUMP	1.00	925.00	925.00
485 EQUIPMENT MILEAGE (ONE WAY)	60.00	3.65	219.00

3,247.62
- 162.38 (5%)

3,085.24

Parts:	1420.70	Freight:	.00	Tax:	89.52	AR	3247.62
Labor:	.00	Misc:	.00	Total:	3247.62		
Sublt:	.00	Supplies:	.00	Change:	.00		

Signed _____

Date _____

BARTLESVILLE, OK
918/338-0808

ELDORADO, KS
316/322-7022

EUREKA, KS
620/583-7664

GILLETTE, WY
307/686-4914

OAKLEY, KS
785/672-2227

OTTAWA, KS
785/242-4044

THAYER, KS
620/839-5269

WORLAND, WY
307/347-4577



CONSOLIDATED
Oil Well Services, LLC

ENTERED

TICKET NUMBER 29782

LOCATION Eureka

FOREMAN Steve Mead

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	
10-18-10	1124	WOLF WEST WW 23E				Wilson	
CUSTOMER AXXP		SAFETY MEETING JS AM AB BC		TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS P.O. Box 1176				485	John-Alan		
CITY Independence		STATE KS	ZIP CODE 67301	479	Allen B.		
				476	Dave		

JOB TYPE Long string HOLE SIZE 5 7/8 HOLE DEPTH 850 CASING SIZE & WEIGHT _____
 CASING DEPTH 843 DRILL PIPE _____ TUBING 2 3/8 OTHER _____
 SLURRY WEIGHT 14 SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT IN CASING _____
 DISPLACEMENT 4.9 bbls DISPLACEMENT PSI 600* MIX PSI Bump Play 1000* RATE 1/2 bbl per min

REMARKS: Safety Meeting. Rig up to 2 3/8 Tubing. Break circulation with Fresh Water Pump 5 bbl water ahead. Mix 90 SKS Class Cement 1 1/2 Calc 2 1/2 Gel AT 14" per gal. Shut down. Wash out pump + lines. Drop 2 plugs Displace with 4.9 bbls fresh water AT 1/2 bbl per min. Final pumping Pressure 600* Bump Play 1000*. Shut Tubing in with 500*.
Job complete Rig down

Thank you

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	925.00	925.00
5406	60	MILEAGE	3.65	219.00
11045	90 sks	Class A Cement	13.50	1215.00
1102	100*	Calc 2 1/2	.75	75.00
1118B	200*	Gel 2 1/2	.20	40.00
5407A	4.7 Tons	Ton Mileage Bulk Truck	1.20	338.40
5502C	3 hrs	180 bbl Vacuum Truck	85.00	255.00
1127	3000 gallon	CITY WATER	14.90	44.70
4402	2	2 3/8 Top Rubber Plug	23.00	46.00
			Subtotal	3158.10
			SALES TAX	89.52
			ESTIMATED TOTAL	3247.62

Ravin 3737

AUTHORIZATION

TITLE owner

DATE 10-18-10

I acknowledge that the payment terms, unless specifically amended in writing on the front of the form or in the customer's account records, at our office, and conditions of service on the back of this form are in effect for services identified on this form.