

KANSAS CORPORATION COMMISSION 1057881
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: PO BOX 1176
 Address 2: _____
 City: INDEPENDENCE State: KS Zip: 67301 + 1176
 Contact Person: J J Hanke
 Phone: (620) 331-0144
 CONTRACTOR: License # 33079
 Name: Tubbs, Patrick
 Wellsite Geologist: J J Hanke
 Purchaser: Pacer

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>04/10/2011</u>	<u>05/04/2011</u>	<u>05/14/2011</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-205-27927-00-00

Spot Description: _____
NW NE NW SW Sec. 29 Twp. 30 S. R. 16 East West
2623 Feet from North / South Line of Section
856 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 West Well #: 28C

Field Name: _____

Producing Formation: Neodesha sands

Elevation: Ground: 798 Kelly Bushing: 801

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: 850
 feet depth to: 0 w/ 84 sx cmt.

Drilling Fluid Management Plan
(Data must be collected from the Reserve Pit)

Chloride content: 10 ppm Fluid volume: 2 bbls
 Dewatering method used: Haul Off Pit

Location of fluid disposal if hauled offsite:
 Operator Name: Ax&P, Inc
 Lease Name: Ellis License #: 3830
 Quarter SW Sec. 29 Twp. 30 S. R. 16 East West
 County: Wilson Permit #: D-15-379

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	
<input type="checkbox"/> Letter of Confidentiality Received	Date: _____
<input type="checkbox"/> Confidential Release Date:	_____
<input checked="" type="checkbox"/> Wireline Log Received	
<input type="checkbox"/> Geologist Report Received	
<input type="checkbox"/> UIC Distribution	
ALT <input type="checkbox"/> I <input checked="" type="checkbox"/> II <input type="checkbox"/> III	Approved by: <u>Deanna Gantzer</u> Date: <u>06/27/2011</u>



1057881

Operator Name: AX & P, Inc. Lease Name: Unit 1 - Wolfe West Well #: 28C
 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 <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 Electric Log Submitted Electronically <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(If no, Submit Copy)</i> List All E. Logs Run: Gamma Ray - Neutron	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;">Name</td> <td style="width:20%;">Top</td> <td style="width:20%;">Datum</td> </tr> <tr> <td>Osweg</td> <td>615'</td> <td></td> </tr> <tr> <td>Neodesha Sand</td> <td>811'</td> <td></td> </tr> </table>	Name	Top	Datum	Osweg	615'		Neodesha Sand	811'	
Name	Top	Datum								
Osweg	615'									
Neodesha Sand	811'									

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	11.0	6.125	8	35	Port1.	6	None
Production	5.125	2.875	6.5	837	Port1.	100	2% gel

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
_____ Perforate _____ Protect Casing _____ Plug Back TD _____ 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
2	811'-821'	Acid/Gel Frac	811'

TUBING RECORD: Size: _____ Set At: _____ Packer At: _____ Liner Run: Yes No

Date of First, Resumed Production, SWD or ENHR. 05/16/2011 Producing Method: Flowing Pumping Gas Lift Other (Explain) _____

Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
	3	3	30		37

DISPOSITION OF GAS: <input type="checkbox"/> Vented <input checked="" 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 checked="" type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <i>(Submit ACO-5)</i> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: <u>811'-821'</u>
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Kepley Well Service, LLC

19245 Ford Road
Chanute, KS 66720

Date	Invoice #
5/5/2011	45426

Cement Treatment Report

AX&P, Inc.
20147 200 Road
Neodesha, KS 66757

(x) Landed Plug on Bottom at 600 PSI
 () Shut in Pressure
 (x) Good Cement Returns
 () Topped off well with _____ sacks
 (x) Shut In

TYPE OF TREATMENT: Production Casing
 HOLE SIZE: 5 1/8"
 TOTAL DEPTH: 851

Well Name	Terms	Due Date		
Wolf West	Net 15 days	6/4/2011		
Service or Product	Qty	Per Foot Pricing/Unit Pricing	Amount	
Run and cement 2 7/8"	845	3.00	2,535.00	
Sales Tax		6.30%	0.00	

Wolf West Unit 1 #28C
 Wilson County
 Section: 29
 Township: 30
 Range: 16

#28C

Hooked onto 2 7/8" casing. Established circulation with 7 barrels of water, 2 GEL, METSO. COTTONSEED ahead, blended 84 sacks of OWC. dropped 2 rubber plugs, and pumped 5 barrels of water

Total	\$2,535.00
Payments/Credits	\$0.00
Balance Due	\$2,535.00