



KANSAS CORPORATION COMMISSION 1052765
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 SLOW
- 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>6/22/2010</u>	<u>7/26/2010</u>	<u>7/29/2010</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-205-27852-00-00
Spot Description: _____
SW NW SE NW Sec. 29 Twp. 30 S. R. 16 East West
1821 Feet from North / South Line of Section
3860 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 #: 25E
Field Name: _____
Producing Formation: Neodesha Sand
Elevation: Ground: 794 Kelly Bushing: 796
Total Depth: 840 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: 84
feet depth to: 0 w/ 87 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 Gantso Date: 06/29/2011



1052765

Operator Name: A X & P, Inc. Lease Name: Wolfe West Well #: 25E
 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Electric Log Submitted Electronically <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If no, Submit Copy)</i> List All E. Logs Run:	<input checked="" 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>Oswego</td> <td>600</td> <td></td> </tr> <tr> <td>Neodesha Sd.</td> <td>790</td> <td></td> </tr> </table>	Name	Top	Datum	Oswego	600		Neodesha Sd.	790	
Name	Top	Datum								
Oswego	600									
Neodesha Sd.	790									

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	840	Portl.	87	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 <i>(Amount and Kind of Material Used)</i>	Depth
1	Neodesha Sand	Acid/gel Frac	811-21

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. 8/03/2010		Producing Method: <input type="checkbox"/> Flowing <input checked="" type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other <i>(Explain)</i> _____	
Estimated Production Per 24 Hours	Oil Bbbs. 4	Gas Mcf	Water Bbbs. 20
			Gas-Oil Ratio
			Gravity

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 <i>(Specify)</i> _____	PRODUCTION INTERVAL: <u>811-821</u>
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A.X. & P., INC.

**Kepley Well Service, LLC
2008 Operation Expenses:2008.10 Cementin**

8/3/2010

5869

2,535.00

AX&P INC

Wolf West 25E

2,535.00

Kepley Well Service, LLC

19248 Ford Road
Chanute, KS 66720

Date	Invoice #
7/26/2010	A-45071

Cement Treatment Report

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

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

TYPE OF TREATMENT: Production Casing
 HOLE SIZE: 5 1/8"
 TOTAL DEPTH: 850

Well Name	Terms	Invoice Date		
Wolfe West	Net 15 days	8/26/2010		
Description of Work			Quantity	Amount
Cement 2 7/8			845	3.00
Sales Tax				6.30%
				2,535.00
				0.00

Wolf West 25E
Wilson County
Section:
Township:
Range:

Hooked onto 2 7/8" casing. Established circulation with 6 barrels of water, 2 GEL, METSO, COTTONSEED ahead, blended 87 sacks of OWC cement, dropped 2 rubber plugs, and pumped 5 barrels of water

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