



KANSAS CORPORATION COMMISSION 1072057
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: Jurgen J. Hanke
Phone: (620) 331-0144
CONTRACTOR: License # 33079
Name: Tubbs, Patrick
Wellsite Geologist: J J Hanke
Purchaser: Pacer Energy

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 (Cora, 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 #: _____
8/15/2011 9/1/2011 9/5/2011
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 15-205-27968-00-00
Spot Description: _____
NE NW NE SW Sec. 29 Twp. 30 S. R. 16 East West
2600 Feet from North / South Line of Section
3470 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 #: WW 28F
Field Name: Neodesha
Producing Formation: Neodesha Sand
Elevation: Ground: 794 Kelly Bushing: 796
Total Depth: 851 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: 846
feet depth to: 0 w/ 78 sx cmt.

Drilling Fluid Management Plan
(Data must be collected from the Reserve Pit)
Chloride content: 20 ppm Fluid volume: 2 bbls
Dewatering method used: Hauled to Disposal
Location of fluid disposal if hauled offsite:
Operator Name: AX&P, Inc
Lease Name: Ellis License #: 3830
Quarter W2 Sec. 29 Twp. 30 S. R. 16 East West
County: Wilson Permit #: D15379

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 Carrico Date: 01/27/2012



1072057

Operator Name: A X & P, Inc. Lease Name: Unit 1 - Wolfe West Well #: WW 28F
 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 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	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td><input checked="" type="checkbox"/> Log</td> <td>Formation (Top), Depth and Datum</td> <td><input type="checkbox"/> Sample</td> </tr> <tr> <td>Name</td> <td>Top</td> <td>Datum</td> </tr> <tr> <td>Oswego</td> <td>600</td> <td></td> </tr> <tr> <td>Neodesha Sand</td> <td>790</td> <td></td> </tr> </table>	<input checked="" type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample	Name	Top	Datum	Oswego	600		Neodesha Sand	790	
<input checked="" type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample											
Name	Top	Datum											
Oswego	600												
Neodesha Sand	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 Casing	11.8	8.7	15	35	Portland	8	0
Production Casing	5.2	2.8	6.5	846	OWC	78	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
1	793-803	Gel/ Water Frac	800
1	793-803	Gel / Water Frac	793-803

TUBING RECORD: Size: _____ Set At: _____ Packer At: _____		Liner Run: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Date of First, Resumed Production, SWD or ENHR. 9/20/2011		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. 5	Gas Mcf 10	Water Bbls. 20
		Gas-Oil Ratio	Gravity 38

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 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: _____ _____
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Kepley Well Service, LLC

19245 Ford Road
Chanute, KS 66720

Date	Invoice #
9/1/2011	46092

Cement Treatment Report

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

(x) Landed Plug on Bottom at 700 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	10/1/2011		
Service or Product	Qty	Per Foot Pricing/Unit Pricing	Amount	
Run and cement 2 7/8"	847	3.00	2,541.00	
Sales Tax		6.30%	0.00	

8-31-11
 Wolf West Unit 1 Well #WW28F
 Wilson County
 Section: 29
 Township: 30
 Range: 16

OK *ke*

Hooked onto 2 7/8" casing. Established circulation with 6 barrels of water, 2 GEL, METSO, COTTONSEED ahead, blended 78 sacks of OWC, dropped 2 rubber plugs, and pumped 5 barrels of water.

Total	\$2,541.00
Payments/Credits	\$0.00
Balance Due	\$2,541.00