

KANSAS CORPORATION COMMISSION 1074515
OIL & GAS CONSERVATION DIVISION
WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

Form ACO-1
June 2009
Form Must Be Typed
Form must be Signed
All blanks must be Filled

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 Energy

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 #: _____

07/28/2011	08/05/2011	08/15/2011
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-205-27959-00-00

Spot Description: _____
NE NW SE SW Sec. 29 Twp. 30 S. R. 16 ☒ East ☐ West
1260 Feet from ☐ North / ☒ South Line of Section
3479 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 #: 32F

Field Name: _____

Producing Formation: Neodesha Sand

Elevation: Ground: 771 Kelly Bushing: 772

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: 846
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: 25 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: 02/20/2012



1074515

Operator Name: A X & P, Inc. Lease Name: Unit 1 - Wolfe West Well #: 32F
 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 ☐ Yes ☒ No
 (Attach Additional Sheets)

Samples Sent to Geological Survey ☐ Yes ☒ No

Cores Taken ☐ Yes ☒ No

Electric Log Run ☒ Yes ☐ No

Electric Log Submitted Electronically ☒ Yes ☐ No
 (If no, Submit Copy)

List All E. Logs Run:

Gamma Ray Neutron

☐ Log Formation (Top), Depth and Datum ☐ Sample

Name Top Datum

Oswego 608

Neodesha Sand 790

CASING RECORD ☐ New ☒ 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	Portland	6	0
Production	5.125	2.875	6.5	846	Portland	90	0

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	795-805	Water/Acid Frac	800

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

Date of First, Resumed Production, SWD or ENHR. 08/20/2011	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 20 Water Bbls. 35 Gas-Oil Ratio Gravity 38

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: 795-805
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ENTERED

TICKET NUMBER 31453

LOCATION *EUREKA*

FOREMAN Kevin McCoy

PO Box 884, Chanute, KS 66720
620-431-9210 or 800-457-8876

FIELD TICKET & TREATMENT REPORT

CEMENT APT # 15-205-27959

DATE	CUSTOMER #	WELL NAME & NUMBER		SECTION	TOWNSHIP	RANGE	COUNTY
8-6-11	1124	WOLF west # 32 F		29	30	16E	Wilson
CUSTOMER AX & P							
MAILING ADDRESS P.O. Box 1176							
CITY Independence		STATE KS	ZIP CODE 67301				
				TRUCK #	DRIVER	TRUCK #	DRIVER
				520	John S.		
				479	Joey K.		
				437	John G.		

JOB TYPE <u>Longstring</u>	HOLE SIZE <u>5 7/8</u>	HOLE DEPTH <u>851'</u>	CASING SIZE & WEIGHT _____
CASING DEPTH <u>846'</u>	DRILL PIPE _____	TUBING <u>2 7/8</u>	OTHER _____
SLURRY WEIGHT <u>14.8 #</u>	SLURRY VOL <u>22 BBL</u>	WATER gal/sk <u>6.5</u>	CEMENT LEFT In CASING <u>0'</u>
DISPLACEMENT <u>4.9 BBL</u>	DISPLACEMENT PSI <u>500</u>	REK PSI <u>700 Shot in</u>	RATE _____

REMARKS: Safety Meeting: Rig up to 2 7/8 Tubing. Break Circulation w/ 10 BBL Fresh water. Mixed 90 SKS Class "A" Cement w/ 2% Gel, 1" CCL @ 14.8" / gal, yield 1.35. Shut down. Wash out Pump & Lines. Drop 2 Plugs. Displace w/ 4.9 BBL @ 3 1/4 BPM. Final Pumping Pressure 500 PSI. Bump Plug to 700 PSI. Shut Tubing in. Good Cement Returns to Surface = 4 BBL shown to Pit. Job Complete. Rig down.

[illegible]

Figure 37317

AUTHORIZATIONS

III

DATE _____

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.