



KANSAS CORPORATION COMMISSION 1074509
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 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 (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 #: _____

| 08/16/2011 | 08/22/2011 | 08/31/2011 |
|-----------------------------------|-----------------|---|
| Spud Date or Recompletion Date | Date Reached TD | Completion Date or Recompletion Date |

API No. 15 - 15-205-27966-00-00
Spot Description:
SE NW NE SW Sec. 29 Twp. 30 S. R. 16 East West
2250 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 29F

Field Name: Neodesha Sand
Producing Formation: Neodesha Sand
Elevation: Ground: 797 Kelly Bushing: 798
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/ 90 sx cmt.

Drilling Fluid Management Plan
(Data must be collected from the Reserve Pit)
Chloride content: 20 ppm Fluid volume: 30 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 Gansior Date: 02/22/2012



1074509

Operator Name: A X & P, Inc. Lease Name: Unit 1 - Wolfe West Well #: WW 29F
 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 Log Formation (Top), Depth and Datum Sample
 (Attach Additional Sheets)

Samples Sent to Geological Survey Yes No Name Top Datum

Cores Taken Yes No

Electric Log Run Yes No

Electric Log Submitted Electronically Yes No OSWEGO 610
 (If no, Submit Copy) nEODESHA sAND 790

List All E. Logs Run:

Gamma Ray Neutron

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 | 11.0 | 6.625 | 15 | 35 | PORTLAND | 0 | |
| Production | 5.125 | 2.875 | 6.5 | 846 | PORTLAND | 91 | |

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 | 796-806 | Acid/Gel/Water Frac | 800 |

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

| | |
|---|--|
| Date of First, Resumed Production, SWD or ENHR. 09/03/2011 | 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. 7 Gas Mcf 15 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) <input type="checkbox"/> Other (Specify) | PRODUCTION INTERVAL: 796-806 (Submit ACO-4) |
|--|---|--|



CONSOLIDATED
Oil Well Services, LLC



ENTERED

TICKET NUMBER 31485
LOCATION Funeka, KS
FOREMAN Steve Maud

PO Box 884, Chanute, KS 66720
620-431-9210 or 800-487-8676

FIELD TICKET & TREATMENT REPORT

CEMENT API. # 15-205-27966

| DATE | CUSTOMER # | WELL NAME & NUMBER | SECTION | TOWNSHIP | RANGE | COUNTY |
|----------------------------------|------------|---------------------------|---------|----------|---------|--------|
| 8-21-11 | 1124 | UNIT 1 Wolfe West Wbr 29F | 29 | 305 | 16E | Wilson |
| CUSTOMER API? | | | | | | |
| MAILING ADDRESS P.O. Box 1176 | | | TRUCK # | DRIVER | TRUCK # | DRIVER |
| CITY Independence | | | 520 | Cliff | | |
| STATE KS | | | 479 | J.P. | | |
| ZIP CODE 67301 | | | 437 | Jim | | |

JOB TYPE Logging HOLE SIZE 5 7/8 HOLE DEPTH 851' CASING SIZE & WEIGHT _____
CASING DEPTH 845 DRILL PIPE _____ TUBING 2 3/8 OTHER _____
SLURRY WEIGHT 128 SLURRY VOL _____ WATER gal/ek _____ CEMENT LEFT in CASING _____
DISPLACEMENT 4.9 DISPLACEMENT PSI 300* MIX PSI Bump Plug 800* RATE _____

REMARKS: Safety Meeting. Rig up to 2 3/8 Tubing. Break Circulation with Fresh water. Mixed 90skt Class Cement with 2% Gel, 1% Cactz at 13.8" depth. Shut down. Wash out Pump & Lines. Stuff 2 plugs. Displace with 4.9 bbls Fresh water. Final pumping pressure 300*. Bump Plug to 800*. Shut Well in with 800*. Good cement returns to surface. Job complete Rig down

Thank you

| ACCOUNT CODE | QUANTITY or UNITS | DESCRIPTION of SERVICES or PRODUCT | UNIT PRICE | TOTAL |
|--------------|-------------------|------------------------------------|-----------------|---------|
| 5401 | 1 | PUMP CHARGE | 975.00 | 975.00 |
| 5406 | 60 | MILEAGE | 4.00 | 240.00 |
| 11025 | 90skt | Class A Cement | 14.25 | 1282.50 |
| 11188 | 200# | Gel 2% | .20 | 40.00 |
| 1103 | 100# | Cactz 1% | .70 | 70.00 |
| 5407 | 4.23 Tons | 700miles Bulk Truck | m/c | 330.00 |
| 5502C | 3hrs | 800lb Vacuum Truck | 90.00 | 270.00 |
| 1123 | 3000 gallons | CITY WATER | 15.60/1000 | 46.80 |
| 4402 | 2 | 2 3/8 Top Rubber Plug | 28.00 | 56.00 |
| | | | SubTotal | 3310.30 |
| | | | SALES TAX 6.3% | 94.21 |
| | | | ESTIMATED TOTAL | 3404.51 |

Rev 5737

AUTHORIZATION

Sam Yellman

TITLE

243185

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.