

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 #: _____

| 3/13/2012 | 3/30/2012 | 4/23/2012 |
|-----------------------------------|-----------------|---|
| Spud Date or Recompletion Date | Date Reached TD | Completion Date or Recompletion Date |

API No. 15 - 15-205-28005-00-00
Spot Description: _____
NW NW NE SW Sec. 28 Twp. 30 S. R. 16 East West
2528 Feet from North / South Line of Section
3929 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Wilson
Lease Name: Unit 1 - Jones Well #: Jones#4A
Field Name: _____
Producing Formation: Neodesha Sands
Elevation: Ground: 788 Kelly Bushing: 800
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: 846
feet depth to: 0 w/ 90 sx crnt.

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: NAOMI JAMES Date: 09/27/2012

Operator Name: A X & P, Inc. Lease Name: Unit 1 - Jones Well #: Jones#4A
 Sec. 28 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 (Attach Additional Sheets) | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum | <input type="checkbox"/> Sample |
| Samples Sent to Geological Survey | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Name | Top Datum |
| Cores Taken | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Oswego | 585 |
| Electric Log Run | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Neodesha Sd. | 800 |
| Electric Log Submitted Electronically (If no, Submit Copy) | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | |
| List All E. Logs Run: | | | |
| Gamma Ray Neutron | | | |

| 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 | 846 | Portl. | 90 | 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 | Neodesha Sands | Acid | 802-810 |
| | | | |
| | | | |
| | | | |

| | | | | | |
|--|-----------|--|-------------|---------------|---|
| 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. 4/26/2012 | | 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. | Gas Mcf | Water Bbls. | Gas-Oil Ratio | Gravity |
| | .5 | .1 | 10 | | |

| | | |
|--|--|---------------------------------|
| DISPOSITION OF GAS: <input type="checkbox"/> Vented <input checked="" type="checkbox"/> Sold <input checked="" 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. (Submit ACO-5) <input type="checkbox"/> Commingled (Submit ACO-4) <input type="checkbox"/> Other (Specify) _____ | PRODUCTION INTERVAL: 802-810 |
|--|--|---------------------------------|

Summary of Changes

Lease Name and Number: Unit 1 - Jones Jones#4A

API/Permit #: 15-205-28005-00-00

Doc ID: 1095030

Correction Number: 1

Approved By: NAOMI JAMES

| Field Name | Previous Value | New Value |
|--|--|--|
| Disposition Of Gas - Used on lease | No | Yes |
| If Alternate II Completion - Cement Circulated From Perf_Material_1 | Acid/gel Frac | 846 Acid |
| Production - Barrels Oil | 4 | .5 |
| Production - Barrels of Water | 20 | 10 |
| Production - MCF Gas | | .1 |
| Production Interval #1 | | 802-810 |
| Save Link | ../kcc/detail/operatorE ditDetail.cfm?docID=10 94931 | ../kcc/detail/operatorE ditDetail.cfm?docID=10 95030 |
| TopsDepth2 | 790 | 800 |