



KANSAS CORPORATION COMMISSION 1094931  
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       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 #: \_\_\_\_\_

<u>3/13/2012</u>	<u>3/30/2012</u>	<u>4/23/2012</u>
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: \_\_\_\_\_

feet depth to: 0 w/ 90 sx crmt.

**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



1094931

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 Wireline 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 type="checkbox"/> Yes <input checked="" 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	<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>585</td> <td></td> </tr> <tr> <td>Neodesha Sd.</td> <td>790</td> <td></td> </tr> </table>	Name	Top	Datum	Oswego	585		Neodesha Sd.	790	
Name	Top	Datum								
Oswego	585									
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	846	Portl.	90	2% gel

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
<input type="checkbox"/> Perforate <input type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> 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/gel Frac	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. 4	Gas Mcf	Water Bbls. 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) (Submit ACO-4)</i> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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**CONSOLIDATED**  
Oil Well Services, LLC

**ENTERED**

TICKET NUMBER 36374

LOCATION Eureka

FOREMAN Steve Arred

PO Box 884, Chanute, KS 66720  
820-431-9210 or 800-467-8676

**FIELD TICKET & TREATMENT REPORT**

**CEMENT** APT 15-205-28005

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
3-28-12	1184	UNIT 1 Jones #1-4A	28	205	166	Wilson
CUSTOMER			TRUCK #	DRIVER	TRUCK #	DRIVER
AX+P			485	Alan m		
MAILING ADDRESS			667	Chris B		
P.O. Box 1176			637	Joey		
CITY		STATE	ZIP CODE			
Independence		Ks	67301			

JOB TYPE Longstring + Plug HOLE SIZE \_\_\_\_\_ HOLE DEPTH 851' CASING SIZE & WEIGHT \_\_\_\_\_  
 CASING DEPTH 847 DRILL PIPE \_\_\_\_\_ TUBING 2 7/8 OTHER \_\_\_\_\_  
 SLURRY WEIGHT 13.6\* SLURRY VOL \_\_\_\_\_ WATER gal/sk \_\_\_\_\_ CEMENT LEFT IN CASING \_\_\_\_\_  
 DISPLACEMENT 5 bbls DISPLACEMENT PSI 400\* Bump Plug 900\* RATE \_\_\_\_\_

REMARKS: Safety Meeting: Jones #4 Rig up to 1" tubing Break circulation Pump  
Total 90 sks Reg Class A Cement w/ 2% Gel + 1% CaCl2 From 776' to surface  
Pull out 1" tubing. Top well off.

Jones #1-4A. Rig up to 2 7/8 tubing Break circulation w/ Fresh water  
mix 90 sks Class A Cement w/ 2% Gel + 1% CaCl2 @ 13.6\*. Shut down Wash out  
Pump & Lines. STUFF 2 plugs. Displace with 5 bbls Fresh water. Finish  
Pumping Pressure 400\*. Bump Plug to 900\*. Bleed Pressure down to 700\*. Shut  
Well in. Good Cement Returns to surface. 5 bbl slurry to pit

Job Complete Rig down

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	1030.00	1030.00
5406	60	MILEAGE	4.00	240.00
5609	1 hr		200.00	200.00
11045	90 sks (Longstring)	Class A Cement	14.95	1345.50
1118B	200*	Gel 2%	.21	42.00
1102	100*	CaCl2 1%	.74	74.00
11045	20 sks (Plug Job)	Class A Cement	14.95	299.00
5502C	3 hrs	Sabb Vacuum Truck	90.00	270.00
1123	2000 gallons	CITY WATER	24.75	49.50
5407A	5.26 hrs	Ten Mileage Bulk Truck	1.34	422.90
4402	2	2 7/8 Top Rubber Plugs	28.00	56.00
			Subtotal	4028.90
			SALES TAX	117.57
			ESTIMATED TOTAL	4146.47

Flavin 3737

AUTHORIZATION [Signature] TITLE \_\_\_\_\_ DATE \_\_\_\_\_

I warrant that the payment terms, unless specifically amended in writing on the front of the form or in the customer's records, at our office, and conditions of service on the back of this form are in effect for services identified on this form