



KANSAS CORPORATION COMMISSION 1094919
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 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 #: _____
1/25/2012 2/6/2012 2/17/2012
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 15-205-27991-00-00
Spot Description: _____
NE NW NE SW Sec. 29 Twp. 30 S. R. 16 East West
2580 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 #: WW26F
Field Name: _____
Producing Formation: Neodesha Sand
Elevation: Ground: 794 Kelly Bushing: 796
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



1094919

Operator Name: A X & P, Inc. Lease Name: Unit 1 Wolfe West Well #: WW26F
 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 (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
Cores Taken	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Oswego	606
Electric Log Run	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Neodesha Sd.	790
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 Sand	Acid/gel Frac	802-812

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. 2/20/2012		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 (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: 802-812
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CONSOLIDATED
Oil Well Services, LLC

REMIT TO
Consolidated Oil Well Services, LLC
Dept. 970
P.O. Box 4346
Houston, TX 77210-4346

MAIN OFFICE
P.O. Box 884
Chanute, KS 66720
620/431-9210 • 1-800/467-8876
Fax 620/431-0012

INVOICE

Invoice # 247690
Invoice Date: 02/09/2012 Terms: 0/0/30,n/30 Page 1

A. X. & P. INC.
% JURGEN HANKE
20147 CR 200
NEODESHA KS 66757
(620) 325-5251

WOLFE WEST UNIT 1 #WW26F
36248
29-30S-16E
02-06-12
KS

Part Number	Description	Qty	Unit Price	Total
1104S	CLASS "A" CEMENT (SALE)	90.00	14.9500	1345.50
1118B	PREMIUM GEL / BENTONITE	200.00	.2100	42.00
1102	CALCIUM CHLORIDE (50#)	100.00	.7400	74.00
1123	CITY WATER	3000.00	.0165	49.50
4402	2 1/2" RUBBER PLUG	2.00	28.0000	56.00
485	CEMENT PUMP	1.00	1030.00	1030.00
485	EQUIPMENT MILEAGE (ONE WAY)	60.00	4.00	240.00
637	80 BBL VACUUM TRUCK (CEMENT)	3.00	90.00	270.00
667	MIN. BULK DELIVERY	1.00	350.00	350.00

etc
- 5/1

arts: 1567.00 Freight: .00 Tax: 98.73 AR
abor: .00 Misc: .00 Total: 3555.73
ublt: .00 Supplies: .00 Change: .00
Total: 3555.73

igned _____ Date _____

BARTLESVILLE, OK 918/338-0808
EL DORADO, KS 316/322-7022
EUREKA, KS 620/583-7664
PONCA CITY, OK 580/762-2303
OAKLEY, KS 785/872-2227
OTTAWA, KS 785/242-4044
THAYER, KS 620/431-5260
GILLETTE, WY



CONSOLIDATED
Oil Well Services, LLC

PO Box 884, Chanute, KS 66720
620-431-8210 or 800-487-8678

ENTERED

TICKET NUMBER 36248

LOCATION Kunskg

FOREMAN Steve Mena

FIELD TICKET & TREATMENT REPORT

CEMENT APE 15-205-37991

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
2-6-12	1124	Unit 1 Wolfewest # W126F	29	202	165	Wilson
CUSTOMER			TRUCK #	DRIVER	TRUCK #	DRIVER
AX + P			485	Alan M		
MAILING ADDRESS			667	Allen B		
P.O. Box 1126			437	Jim		
CITY	STATE	ZIP CODE				
Independence	KS	67301				

JOB TYPE Long string HOLE DEPTH 851' CASING SIZE & WEIGHT _____
 CASING DEPTH 846' DRILL PIPE _____ TUBING 2 3/4" OTHER _____
 SLURRY WEIGHT 12.6" SLURRY VOL _____ WATER gal/wh _____ CEMENT LEFT in CASING _____
 DISPLACEMENT 4.9 bbls DISPLACEMENT PSY 100* 2 3/4" plug 900* RATE _____

REMARKS: SAFETY Meeting: Rig up to 2 3/4" tubing. Break circulation with 5 bbls Fresh water. Pump 90 sks Class A cement w/ 2% Gel 1% Cacl2 AT 13.1" percol. Shut down wash out pump + lines. Stuff 2 plugs. 2 3/4" place with 4.9 bbls Fresh water. Final pumping Pressure 400* Pump Plug to 900*. Shut well in. Job Complete Rig down. Good Cement Returns to surface

Thank You

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	1070.00	1070.00
5406	60	MILEAGE	4.00	240.00
11045	90 sks	Class A Cement	14.95	1345.50
1118B	200*	Gel 2%	.21	42.00
1102	100*	Cacl2 1%	.74	74.00
53025	3 hrs	50 bbl Vacuum Truck	90.00	270.00
1127	3000 gallons	CITY WATER	16.50	49.50
5407	427 TONS	Ton Mileage Bulk Truck	MLC	350.00
4402	2	2 3/4 Rubber Plug	28.00	56.00
			Sub Total	3457.00
			SALES TAX 6.3%	98.78
			ESTIMATED TOTAL	3555.73

Revin 3737

AUTHORIZATION Tom Hillman TITLE _____ DATE 2/16/12

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