

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 SWCounty: WilsonLease Name: Unit 1 - Jones Well #: Jones#4A

Field Name: _____

Producing Formation: Neodesha SandsElevation: Ground: 788 Kelly Bushing: 800Total Depth: 840 Plug Back Total Depth: _____Amount of Surface Pipe Set and Cemented at: 35 FeetMultiple Stage Cementing Collar Used? Yes No

If yes, show depth set: _____ Feet

If Alternate II completion, cement circulated from: 846feet 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: 40 bblsDewatering 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: 10/11/2012



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 Bbbs. .5 | Gas Mcf .1 | Water Bbbs. 10 | Gas-Oil Ratio Gravity |

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



CONSOLIDATED
ON Well Services, LLC

ENTERED

TICKET NUMBER 36374
LOCATION Eureka
FOREMAN Steve Neal

PO Box 884, Chanute, KS 66720
620-431-9210 or 800-467-8676

FIELD TICKET & TREATMENT REPORT

CEMENT API 15-205-28005

| DATE | CUSTOMER # | WELL NAME & NUMBER | SECTION | TOWNSHIP | RANGE | COUNTY |
|--|------------|---------------------|---------|----------|---------|--------|
| 3-28-12 | 1134 | Unit 1 Jones # 1-4A | 28 | 303 | 166 | Wilson |
| CUSTOMER AX+P Mailing Address P.O. Box 1176 CITY Independence STATE KS ZIP CODE 67301 | | | TRUCK # | DRIVER | TRUCK # | DRIVER |
| | | | 485 | Alan m | | |
| | | | 667 | Chris B | | |
| | | | 637 | Joey | | |

JOB TYPE Longstring - Plug HOLE SIZE _____ HOLE DEPTH 551' CASING SIZE & WEIGHT _____
CASING DEPTH 547 DRILL PIPE _____ TUBING 2 3/8 OTHER _____
SLURRY WEIGHT 13.6* SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____
DISPLACEMENT 5 bbls DISPLACEMENT PSI 400* Bump MBP PSI 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 1" Tubing. Top well off.

Jones # 1-4A. Rig up to 2 3/8 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 |
| 1107 | 100* | CaCl2 1% | .74 | 74.00 |
| 11045 | 20 sks (Plug Job) | Class A Cement | 14.95 | 299.00 |
| 5502C | 3 hrs | 80 bbl Vacuum Truck | 90.00 | 270.00 |
| 1123 | 2000 gallons | CITY WATER | 16.50 | 49.50 |
| 5407A | 5.267 hr | Top Mileage Bulk Truck | 1.34 | 422.90 |
| 4402 | 2 | 2 3/8 Top Rubber Plugs | 28.00 | 56.00 |
| | | | Subtotal | 4028.90 |
| | | | SALES TAX 6.3% | 117.51 |
| | | | ESTIMATED TOTAL | 4146.41 |

Revin 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

Summary of Changes

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

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

Doc ID: 1095081

Correction Number: 2

Approved By: Deanna Garrison

| Field Name | Previous Value | New Value |
|---------------|--|--|
| Approved By | NAOMI JAMES | Deanna Garrison |
| Approved Date | 09/27/2012 | 10/11/2012 |
| Save Link | ../kcc/detail/operatorE ditDetail.cfm?docID=10 95030 | ../kcc/detail/operatorE ditDetail.cfm?docID=10 95081 |

Summary of Attachments

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

API: 15-205-28005-00-00

Doc ID: 1095081

Correction Number: 2

Attachment Name

Jones 4a Cement Ticket