



WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # _____

Name: _____

Address 1: _____

Address 2: _____

City: _____ State: _____ Zip: _____ + _____

Contact Person: _____

Phone: (_____) _____

CONTRACTOR: License # _____

Name: _____

Wellsite Geologist: _____

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 #: _____

Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date
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API No. 15 - _____

Spot Description: _____

_____ - _____ - _____ Sec. _____ Twp. _____ S. R. _____ East West

_____ Feet from North / South Line of Section

_____ Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE NW SE SW

County: _____

Lease Name: _____ Well #: _____

Field Name: _____

Producing Formation: _____

Elevation: Ground: _____ Kelly Bushing: _____

Total Depth: _____ Plug Back Total Depth: _____

Amount of Surface Pipe Set and Cemented at: _____ Feet

Multiple Stage Cementing Collar Used? Yes No

If yes, show depth set: _____ Feet

If Alternate II completion, cement circulated from: _____

feet depth to: _____ w/ _____ sx cmt.

Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)

Chloride content: _____ ppm Fluid volume: _____ bbls

Dewatering method used: _____

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: _____ Date: _____



1062568

Operator Name: _____ Lease Name: _____ Well #: _____

Sec. _____ Twp. _____ S. R. _____ East West County: _____

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 <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey <input type="checkbox"/> Yes <input type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Run <input type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Submitted Electronically <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If no, Submit Copy)</i> List All E. Logs Run:	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum
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CASING RECORD <input type="checkbox"/> New <input 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

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 <i>(Amount and Kind of Material Used)</i>	Depth

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

Date of First, Resumed Production, SWD or ENHR. _____ Producing Method: Flowing Pumping Gas Lift Other *(Explain)* _____

Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
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DISPOSITION OF GAS: <input type="checkbox"/> Vented <input 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 type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <i>(Submit ACO-5)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____ <i>(Submit ACO-4)</i>	PRODUCTION INTERVAL: _____ _____
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Phone: 316-337-6200
Fax: 316-337-6211
<http://kcc.ks.gov/>

Mark Sievers, Chairman
Ward Loyd, Commissioner

Corporation Commission

Sam Brownback, Governor

October 05, 2011

J & J OIL, A GENERAL PARTNERSHIP
15518 E 85TH RD
MOUND CITY, KS 66056-6200

RE: API Well No. 15-107-24343-00-00
PERSON N-9
NESWNEW, 11-20S-23E
LINN County, Kansas

Dear Operator:

Upon review of the above referenced well, the following documentation appears to be incomplete pursuant to K.A.R. 82-3-107. The requested information below should be submitted to the KCC to my attention by October 21, 2011 for processing. Failure to submit the requested documentation may be punishable by an administrative penalty pursuant to the General Rules and Regulations for the State of Kansas.

- | | |
|--|---|
| <input checked="" type="checkbox"/> All drilling and completion information. No ACO-1 has been received as of this date. | <input type="checkbox"/> TD and Completion date. (Month, Day, Year) |
| <input type="checkbox"/> Must be notarized and signed. | <input type="checkbox"/> Must have Footages from nearest outside corner of section. |
| <input type="checkbox"/> Must have the ORIGINAL HARD COPY of ACO-1. | <input type="checkbox"/> Side two on back of ACO-1 must be completed. |
| <input type="checkbox"/> We do not accept fax copies. | <input type="checkbox"/> Must have final copies of DST's/Charts. |
| <input type="checkbox"/> Must be put on new form and typed. | <input type="checkbox"/> All original complete open and cased hole wireline logs run. |
| <input type="checkbox"/> API # or date when original well was first drilled. | <input type="checkbox"/> A copy of geological reports compiled by wellsite geologist. |
| <input type="checkbox"/> Contractor License #. | <input type="checkbox"/> A copy of all cement job logs showing type, amounts and additives used to cement casing strings, squeeze and/or to plug and abandon. (Note: Cement tickets must be from company providing the cement, not necessarily the contractor.) |
| <input type="checkbox"/> Designate type of Well Completion. | <input type="checkbox"/> Any commingling information; File on the ACO-4 form. |
| <input type="checkbox"/> If Workover/Re-entry, need old well information, including original completion date. | <input type="checkbox"/> Anything HIGHLIGHTED on ACO-1. |
| <input type="checkbox"/> Spud date. (Month, Day, Year) | |
| <input type="checkbox"/> Other: | |

K.C.C. regulation 82-3-107 provides confidentiality, upon written request, for a period of one year from the date of such letter request. Confidentiality rights are waived if the ACO-1 remains incomplete, or is not timely filed (within 120 days from the well's spud date) including: electric logs, geologist's wellsite reports, driller's logs, and Kansas Geological Survey requested samples.

Do not hesitate to call the Kansas Corporation Commission, Conservation Division, at (316) 337-6200 if there are any questions. PLEASE RETURN THIS FORM AND ANY ENCLOSURES WITH YOUR REPLY. Note: If the intent is incorrect, you need to file a corrected intent.

Sincerely,


DEANNA GARRISON

Production Department

CONSERVATION DIVISION
Finney State Office Building, 130 S. Market, Room 2078, Wichita, KS 67202-3802
(316) 337-6200 • Fax (316) 337-6211 • <http://kcc.ks.gov/>

J&J OIL COMPANY
MOUND CITY KANSAS
913-795-2426 OR 2586

LEASE: Person OPERATOR: J&J Oil API NO: 15-107-2434300

CONTRACTOR: J&J OIL COMPANY DATE STARTED: 4-29-11 DATE COMP: 8-8-2011

TOTAL DEPT: 308' WELL NO: N-9 HOLE SIZE: 8 1/2

SURFACE PIPE: 62'7" SURFACE BIT: 12 1/2 SACKS OF CEMENT: 10 sacks

DEPTH OF SEAT NIPPLE: _____ RAG Packer AT: May 2, 2011

LENGHT AND SIZE OF CASING: 206'4" SACKS OF CEMENT: 26

LEGAL DISCRPTION:

NE SW NE NW SEC: 11 TWP: 20 RANGE: 23E

COUNTY: Linn

THICKNESS/DEPT	TYPE OF FORM.	THICKNESS/DEPT	TYPE OF FORM.
3'	Top Soil		
25	Clay		
8-13	Shale	207-208 12:04-12:05-0:30	oil sand good bleed lots of gas
32-35	Lime	208-209 12:05-12:06-1:30	oil sand good bleed
5-40	Shale	209-210 12:06-12:09	shale 3
2-42	Lime	210-211 12:09-12:11	shale 2
1-43	Shale	211-212 12:11-12:12	oil sand some oil 1
1-44	Lime	212-213 12:12-12:13	oil sand some oil 1
2-46	Shale	213-214 12:13-12:14	oil sand some oil 1
8-54	Lime	214-215 12:14-12:16	sand and shale 2
5-59	Shale	215-216 12:16-12:18	sand and shale 2
1-61	Lime	216-217 12:18-12:21	sand and shale 3
139-200	Shale	217-218 12:21-12:24	sand and shale 3
5-205	Red Bed	218-219 12:24-12:27	sand and shale 3
2-207	Shale	219-220 12:27-12:30	sand and shale 3
	Oil Sand	220-221 12:30-12:34	sand and shale 4
40-247	Lime	221-222 12:34-12:37	sand and shale 3
6-253	Shale	222-223 12:37-12:40	sand and shale 3
303	TD	223-224 12:40-12:44	sand and shale 4
		224-225 12:44-12:48	sand and shale 4

Avery Lumber

P.O. BOX 66
MOUND CITY, KS 66056
{913} 795-2210 FAX {913} 795-2194

Customer Copy
INVOICE
PLEASE REFER TO INVOICE NUMBER
ON ALL CORRESPONDENCE

Page: 1		Invoice: 20020148	
Special :		Time:	17:46:26
Instructions :		Ship Date:	04/13/11
:		Invoice Date:	04/13/11
Sale rep #:	TLIKELY TOM	Acct rep code:	
		Due Date:	04/13/11
Sold To: CASH CUSTOMER - TAXABLE		Ship To: CASH CUSTOMER - TAXABLE	
		() -	
		() -	
Customer #:	*9	Customer PO:	
		Order By:	

ORDER	SHIP	L	U/M	ITEM#	DESCRIPTION	Alt Price/Uom	PRICE	EXTENSION
120.00	120.00	L	BAG	CPPC	PORTLAND CEMENT	9.9900 BAG	9.9900	1198.80
4.00	4.00	L	EA	CPQP	QUIKRETE PALLETS	17.0000 EA	17.0000	68.00

INVOICE

Check # 8608	1346.61	FILLED BY	CHECKED BY	DATE SHIPPED	DRIVER		Sales total	\$1266.80
			SHIP VIA LINN COUNTY					
		RECEIVED COMPLETE AND IN GOOD CONDITION					Taxable	1266.80
Total applied:	1346.61	X					Non-taxable	0.00
							Sales tax	79.81

TOTAL \$1346.61

2 - Customer Copy