



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

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: _____



1062569

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> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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J&J OIL COMPANY
MOUND CITY KANSAS
913-795-2426 OR 2586

LEASE: Person OPERATOR: J & J Oil Co. API NO: 15-107-24465-0000

CONTRACTOR: J&J OIL COMPANY DATE STARTED: 06-08-2011 DATE COMP: 8-8-2011

TOTAL DEPT: 260 WELL NO: N-6 HOLE SIZE: 8 1/4

SURFACE PIPE: 7" 47 " SURFACE BIT: 12 1/4 SACKS OF CEMENT: 21

DEPTH OF SEAT NIPPLE: _____ RAG PACKER AT: 239

LENGHT AND SIZE OF CASING: 240' 4 1/2" SACKS OF CEMENT: 30

LEGAL DISCRIPPTION:

4890S-3840 E SEC: 11 TWP: 20 RANGE: 23 E

COUNTY: Linn

THICKNESS/DEPT	TYPE OF FORM.	THICKNESS/DEPT	TYPE OF FORM.
<u>0-19</u>	<u>Lime</u>	<u>1. 186-187</u>	<u>12:56-12:57 1 Oil sand</u>
<u>3-22</u>	<u>Shale</u>	<u>2. 187-188</u>	<u>12:57-12:58 1 good bleed</u>
<u>4-26</u>	<u>Lime</u>	<u>3. 188-189</u>	<u>12:58-1:04 6 Lime</u>
<u>9-35</u>	<u>Shale</u>	<u>4. 189-190</u>	<u>1:04-1:06 2</u>
<u>3-38</u>	<u>Lime</u>	<u>5. 190-191</u>	<u>1:06-1:07 1</u>
<u>5-43</u>	<u>Shale</u>	<u>6. 191-192</u>	<u>1:07-1:09 2</u>
<u>4-47</u>	<u>Lime</u>	<u>7. 192-193</u>	<u>1:09-1:11 2 Oil sand</u>
<u>119-166</u>	<u>Shale</u>	<u>8. 193-194</u>	<u>1:11-1:13 2 good bleed</u>
<u>8-173</u>	<u>Red Bed</u>	<u>9. 194-195</u>	<u>1:13-1:14 1 Gas/oil</u>
<u>6-179</u>	<u>Shale</u>	<u>10. 195-196</u>	<u>1:14-1:16 2</u>
<u>1-180</u>	<u>RedBed</u>	<u>11. 196-197</u>	<u>1:16-1:20 4</u>
<u>6-186</u>	<u>Shale</u>	<u>12. 197-198</u>	<u>1:20-1:22 2 Sandy Shale/</u>
<u>9-195</u>	<u>Oilsand</u>	<u>13. 198-199</u>	<u>1:22-1:24 2 some oil</u>
<u>6-201</u>	<u>Sandy shale</u>	<u>14. 199-200</u>	<u>1:24-1:27 3</u>
<u>6-207</u>	<u>Lime</u>	<u>15. 200-201</u>	<u>1:27-1:28 1</u>
<u>15-223</u>	<u>Shale</u>		
<u>7-230</u>	<u>Oilsand/Lime</u>		
<u>7-237</u>	<u>Shale</u>		
<u>21-258</u>	<u>Oilsand</u>		
<u>260 TD</u>	<u>Shale</u>		

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4890S/3840 SEC: 11 TWP: 20 RANGE: 23 E

COUNTY: Linn

THICKNESS/DEPT	TYPE OF FORM.	THICKNESS/DEPT	TYPE OF FORM.
continued log for N-6			
1) 223-224	3:20-3:22 2	1. 237-238	10:52-10:53 1 sand/water
2) 224-225	3:22-3:30 8	2. 238-239	10:53-10:54 1
3) 225-226	3:30-3:41 11	3. 239-240	10:54-10:56 1/2
4) 226-227	3:41-3:48 7	4. 240-241	10:56-10:57 1
5) 227-228	3:48-3:58 10	5. 241-242	10:57-10:58 1
6) 228-229		6. 242-243	10:58-11:00 2 Oilsand/
7) 229-230		7. 243-244	11:00-11:01 1 some oil r
8) 230-231		8. 244-245	11:01-11:02 1
9) 231-232		9. 245-246	11:02-11:04 2
10) 232-233		10. 246-247	11:04-11:05 1
11) 233-234		11. 247-248	11:05-11:06 1
12) 234-235		12. 248-249	11:06-11:07 1
13) 235-236		13. 249-250	11:07-11:08 1
14) 236-237		14. 250-251	11:08-11:09 1
15) 237-238		15. 251-252	11:09-11:12 3 Lime
		16. 252-253	11:12-11:13 1
		17. 253-254	11:13-11:15 2
		18. 254-255	11:15-11:17 2 Oilsand
		19. 255-256	11:17-11:18 1
		20. 256-257	11:18-11:19 1 good bleed

Avery Lumber *Check # 8759*
P.O. BOX 66
MOUND CITY, KS 66056
{913} 795-2210 FAX {913} 795-2194

8759

Well # N6

Customer Copy

INVOICE

PLEASE REFER TO INVOICE NUMBER
ON ALL CORRESPONDENCE

Page: 1		Invoice: 20021348	
Special :		Time:	17:51:36
Instructions :		Ship Date:	06/06/11
:		Invoice Date:	06/06/11
Sale rep #: JAVERY JAROD	Acct rep code:	Due Date:	06/06/11
Sold To: CASH CUSTOMER - TAXABLE		Ship To: CASH CUSTOMER - TAXABLE	
() -		() -	
() -		() -	
Customer #: *9	Customer PO:	Order By:	

CASH
T 17

popimg01

ORDER	SHIP	L	U/M	ITEM#	DESCRIPTION	Alt Price/Uom	PRICE	EXTENSION
67.00	67.00	L	BAG	CPPC	PORTLAND CEMENT	10.4900 BAG	10.4900	702.83

INVOICE

Check # 8759	754.14	FILLED BY	CHECKED BY	DATE SHIPPED	DRIVER	Sales total	\$702.83		
		SHIP VIA Customer Pickup						Taxable	702.83
Total applied:	754.14	RECEIVED COMPLETE AND IN GOOD CONDITION				Non-taxable	0.00	Sales tax	51.31
		X					Tax #		

TOTAL \$754.14

2 - Customer Copy

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:	

CASH
T 17

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
						Tax #		79.81

TOTAL \$1346.61

2 - Customer Copy