



KANSAS CORPORATION COMMISSION 1098617
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 # _____

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: _____



1098617

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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STATEMENT

Push to pay 11/5

10100

ELMORE'S INC.
Box 87 - 776 HWY99
Sedan, KS 67361
Cell: (620) 249-2519
Eve: (620) 725-5538

DATE 9-26-12

Customer G+J
Address _____
City _____ State _____ Zip _____

Qty.	Description	Price	Amount
80	SKS Cement	10.00	800.00
3	hr Cement Pump	110.00	330.00
3	hr Pump Truck	95.00	285.00
1	Plug Container	50.00	50.00
1	Dye	5.00	5.00
1	Baulk Tank	85.00	85.00
1	2 1/2 Rubber Plug	25.00	25.00
1	sk Calcium Chloride	40.00	40.00
			1620.00
	Meadows 12-16	Tax	134.46
	Cemented Longstring 2 1/2	\$	1754.46
	Casing 200' With 60 SKS		
	2% Gel + 20 SKS Neet With		
	80LB Calcium Chloride		

Thank You - We appreciate your business!

Rec'd. by _____

TERMS: Account due upon receipt of services. A 1 1/2% Service Charge, which is an annual percentage rate of 18% will be charged to accounts after 30 days

STATEMENT

10183

ELMORE'S INC.
 Box 87 - 776 HWY99
 Sedan, KS 67361
 Cell: (620) 249-2519
 Eve: (620) 725-5538

Date 9-28-12

Customer G+J
 Address _____
 City _____ State _____ Zip _____

Qty.	Description	Price	Amount
2	SKS Cement	10.00	80.00
80	1/2 Tubin	10	8.00
			88.00
		104	7.30
		9	95.30
	Meadows 12-16		
	Ran 1/2 Taged Top of		
	Cement Topped off		
	Well With 8SKS		

Thank You - We appreciate your business!

Rec'd. by _____

TERMS: Account due upon receipt of services. A 1 1/2% Service Charge, which is an annual percentage rate of 18% will be charged to accounts after 30 days.



CONSOLIDATED
Oil Well Services, LLC

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

TICKET NUMBER 54273
FIELD TICKET REF # 97943
LOCATION Thayer
FOREMAN Brett Bush

3RD well prod.

**TREATMENT REPORT
FRAC & ACID**

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
10-19-12		Meadows #12-16	1	34S	14E	MG

CUSTOMER
G & J Oil Company

MAILING ADDRESS

CITY STATE ZIP CODE

TRUCK #	DRIVER	TRUCK #	DRIVER
476	Josh		
490	Don		
521	Eric		
618T95	Jay		
478	Mark		

WELL DATA

CASING SIZE	TOTAL DEPTH
CASING WEIGHT	PLUG DEPTH
TUBING SIZE 2 7/8 2EUF	PACKER DEPTH
TUBING WEIGHT	OPEN HOLE
PERFS & FORMATION	
644-50 (13)	Wayside
654-64 (20)	

TYPE OF TREATMENT
dumps spot + frac

CHEMICALS
Biocide - Breaker
Acid - inhibitor - Stim Oil

STAGE	BBL'S PUMPED	INJ RATE	PROPPANT PPG	SAND / STAGE	PSI	
PAD	20	12.5			800	BREAKDOWN 1000
16-30		12.5	1.5-1.0	500#		START PRESSURE
12-20		12.5	1.0-2.0		1200	END PRESSURE
12-20 BALLS ↓			1.0-1.5	1500#	900	BALL OFF PRESS
12-20 (8)			0.5		1000	ROCK SALT PRESS
12-20 (5)			1.0		1100	ISIP 300
12-20			1.0-1.5	1500#		5 MIN
12-20 (4)			.5		1400	10 MIN
12-20			1.0			15 MIN
12-20		12.5	2.0	1500		MIN RATE
FLUSH CASING	5	12.5			1200	MAX RATE
Release balls to T.D.			TOTAL	5,000#		DISPLACEMENT 3.8
OVERFLUSH	10	12.5	SAND		900	
TOTAL PBL'S	165					

REMARKS:

dump spot 50 gal - 15% HCL acid

location 12:15 PM - 1:00 PM 40 miles

AUTHORIZATION [Signature] TITLE _____ DATE 10-19-12

Terms and Conditions are printed on reverse side.