

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form ACO-1
September 1999
Form Must Be Typed

Handwritten initials

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

Operator: License # 30489
 Name: T-J Resources, Inc.
 Address: P.O. Box 1330
 City/State/Zip: Lawrence, KS 66044
 Purchaser: N/A
 Operator Contact Person: Jerry L. Donnelly
 Phone: (785) 760-4022
 Contractor: Name: Summit Drilling
 License: 31041
 Wellsite Geologist: William Stout
 Designate Type of Completion:
 New Well Re-Entry Workover
 Oil SWD SIOW Temp. Abd.
 Gas ENHR SIGW
 Dry Other (Core, WSW, Expl., Cathodic, 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./SWD
 Plug Back _____ Plug Back Total Depth _____
 Commingled Docket No. _____
 Dual Completion Docket No. _____
 Other (SWD or Enhr.?) Docket No. _____

<u>06-08-00</u>	<u>06-15-00</u>	<u>06-15-00</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 01523564³
 County: Butler
 NE SW SE _____ Sec. 31 Twp. 26 S. R. 08 East West
660 feet from S N (circle one) Line of Section
5610 feet from E W (circle one) Line of Section
 Footages Calculated from Nearest Outside Section Corner:
 (circle one) NE SE NW SW
 Lease Name: Lloyd Gray Well #: 1
 Field Name: Blankenship
 Producing Formation: None
 Elevation: Ground: 1550 Kelly Bushing: 1555
 Total Depth: 2690 Plug Back Total Depth: N/A
 Amount of Surface Pipe Set and Cemented at 251 Feet
 Multiple Stage Cementing Collar Used? Yes No
 If yes, show depth set N/A Feet
 If Alternate II completion, cement circulated from N/A
 feet depth to _____ w/ _____ sx cmf.

Drilling Fluid Management Plan
(Data must be collected from the Reserve Pit)
 Chloride content 1000 ppm Fluid volume 300 bbls
 Dewatering method used Evaporation
 Location of fluid disposal if hauled offsite:
 Operator Name: N/A
 Lease Name: _____ License No.: _____
 Quarter _____ Sec. _____ Twp. _____ S. R. _____ East West
 County: _____ Docket No.: _____

INSTRUCTIONS: An original and two copies of this form shall be filed with the Kansas Corporation Commission, 130 S. Market - Room 2078, Wichita, Kansas 67202, within 120 days of the spud date, recompletion, workover or conversion of a well. Rule 82-3-130, 82-3-106 and 82-3-107 apply. Information of side two of this form will be held confidential for a period of 12 months if requested in writing and submitted with the form (see rule 82-3-107 for confidentiality in excess of 12 months). One copy of all wireline logs and geologist well report shall be attached with this form. ALL CEMENTING TICKETS MUST BE ATTACHED. Submit CP-4 form with all plugged wells. Submit CP-111 form with all temporarily abandoned wells.

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.

Signature: Carol Ann Herron
 Title: Secretary Date: 07-29-03
 Subscribed and sworn to before me this 29 day of July,
 20 03.
 Notary Public: Janet K Runkle
 Date Commission Expires: 10-11-05

JANET K. RUNKLE
 Notary Public - State of Kansas
 My Appt. Expires 10-11-05

KCC Office Use ONLY

Letter of Confidentiality Attached
 If Denied, Yes Date: _____
 Wireline Log Received
 Geologist Report Received
 UIC Distribution

Operator Name: T-J Resources, Inc. Lease Name: Lloyd Gray Well #: 1

Sec. 31 Twp 26 S. R. 08 East West County: Butler

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 copy of all Electric Wireline Logs surveyed. Attach final geological well site report.

Drill Stem Tests Taken Yes No
(Attach Additional Sheets)

Samples Sent to Geological Survey Yes No

Cores Taken Yes No

Electric Log Run Yes No
(Submit Copy)

List All E. Logs Run:

<input type="checkbox"/> Log	Formation (Top), Depth and Datum	<input checked="" type="checkbox"/> Sample
Name	Top	Datum
Kansas City	2050	-495
Base Kansas City	2212	-657
Marmaton	2326	-771
Altamont	2367	-812
Pawnee	2435	-880

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	# Sacs Used	Type and Percent Additives
Surface Pipe	10 3/4	8 5/8	22	251	Common	135	None

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	#Sacks Used	Type and Percent Additives
<input type="checkbox"/> Perforate <input type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> Plug Off Zone	N/A			

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
N/A			

TUBING RECORD		Size	Set At	Packer At	Liner Run <input type="checkbox"/> Yes <input type="checkbox"/> No
N/A					
Date of First Resumerd Production, SWD or Enhr.		Producing Method <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other <i>(Explain)</i>			
N/A					
Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
	N/A				

Disposition of Gas Vented Sold Used on Lease *(If vented, Submit ACO-18.)*

METHOD OF COMPLETION Open Hole Perf. Dually Comp. Commingled Other *(Specify)*

Production Interval