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12/12/08

ORIGINAL

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form ACO-1
October 2008
Form Must Be Typed

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # 9722
 Name: G & J Oil Company, Inc.
 Address 1: P. O. Box 188
 Address 2: _____
 City: Caney State: KS Zip: 67333
 Contact Person: Gene Nunneley
 Phone: (620) 252-9700
 CONTRACTOR: License # 5989
 Name: Finney Drilling Company
 Wellsite Geologist: Sam Nunneley
 Purchaser: CMT
 Designate Type of Completion:
 New Well Re-Entry Workover
 Oil SWD SLOW
 Gas ENHR SIGW
 CM (Coal Bed Methane) Temp. Abd.
 Dry Other _____
 (Core, WSW, Expl., Cathodic, etc.)
 If Workover/Re-entry: Old Well Info as follows:
 Operator: UNKNOWN
 Well Name: UNKNOWN
 Original Comp. Date: 06/15/1985 Original Total Depth: 650
 Deepening Re-perf. Conv. to Enhr. Conv. to SWD
 Plug Back: _____ Plug Back Total Depth _____
 Commingled Docket No.: _____
 Dual Completion Docket No.: _____
 Other (SWD or Enhr.?) Docket No.: _____

<u>08/27/08</u>	<u>08/27/08</u>	<u>08/27/08</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

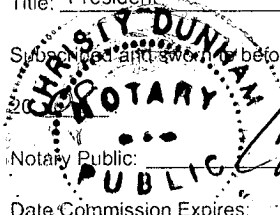
API No. 15 - 125015750001
 Spot Description: _____
SE NE SE SW Sec. 13 Twp. 34 S. R. 14 East West
700 Feet from North / South Line of Section
2625 Feet from East / West Line of Section
 Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
 County: MONTGOMERY
 Lease Name: MELANDER Well #: OW-1
 Field Name: HAVANA-WAYSIDE
 Producing Formation: WAYSIDE
 Elevation: Ground: _____ Kelly Bushing: _____
 Total Depth: 690 Plug Back Total Depth: _____
 Amount of Surface Pipe Set and Cemented at: 21 Feet
 Multiple Stage Cementing Collar Used? Yes No
 If yes, show depth set: _____ Feet
 If Alternate II completion cement circulated from: 687.7
 feet depth to SURFACE w/ 91 _____
 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 No.: _____
 Quarter _____ Sec. _____ Twp. _____ S. R. _____ East West
 County: _____ Docket No.: _____

AITZ-Dig - 2/9/09

INSTRUCTIONS: An original and two copies of this form shall be filed with the Kansas Corporation Commission, 130 S. Market - Room 207B 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: Sam Nunneley
 Title: President Date: 12/04/2008
 Subscribed and sworn to before me this 4th day of December
 Notary Public: Charles Dent
 Date Commission Expires: 5/21-10



KCC Office Use ONLY

Letter of Confidentiality Received
 Denied. Yes Date: _____
 Wireline Log Received
 Geologist Report Received
 UIC Distribution

RECEIVED
KANSAS CORPORATION COMMISSION

DEC 08 2008

CONSERVATION DIVISION
WICHITA, KS

Operator Name: G & J Oil Company, Inc. Lease Name: MELANDER Well #: OW-1
 Sec. 13 Twp. 34 S. R. 14 East West County: MONTGOMERY

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 <i>(Attach Additional Sheets)</i>	<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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Wayside		
Electric Log Run <i>(Submit Copy)</i>	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

List All E. Logs Run:
Gamma Ray Neutron Completion Log

km
my
12/10/08

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
Surface	9 7/8	7	15	21	1	10	Service Company
Production	5 5/8	2 7/8	6.5	687.7	50-50	91	Service Company

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	#Sacks Used	Type and Percent Additives
..... Perforate				
..... Protect Casing			10	
..... 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
	NOT PERFORATED AND COMPLETED AT THIS TIME		629-636

TUBING RECORD:	Size: <u>1"</u>	Set At: <u>686</u>	Packer At: <u>none</u>	Liner Run: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date of First, Resumed Production, SWD or Enhr.	Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)			
NOT AT THIS TIME				
Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio

DISPOSITION OF GAS: <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-16.)</i>	METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: RECEIVED KANSAS CORPORATION COMMISSION
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Mail to: KCC - Conservation Division, 130 S. Market - Room 2078, Wichita, Kansas 67202

DEC 08 2008

CONSERVATION DIVISION



CONSOLIDATED
Oil Well Services, LLC

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

TICKET NUMBER 18028

LOCATION Bucknerville, OK

FOREMAN Kirk Sanders

FIELD TICKET & TREATMENT REPORT

CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
8-27-08		MELANDE 312 P.W. #1				McF...
CUSTOMER #			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS			398	John		
CITY			515	Willie		
STATE						
ZIP CODE						

JOB TYPE LS HOLE SIZE 5 7/8 HOLE DEPTH 690' CASING SIZE & WEIGHT _____
 CASING DEPTH 688' DRILL PIPE _____ TUBING 2 7/8 OTHER _____
 SLURRY WEIGHT 14.7 SLURRY VOL 1.45 WATER gal/sk _____ CEMENT LEFT in CASING 0
 DISPLACEMENT 3.9 DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Run gel plug to establish circ, can rise of OWC washed out line & scrape 2 plugs. Disp. to set shoe. Shut down & washed up

Circ. Cement to such

HAD OWN H₂O

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE (Long string)		925.00
5406	32	MILEAGE		116.80
5407	Min	Bulk Tex		315.00
5402	688'	Footage		137.60
1110	75x/350#	Gilsonite		210.00
1126A	70.5x	OWC	\$	1190.00
1107A	1.5x/40#	Plinacel	\$	46.00
1118B	3.5x/150#	Premium Gel	\$	25.50
4402	x2	2 7/8 Rubber Plug	\$	46.00
RECEIVED				
KANSAS CORPORATION COMMISSION				
DEC 00 2008				
CONSERVATION DIVISION				
WICHITA, KS				
5.3% W				
SALES TAX				80.43
ESTIMATED TOTAL				3192.33

Ravin 3737

AUTHORIZATION A Family TITLE _____ DATE _____