

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION
WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

Form ACO-1
September 1999
Form Must Be Typed

ORIGINAL

Operator: License # 6157
Name: J & J Oil Co.
Address: 15518 E 850 th. rd.
City/State/Zip: Mound City, Ks. 66056
Purchaser: Plains Marketing
Operator Contact Person: Paul Jackson
Phone: (913) 795-2586
Contractor: Name: Company Tools
License: 6157
Wellsite Geologist: None
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. _____
9/27/07 11-7-07 2-5-08
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 107-23905-0000
County: Linn
E 1/2 S/E S/E Sec. 3 Twp. 20 S. R. 23 East West
660 feet from S / N (circle one) Line of Section
330 feet from E / W (circle one) Line of Section
Footages Calculated from Nearest Outside Section Corner:
(circle one) NE SE NW SW
Lease Name: Teagarden Well #: E-3
Field Name: Lacygne/Cadmus
Producing Formation: Peru
Elevation: Ground: 900' Kelly Bushing: 0
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 cml.

Drilling Fluid Management Plan *ALT II WH*
(Data must be collected from the Reserve Pit) *2-22-08*
Chloride content 0 ppm Fluid volume 30 bbls
Dewatering method used Vacuum truck
Location of fluid disposal if hauled offsite: fluid injection system
Operator Name: J & J Oil Co.
Lease Name: Teagarden License No.: 6157
Quarter S/E Sec. 3 Twp. 20 S. R. 23 East West
County: Linn Docket No.: E-12-025

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: Paul Jackson
Title: Owner/Operator Date: 1-28-08
Subscribed and sworn to before me this 28 day of Jan
20 08
Notary Public: Kathy Rutherford
4-25-08

KCC Office Use ONLY

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

RECEIVED
KANSAS CORPORATION COMMISSION
FEB 07 2008

Date Commission Expires _____
NOTARY PUBLIC - State of Kansas
KATHY RUTHERFORD
My Appt. Exp. _____

CONSERVATION DIVISION
WICHITA, KS

Operator Name: J & J Oil Co. Lease Name: Teagarden Well #: E-3
 Sec. 3 Twp. 20 S. R. 23 East West County: Linn

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 | Peru | 275 | 279 |
| Electric Log Run <i>(Submit Copy)</i> | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| List All E. Logs Run: | | | | |

CASING RECORD New 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 | 10" | 6 1/4" | 41b | 20.40 | 1 | 6 | None |
| Caseing | 5 1/4" | 2 3/8" | 2Lb | 291 | 1 | 25 | |

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 | | | | |

PERFORATION RECORD - Bridge Plugs Set/Type
Specify Footage of Each Interval Perforated

| Shots Per Foot | Depth | Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i> |
|----------------|-----------|--|
| 2 | 275 - 279 | water Fracture 10 sack sand 60 barrells water |
| | | |

TUBING RECORD

| Size | Set At | Packer At | Liner Run <input type="checkbox"/> Yes <input type="checkbox"/> No |
|------|--------|-----------|--|
| | | | |

| | | | | |
|--|---|---------|-------------|-----------------------|
| 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 (Explain) | | | |
| Estimated Production Per 24 Hours | Oil Bbls. | Gas Mcf | Water Bbls. | Gas-Oil Ratio Gravity |

METHOD OF COMPLETION

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

Open Hole Perf. Dually Comp. Commingled Other (Specify)