

KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION

ORIGINAL

Form ACO-1  
September 1999  
Form Must Be Typed

WELL COMPLETION FORM  
WELL HISTORY - DESCRIPTION OF WELL & LEASE

Operator: License # 33838  
Name: J&J Operating, LLC.  
Address: 10830 W 179th St  
City/State/Zip: Bucyrus KS, 66013  
Purchaser: Plains Marketing  
Operator Contact Person: Jim Loeffelbein  
Phone: ( 913 ) 856-1531  
Contractor: Name: Town Oil Company  
License: 6142

API No. 15 - 045-21459-00-00  
County: Douglas  
S/2 N/2 SW SW Sec. 19 Twp. 13 S. R. 21  East  West  
900 feet from (S) / N (circle one) Line of Section  
660 feet from E (W) (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:  
(circle one) NE SE NW SW  
Lease Name: Peterson Well #: 1-2  
Field Name: Little Wakarusa

Wellsite Geologist: \_\_\_\_\_  
Designate Type of Completion: \_\_\_\_\_  
 New Well  Re-Entry  Workover  
 Oil  SWD  SLOW  Temp. Abd.  
 Gas  ENHR  SIGW  
 Dry  Other (Core, WSW, Expl., Cathodic, etc)

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Producing Formation: Squirrel  
Elevation: Ground: 901 Kelly Bushing: N/A  
Total Depth: 740 Plug Back Total Depth: None  
Amount of Surface Pipe Set and Cemented at 42' Feet  
Multiple Stage Cementing Collar Used?  Yes  No  
If yes, show depth set \_\_\_\_\_ Feet  
If Alternate II completion, cement circulated from 42'  
feet depth to surface w/ 6 12 1/4 sx cmt.

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. \_\_\_\_\_

Drilling Fluid Management Plan  
(Data must be collected from the Reserve Pit)  
Chloride content 1500-3000 ppm Fluid volume 80 bbls  
Dewatering method used Used on lease  
Location of fluid disposal if hauled offsite: \_\_\_\_\_  
Operator Name: \_\_\_\_\_  
Lease Name: \_\_\_\_\_ License No.: \_\_\_\_\_  
Quarter \_\_\_\_\_ Sec. \_\_\_\_\_ Twp. \_\_\_\_\_ S. R. \_\_\_\_\_  East  West  
County: \_\_\_\_\_ Docket No.: \_\_\_\_\_

8-26-08 8-27-08 8-28-08 9-10-08  
Spud Date or 8-26-08 Date Reached TD 8-27-08 Completion Date or 9-10-08  
Recompletion Date 8-26-08 Recompletion Date 8-27-08  
KCC-DG

**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: John Loeffelbein  
Title: owner Date: 10-30-08  
Subscribed and sworn to before me this 30 day of October,  
2008.  
Notary Public: Brad Ford  
Date Commission Expires: 6-26-2012

**BRAD FORD**  
Notary Public - State of Kansas  
My Appt. Expires 6-26-2012

**KCC Office Use ONLY**  
 Letter of Confidentiality Received  
If Denied, Yes  Date: \_\_\_\_\_  
 Wireline Log Received  
 Geologist Report Received  
 UIC Distribution  
KANSAS CORPORATION COMMISSION  
FEB 27 2009  
RECEIVED

Operator Name: J&J Operating, LLC. Lease Name: Peterson Well #: 1-2  
 Sec. 19 Twp. 13 S. R. 21  East  West County: Douglas

**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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<i>Wellsite geologist not on site</i>	
Electric Log Run <i>(Submit Copy)</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<p style="text-align: center;"><b>RECEIVED</b> <b>DEC 04 2009</b> <b>KCC WICHITA</b></p>	
List All E. Logs Run:			

*Gamma Ray Nelson/CC*

CASING RECORD <input checked="" 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	<del>6 1/4"</del> 8 5/8"	6 1/4	8	42'	Portland	6	
Completion	5 5/8"	2 7/8"	6.5	724	Portland	95	50/50 POZ

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				

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
2	21 Perforations from 674 - 684		

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**FEB 27 2009**

TUBING RECORD		Size	Set At	Packer At	Liner Run	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>RECEIVED</b>
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		

Disposition of Gas      METHOD OF COMPLETION      Production Interval

Vented    Sold    Used on Lease     
  Open Hole    Perf.    Dually Comp.    Commingled  
*(If vented, Submit ACO-18.)*       Other (Specify) \_\_\_\_\_