

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

NOV 02 2009

KCC WICHITA

Operator: License # 33878
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
Wellsite Geologist: _____

API No. 15 - 045-21478-00-00
County: Douglas
NW SW NW NW Sec. 30 Twp. 13 S. R. 21 East West
825 feet from S / (circle one) Line of Section
165 feet from E / (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:
(circle one) NE SE NW SW
Lease Name: A. South P Well #: 3
Field Name: Little Wakarusa
Producing Formation: Squirrel
Elevation: Ground: 893 Kelly Bushing: none
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 sx cmt.

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. _____

10-9-08	10-10-08	10-11-08
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

Drilling Fluid Management Plan AHINS 12/10/09
(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.: _____

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: _____
Title: owner Date: 7-13-09
Subscribed and sworn to before me this 13 day of July
20 09
Notary Public: Brad Ford
Date Commission Expires: _____

BRAD FORD
Notary Public - State of Kansas
My Appt. Expires 6-26-2011

KCC Office Use ONLY
 Letter of Confidentiality Received
 If Denied, Yes Date: _____
 Wireline Log Received
 Geologist Report Received
 UIC Distribution
KANSAS CORPORATION COMMISSION
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Operator Name: J&J Operating, LLC. Lease Name: A. South P Well #: 3
 Sec. 30 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 Yes No
 (Attach Additional Sheets)

Samples Sent to Geological Survey Yes No

Cores Taken Yes No

Electric Log Run Yes No *rec'd 11/02/09*
 (Submit Copy)

List All E. Logs Run: Gamma Ray / Neutron

Log Formation (Top), Depth and Datum Sample

Name not run Top Datum *OK per SB 11/03/09*

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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	<u>6 1/4" B 5/8"</u>	<u>6 1/4"</u>	<u>8</u>	42'	Portland	6	
Completion	5 5/8"	2 7/8"	<u>6.5</u>	720	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 (Amount and Kind of Material Used)	Depth
2	32 Perforations from 687 - 702		
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TUBING RECORD

Size	Set At	Packer At	Liner Run <input type="checkbox"/> Yes <input type="checkbox"/> No
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Date of First, Resumerd Production, SWD or Enhr. _____ Producing Method Flowing Pumping Gas Lift Other (Explain) _____

Estimated Production Per 24 Hours	Oil Bbbls.	Gas Mcf	Water Bbbls.	Gas-Oil Ratio	Gravity
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Disposition of Gas Vented Sold Used on Lease (If vented, Submit ACO-18.)

METHOD OF COMPLETION Open Hole Perf. Dually Comp. Commingled _____

Production Interval Other (Specify) _____



CONSOLIDATED
Oil Well Services, LLC

COPY

TICKET NUMBER 19758

LOCATION Ottawa

FOREMAN Alan Mader

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

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY	
10-9-08	4028	A South P #3	30	13	21	Ds	
CUSTOMER J & J Operating			TRUCK #		DRIVER		
MAILING ADDRESS 10380 W 179th			516		Alan M		
CITY Bucyrus			495		Genda Casey K		
STATE KS			369		Gary A		
ZIP CODE 66013			510		Genda S		
JOB TYPE	long string	HOLE SIZE	5 7/8	HOLE DEPTH	740	CASING SIZE & WEIGHT	2 1/8
CASING DEPTH	720	DRILL PIPE		TUBING		OTHER	
SLURRY WEIGHT		SLURRY VOL		WATER gal/sk		CEMENT LEFT in CASING	yes
DISPLACEMENT		DISPLACEMENT PSI		MIX PSI		RATE	5 bpm
REMARKS: checked casing depth. Mixed & pumped 100 # gel to flush hole followed by 107 sk 50/150 poz. 5 # kol seal 5% salt 2% gel 1/4 # phen seal. Circulated cement. Flushed ann. Pumped plug to casing TD. Well held 800 PSI. Closed valve.							

Alan Mader

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	495	926.00
5406	30	MILEAGE	495	109.50
5402	720'	casing footage	495	-
5407A		tax mileage	510	161.78
5502C	1	80 vac	369	100.00
1107A	27 #	Pheno seal		31.05
1110A	535 #	Kol seal		224.76
1111	225 #	Salt		74.25
1118B	280 #	gel		47.60
1124	95.9 y	50/150 poz		926.25
5402	1	2 1/2 plug		23.00
			546	2623.13
			6.3%	83.60
			SALES TAX	83.60
			ESTIMATED TOTAL	2706.73

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Ravin 3737

No company rep.
AUTHORIZATION _____

TITLE 226549

DATE _____