

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
 Wellsite Geologist: _____

API No. 15 - 045-21385-00-00
 County: Douglas
~~SW~~ ~~SE~~ ~~NE~~ ~~NW~~ SW Sec. 32 Twp. 13 S. R. 21 East West
1930 - 1500 feet from (S) / N (circle one) Line of Section
1920 feet from E (W) (circle one) Line of Section

RECEIVED
DEC 04 2009
KCC WICHITA

Footages Calculated from Nearest Outside Section Corner:
 (circle one) NE SE NW (SW)
 Lease Name: Neis Well #: 11
 Field Name: Little Wakarusa
 Producing Formation: Squirrel

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

Elevation: Ground: 860 Kelly Bushing: _____
 Total Depth: 702 Plug Back Total Depth: _____
 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.

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. _____

5-7-08	5-8-08	5-9-08
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

Drilling Fluid Management Plan AH II NR 12-23-09
 (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: John Loeffelbein
 Title: Operator 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: Neis Well #: 11
 Sec. 32 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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (Attach Additional Sheets) Samples Sent to Geological Survey <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Electric Log Run <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (Submit Copy) List All E. Logs Run: <u>ACDI RECD W/ 1 LOG!</u>	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name: _____ Top: _____ Datum: _____ <u>NO GEOLOGIST AT WELLSITE</u> <div style="text-align: center;"> RECEIVED DEC 04 2009 </div> <div style="text-align: center; font-weight: bold; font-size: 1.2em;"> KCC WICHITA </div>
---	--

GR/NEUTRON/CC

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	<u>6 1/4" 8 5/8</u>	<u>6 1/4</u>	<u>8</u>	<u>42'</u>	<u>Portland</u>	<u>6</u>	
Completion	<u>5 5/8"</u>	<u>2 7/8"</u>	<u>6.5</u>	<u>670</u>	<u>Portland</u>	<u>90</u>	<u>50/50 POZ</u>

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
<u>2</u>	<u>21 Perforations from 629- 639</u>		

KANSAS CORPORATION COMMISSION
FEB 27 2009
RECEIVED

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
-----------------------------------	-----------	---------	-------------	---------------	---------

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

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



CONSOLIDATED
Oil Well Services, LLC

REMIT TO
Consolidated Oil Well Services, LLC
Dept. 970
P.O. Box 4346
Houston, TX 77210-4346

MAIN OFFICE
P.O. Box 884
Chanute, KS 66720
620/431-9210 • 1-800/467-8676
FAX 620/431-0012

INVOICE

Invoice # 221860

Invoice Date: 05/09/2008 Terms: 0/30,n/30

Page 1

TDR CONSTRUCTION
1207 N. FIRST STREET
LOUISBURG KS 66053
() -

NEIS 11
32-13-21
16041
05/06/08

Part Number	Description	Qty	Unit Price	Total
1107A	PHENOSEAL (M) 40# BAG)	25.00	1.0900	27.25
1110A	KOL SEAL (50# BAG)	505.00	.4000	202.00
1111	GRANULATED SALT (50 #)	212.00	.3100	65.72
1118B	PREMIUM GEL / BENTONITE	370.00	.1600	59.20
1124	50/50 POZ CEMENT MIX	90.00	9.3000	837.00
4402	2 1/2" RUBBER PLUG	1.00	21.0000	21.00

Description	Hours	Unit Price	Total
237 MIN. BULK DELIVERY	1.00	300.00	300.00
368 CEMENT PUMP	1.00	875.00	875.00
368 EQUIPMENT MILEAGE (ONE WAY)	25.00	3.45	86.25
368 CASING FOOTAGE	670.00	.00	.00

KANSAS CORPORATION COMMISSION

FEB 27 2009

RECEIVED

Parts:	1212.17	Freight:	.00	Tax:	76.37	AR	2549.79
Labor:	.00	Misc:	.00	Total:	2549.79		
Sublt:	.00	Supplies:	.00	Change:	.00		

Signed _____ Date _____

BARTLESVILLE, OK
918/338-0808

ELDORADO, KS
316/322-7022

EUREKA, KS
620/583-7664

GILLETTE, WY
307/686-4914

MCALISTER, OK
918/426-7667

OTTAWA, KS
785/242-4044

THAYER, KS
620/839-5269

WORLAND, WY
307/347-4577

CONSOLIDATED OIL WELL SERVICES, LLC
 P.O. BOX 884, CHANUTE, KS 66720
 620-431-9210 OR 800-467-8676

TICKET NUMBER 16041
 LOCATION Ottawa
 FOREMAN Alan Mader

TREATMENT REPORT & FIELD TICKET
 CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
5-6-08	7841	Neis #11	32	13	21	Dg
CUSTOMER TDR			TRUCK #			
MAILING ADDRESS 1207 N 1st Street			DRIVER Alan M		TRUCK #	
CITY Louisburg			DRIVER Bill Z		TRUCK #	
STATE KS		ZIP CODE 66053	DRIVER Chuck L		TRUCK #	

JOB TYPE long string HOLE SIZE 5 5/8 HOLE DEPTH 702' CASING SIZE & WEIGHT 2 7/8
 CASING DEPTH 670' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING YES
 DISPLACEMENT 3.9 DISPLACEMENT PSI 800 MIX PSI 200 RATE 4 bpm

REMARKS: Established rate. Mixed & pumped 200# gel to flush well. Mixed & pumped 10lsx 50/50 po2 5# Kol-seal, 5% salt, 2% gel, 1/4# Phenoseal. Circulated cement to surface. Flushed pump. Pumped 2 1/2 plug to casing TD. Well held 800 PSI. Closed valve.

Customer supplied water

Alan Mader

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	368	875.00
5406	25	MILEAGE	368	86.25
5402	670'	casing footage	368	—
5407	mi	ton mileage	237	300.00
1107A	25#	Pheno Seal		27.25
1110A	505#	Kol Seal		202.00
1111	212#	Salt		65.71
1118B	370#	gel		59.20
1124	905x	50/50 po2		837.00
4402	1	2 1/2 plug		21.00
			Sub	2473.41
			6.3%	76.37

KANSAS CORPORATION COMMISSION
 FEB 27 2009
 RECEIVED

AUTHORIZATION No company rep present, TITLE 221860

SALES TAX ESTIMATED TOTAL 2549.79
 DATE 08