

ORIGINAL

KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION

Form ACO-1\*  
September 1999  
Form Must Be Typed

WELL COMPLETION FORM  
WELL HISTORY - DESCRIPTION OF WELL & LEASE

Operator: License # 33848  
Name: J&J Operating, LLC.  
Address: 10830 W 179th St  
Bucyrus KS, 66013  
Purchaser: Plains Marketing  
Operator Contact Person: Jim Loeffelbein  
Phone: ( 913 ) 856-1531  
Contractor: Name: Town Oil Company  
License: 6142

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KCC WICHITA

Wellsite Geologist: \_\_\_\_\_  
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. \_\_\_\_\_

7-23-08	7-24-08	7-25-08
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 045-21426-00-00  
County: Douglas  
SW\_NW\_SW\_SW Sec. 19 Twp. 13 S. R. 21  East  West  
825 feet from S N (circle one) Line of Section  
165 feet from E / N (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:  
(circle one) NE SE NW SW  
Lease Name: Peterson Well #: 4  
Field Name: Little Wakarusa

Producing Formation: Squirrel  
Elevation: Ground: 933 Kelly Bushing: N/A  
Total Depth: 960 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.

Drilling Fluid Management Plan AH II NUR 1-7-10  
(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: Owner Date: 10-20-09  
Subscribed and sworn to before me this 30 day of October,  
2009.

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

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Operator Name: J&J Operating, LLC. Lease Name: Peterson Well #: 4  
 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 <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>Gamma Ray / Neutron log</u>	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum <u>Wellsite biologist not on site</u>  <div style="text-align: center;"> <b>RECEIVED</b>  <b>DEC 04 2009</b>  <b>KCC WICHITA</b> </div>
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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" 95/8</u>	<u>6 1/4</u>	<u>8</u>	42'	Portland	6	
Completion	5 5/8"	2 7/8"	<u>6.5</u>	760	Portland	102	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	21 Perforations from 702-710		

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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) \_\_\_\_\_

Production Interval \_\_\_\_\_



**Town Oilfield Service, Inc.**

1207 N.1st Street E.  
Louisburg, KS 66053

# Invoice

Date	Invoice#
8/21/2008	2298

**Bill To**

J&J Operating  
Jim & John Loeffeobein  
10380 W. 179th St.  
Bucyrus, KS. 66013

**Terms**

Due on receipt

**Due Date**

8/21/2008

**Description**

Description	Hours	Rate	Amount
Peterson Lease Well # 4,5,9, & 11			
Consolidated Bill	1	3,057.99	3,057.99
Consolidated Bill	1	2,987.08	2,987.08
Consolidated Bill	1	2,997.45	2,997.45
Consolidated Bill	1	2,956.65	2,956.65

[townoilfieldservice@yahoo.com](mailto:townoilfieldservice@yahoo.com)

913.837.8400

**Total**

\$11,999.17

**Balance Due**

\$11,999.17

**Fax #**

913.837.3997

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