

KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION

ORIGINAL

Form ACO-1  
October 2008  
Form Must Be Typed

**WELL COMPLETION FORM**  
**WELL HISTORY - DESCRIPTION OF WELL & LEASE**

OPERATOR: License # 33858  
Name: J & J Operating, LLC  
Address 1: 10380 W. 179th st  
Address 2: \_\_\_\_\_  
City: Bucyrus State: KS Zip: 66013 + \_\_\_\_\_  
Contact Person: Patrick Everett  
Phone: (913) 549-8442  
CONTRACTOR: License # 32834  
Name: JTC Oil, Inc.  
Wellsite Geologist: \_\_\_\_\_  
Purchaser: Pacer Energy Marketing  
Designate Type of Completion:  
 New Well \_\_\_\_\_ Re-Entry \_\_\_\_\_ Workover  
 Oil \_\_\_\_\_ SWD \_\_\_\_\_ SIOW  
\_\_\_\_\_ Gas \_\_\_\_\_ ENHR \_\_\_\_\_ SIGW  
\_\_\_\_\_ CM (Coal Bed Methane) \_\_\_\_\_ Temp. Abd.  
\_\_\_\_\_ 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. \_\_\_\_\_ Conv. to SWD  
\_\_\_\_\_ Plug Back: \_\_\_\_\_ Plug Back Total Depth  
\_\_\_\_\_ Commingled \_\_\_\_\_ Docket No.: \_\_\_\_\_  
\_\_\_\_\_ Dual Completion \_\_\_\_\_ Docket No.: \_\_\_\_\_  
\_\_\_\_\_ Other (SWD or Enhr.?) \_\_\_\_\_ Docket No.: \_\_\_\_\_  
2-7-2009 2-8-2009 2-18-2009  
Spud Date or \_\_\_\_\_ Date Reached TD \_\_\_\_\_ Completion Date or  
Recompletion Date \_\_\_\_\_ Recompletion Date \_\_\_\_\_

API No. 15 - 045-21518-00-00  
Spot Description: NW SE NE NE  
NW SE NE NE Sec. 25 Twp. 13 S. R. 20  East  West  
825 Feet from  North /  South Line of Section  
495 Feet from  East /  West Line of Section  
Footages Calculated from Nearest Outside Section Corner:  
 NE  NW  SE  SW  
County: Douglas  
Lease Name: Willoughby Well #: 7  
Field Name: Wildcat  
Producing Formation: Squirrel  
Elevation: Ground: 946 Kelly Bushing: NA  
Total Depth: 830 Plug Back Total Depth: none  
Amount of Surface Pipe Set and Cemented at: 40 Feet  
Multiple Stage Cementing Collar Used?  Yes  No  
If yes, show depth set: \_\_\_\_\_ Feet  
If Alternate II completion, cement circulated from: 40  
feet depth to: surface w/ 5 \_\_\_\_\_ sx cmt.

Drilling Fluid Management Plan AH II NR 12-22-09  
*(Data must be collected from the Reserve Pit)*  
Chloride content: 1500-300 ppm Fluid volume: 98 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: [Signature]  
Title: Agent Date: 12/15/09  
Subscribed and sworn to before me this 15<sup>th</sup> day of Dec.  
20 09  
Notary Public: Asresash Belaye  
Date Commission Expires: 4-27-2011

**ASRESASH BELAYE**  
Notary Public - State of Kansas  
My Appt. Expires 4-27-2011

**KCC Office Use ONLY**  
 Letter of Confidentiality Received  
If Denied, Yes  Date: \_\_\_\_\_  
 Wireline Log Received  
 Geologist Report Received  
 PIC Distribution  
**RECEIVED**  
**DEC 16 2009**  
**KCC WICHITA**

Operator Name: J & J Operating, LLC Lease Name: Willoughby Well #: 7  
 Sec. 25 Twp. 13 S. R. 20  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<br><i>(Attach Additional Sheets)</i><br><br>Samples Sent to Geological Survey <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><br>Cores Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>Electric Log Run <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br><i>(Submit Copy)</i><br><br>List All E. Logs Run:<br><b>Gamma Ray/ Neutron</b> | <input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample<br><br>Name Top Datum<br><b>No Geologist at well site</b> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|

| 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                                                                             | 8/58              | 6 1/4                     | 8                 | 40            | Portland       | 5            |                            |
| Completion                                                                          | 5 5/8             | 2 7/8                     | 6.5               | 817           | Portland       | 126          | 50/50 POZ                  |
|                                                                                     |                   |                           |                   |               |                |              |                            |

| ADDITIONAL CEMENTING / SQUEEZE RECORD                                                                                                                            |                  |                |             |                            |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|----------------|-------------|----------------------------|
| Purpose:                                                                                                                                                         | Depth Top Bottom | Type of Cement | #Sacks Used | Type and Percent Additives |
| <input type="checkbox"/> Perforate<br><input type="checkbox"/> Protect Casing<br><input type="checkbox"/> Plug Back TD<br><input type="checkbox"/> Plug Off Zone |                  |                |             |                            |
|                                                                                                                                                                  |                  |                |             |                            |

| Shots Per Foot | PERFORATION RECORD - Bridge Plugs Set/Type<br>Specify Footage of Each Interval Perforated | Acid, Fracture, Shot, Cement Squeeze Record<br>(Amount and Kind of Material Used) | Depth |
|----------------|-------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|-------|
| 2              | 21 Perforations from 745.0 to 755.0                                                       |                                                                                   |       |
|                |                                                                                           |                                                                                   |       |
|                |                                                                                           |                                                                                   |       |

|                                                           |                                                 |                                                                                                                                                                      |
|-----------------------------------------------------------|-------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| TUBING RECORD: Size: _____ Set At: _____ Packer At: _____ |                                                 | Liner Run: <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                  |
| Date of First, Resumed 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:<br><input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease<br><i>(If vented, Submit ACO-18.)</i> | METHOD OF COMPLETION:<br><input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled<br><input type="checkbox"/> Other (Specify) _____ | PRODUCTION INTERVAL:<br>_____<br>_____ |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|



**CONSOLIDATED**  
Oil Well Services, LLC

TICKET NUMBER 20009

LOCATION Ottawa KS

FOREMAN Fred 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 |
|--------------------------------------|------------|--------------------|---------|----------|---------|--------|
| 2/18/09                              | 4028       | Willoughby #7      | UEK25   | 13       | 20      | D6     |
| CUSTOMER<br>J & J Operating LLC      |            |                    | TRUCK # | DRIVER   | TRUCK # | DRIVER |
| MAILING ADDRESS<br>10380 W. 179th St |            |                    | 506     | Fred     |         |        |
| CITY<br>Bucyrus                      |            |                    | 368     | Bill     |         |        |
| STATE<br>KS                          |            |                    | 370     | Ken      |         |        |
| ZIP CODE<br>66013                    |            |                    | 510     | Arken    |         |        |

JOB TYPE Long string HOLE SIZE 6" HOLE DEPTH 830 CASING SIZE & WEIGHT 2 7/8 EUE  
 CASING DEPTH 817' DRILL PIPE \_\_\_\_\_ TUBING \_\_\_\_\_ OTHER \_\_\_\_\_  
 SLURRY WEIGHT \_\_\_\_\_ SLURRY VOL \_\_\_\_\_ WATER gal/sk \_\_\_\_\_ CEMENT LEFT in CASING 2 1/2" Plug  
 DISPLACEMENT 4.75B DISPLACEMENT PSI \_\_\_\_\_ MIX PSI \_\_\_\_\_ RATE 4 BPM

REMARKS: Check casing depth w/ wireline. Mix Pump 100' Gal Flush.  
Mix 15 SKS Cement - Lost Circulation. Mix 200' Gal to Condition  
Hole. Regain Circulation. Clean Cement from hole + Re cond. 2 1/2"  
again w/ 400' Premium Gel. Mix + Pump 126 SKS 50/50 Per Mix  
Cement w/ 296 Gal 5% Salt 1/4" Pheno Seal per sack. Cement to  
Surface. Flush pump + lines clean. Displace 2 1/2" Rubber plug to  
casing TD w/ 4.75 BBLs Fresh water. Pressure to 650' PSI.  
Release Pressure to set float valve. Shut in Casing  
J & J Drilling Fred Mader

| ACCOUNT CODE | QUANTITY or UNITS | DESCRIPTION of SERVICES or PRODUCT | UNIT PRICE | TOTAL   |
|--------------|-------------------|------------------------------------|------------|---------|
| 5401         | 1 of 2            | PUMP CHARGE Cement Pump            |            | 870.00  |
| 5406         | 1/2 of 30 mi      | MILEAGE Pump Truck                 |            | 517.50  |
| 5407A        | 5.9227on          | Ton Mileage                        |            | 206.09  |
| 5502C        | 3 1/2 hrs         | 80 BBL Vac Truck                   |            | 329.00  |
| 1124         | 134 SKS           | 50/50 Per Mix Cement               |            | 1239.50 |
| 1118B        | 837 #             | Premium Gel                        |            | 133.23  |
| 1118         | 296 #             | Granulated Salt                    |            | 91.76   |
| 1107A        | 35 #              | Pheno Seal                         |            | 37.80   |
| 4402         | 1                 | 2 1/2" Rubber Plug                 |            | 22.00   |
|              |                   | RECEIVED Sub Total                 |            | 2981.82 |
|              |                   | DEC 16 2009 Tax @ 6.3%             |            | 96.08   |
|              |                   | KCC WICHITA                        |            |         |

Revin 3737

AUTHORIZATION P.L. Tom Cain

TITLE 228815

SALES TAX ESTIMATED TOTAL 3077.90  
DATE \_\_\_\_\_