

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.: _____

2-11-09 2-12-09 2-18-2009

Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 045-21513-00-00

Spot Description: NW NE NE NE

NW NE NE NE Sec. 25 Twp. 13 S. R. 20 East West

165 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 #: 5

Field Name: Wildcat

Producing Formation: Squirrel

Elevation: Ground: 964 Kelly Bushing: NA

Total Depth: 818 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/ 6 sx cmt.

Drilling Fluid Management Plan Alt II Nur 12-22-09
(Data must be collected from the Reserve Pit)

Chloride content: 1500-300 ppm Fluid volume: 99 bbls

Dewatering method used: _____

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]

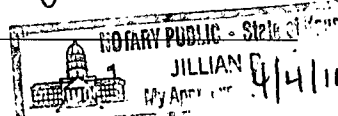
Title: Agent Date: 12/14/09

Subscribed and sworn to before me this 14 day of December,

20 09.

Notary Public: [Signature]

Date Commission Expires: 4/4/11



KCC Office Use ONLY

Letter of Confidentiality Received

If Denied, Yes Date: _____

Wireline Log Received

Geologist Report Received

UIC Distribution

RECEIVED
DEC 16 2009

KCC WICHITA

Operator Name: J & J Operating, LLC Lease Name: Willoughby Well #: 5
 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 <i>(Attach Additional Sheets)</i> 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 <i>(Submit Copy)</i> List All E. Logs Run: Gamma Ray/ Neutron	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum No Geologist at well site
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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	8/58	6 1/4	8	40	Portland	6	
Completion	5 5/8	2 7/8	6.5	785	Portland	115 126	50/50 poz

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	#Sacks Used	Type and Percent Additives
<input type="checkbox"/> Perforate <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 761.0 to 771.0		

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: <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <input type="checkbox"/> Other (Specify) _____	PRODUCTION DIVISION RECEIVED DEC 16 2009
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CONSOLIDATED
Oil Well Services, LLC

TICKET NUMBER 20008
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 #5	NE 25	13	20	DG
CUSTOMER			TRUCK #			
J&J Operating			DRIVER			
MAILING ADDRESS			TRUCK #			
103RD W 179th St			DRIVER			
CITY			TRUCK #			
Bucyrus			DRIVER			
STATE			TRUCK #			
KS			DRIVER			
ZIP CODE			TRUCK #			
66013			DRIVER			

JOB TYPE Log string HOLE SIZE 5 7/8 HOLE DEPTH 818 CASING SIZE & WEIGHT 2 7/8 E
 CASING DEPTH 785' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 2 1/2" Plug
 DISPLACEMENT 4.56 DISPLACEMENT PSI _____ MIX PSI _____ RATE 4 B PM

REMARKS: Check casing depth w/ wireline. Mix + Pump 100# Premium
Gel Flush + Mix + Pump 126 SKS 50/50 Per Mix Cement
2% Gel 5% Salt 5# Kol Seal 4# Pheno seal per sack. Cement
to surface. Flush pump + lines clean. Displace
2 1/2" Rubber plug to casing ID w/ 4.56 BBLs Fresh
Water. Pressure 18 650# PSI. Release Pressure to set float
Value. Shut in Casing

Fred Mader

TOUS Drilling

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1 of 2	PUMP CHARGE <u>Cement Pump</u>		870 ⁰⁰
5406	1/2 of 30 mi	MILEAGE <u>Pump Truck</u>		51 ²⁵
5407A	5.292 Ton	<u>Ton Mileage</u>		184 ¹⁵
5502C	2 hrs	<u>80 BBL Van Truck</u>		188 ⁰⁰
1124	113 SKS	<u>50/50 Per Mix Cement</u>		1045 ³⁵
1119B	3 1/2 #	<u>Premium Gel</u>		49 ⁹²
1111	265 #	<u>Granulated Salt</u>		82 ¹⁵
1110A	630 #	<u>Kol Seal</u>		245 ⁷⁰
1107A	32 #	<u>Pheno Seal</u>		34 ⁵⁴
4402	1	<u>2 1/2" Rubber Plug</u>		22 ⁰⁰
		<u>Sub Total</u>		2773 ⁴⁹
		<u>Tax @ 6.3%</u>		93 ²³

Revin 3737

AUTHORIZATION *Tom Cain*

TITLE 228814

SALES TAX
ESTIMATED
DATE 28 Feb 09

DEC 16 2009

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