

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 Street  
Address 2: \_\_\_\_\_  
City: Bucyrus State: KS Zip: 66013 + \_\_\_\_\_  
Contact Person: Patrick Everett  
Phone: ( 913 ) 549-8442  
CONTRACTOR: License # 6142  
Name: Town Oil Company, Inc.  
Wellsite Geologist: \_\_\_\_\_  
Purchaser: Pacer Energy Marketing  
Designate Type of Completion:  
 New Well \_\_\_\_\_ Re-Entry \_\_\_\_\_ Workover  
 Oil \_\_\_\_\_ SWD \_\_\_\_\_ SLOW  
\_\_\_\_\_ Gas \_\_\_\_\_ ENHR \_\_\_\_\_ SIGW  
\_\_\_\_\_ CM (Coal Bed Methane) \_\_\_\_\_ Temp. Abd.  
\_\_\_\_\_ Dry \_\_\_\_\_ Other \_\_\_\_\_  
(Core, WSW, Expl., Cathodic, etc.)

API No. 15 - 045-21438-00-00  
Spot Description: NE NW SW SW  
NE NW SW SW Sec. 19 Twp. 13 S. R. 21  East  West  
1155 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: Peterson Well #: 7  
Field Name: Little Wakarusa  
Producing Formation: Squirrel  
Elevation: Ground: 907 Kelly Bushing: NA  
Total Depth: 720 Plug Back Total Depth: NA  
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 AM I NUR 12-21-09  
(Data must be collected from the Reserve Pit)  
Chloride content: 1500-3000 ppm Fluid volume: 84 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.: \_\_\_\_\_

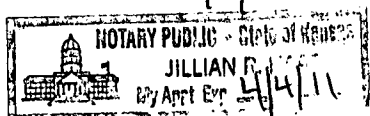
If Workover/Re-entry: Old Well Info as follows:  
Operator: \_\_\_\_\_  
Well Name: \_\_\_\_\_  
Original Comp. Date: \_\_\_\_\_ Original Total Depth: \_\_\_\_\_  
\_\_\_\_\_ Deepening \_\_\_\_\_ Re-perf. \_\_\_\_\_ Conv. to Enhr. \_\_\_\_\_ Conv. to SWD  
\_\_\_\_\_ Plug Back: \_\_\_\_\_ Plug Back Total Depth  
\_\_\_\_\_ Commingled \_\_\_\_\_ Docket No.: \_\_\_\_\_  
\_\_\_\_\_ Dual Completion \_\_\_\_\_ Docket No.: \_\_\_\_\_  
\_\_\_\_\_ Other (SWD or Enhr.?) \_\_\_\_\_ Docket No.: \_\_\_\_\_  
8-12-2008 8-15-2008 10-9-2008  
Spud Date or Recompletion Date Date Reached TD Completion Date or Recompletion Date

**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: Authorized Agent Date: 12/14/09  
Subscribed and sworn to before me this 14 day of December,  
2009.  
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: Peterson Well #: 7  
 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 <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: <b>Gamma Ray Neutron</b>	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample  Name _____ Top _____ Datum _____ No Geologist at wellsite
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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 5/8	6 1/4	8	42	Portland	6	
Completion	5 5/8	2 7/8	6.5	700	Portland	126	50/50 Poz

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	#Sacks Used	Type and Percent Additives
___ Perforate				
___ Protect Casing				
___ Plug Back TD				
___ 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 649.5-659.5		

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 INTERVAL: _____ _____
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RECEIVED



**CONSOLIDATED**  
Oil Well Services, LLC

TICKET NUMBER 19760  
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	Peterson #7	19	13	21	D
CUSTOMER J & J Operating			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS 10380 W 179th			516	Alan M		
CITY Bucyrus			495	Casey K		
STATE KS			369	Gary A		
ZIP CODE 66013			510	Gene S		

JOB TYPE long string HOLE SIZE 5 7/8 HOLE DEPTH 780 CASING SIZE & WEIGHT 2 7/8  
CASING DEPTH 700 DRILL PIPE \_\_\_\_\_ TUBING \_\_\_\_\_ OTHER \_\_\_\_\_  
SLURRY WEIGHT \_\_\_\_\_ SLURRY VOL \_\_\_\_\_ WATER gal/sk \_\_\_\_\_ CEMENT LEFT in CASING yes  
DISPLACEMENT \_\_\_\_\_ DISPLACEMENT PSI \_\_\_\_\_ MIX PSI \_\_\_\_\_ RATE 4 bpm

REMARKS: Attempted to check depth, was unable to get to casing TD. Cemented anyway, at customer request. Mixed & pumped 150# gel followed by 126 lbs 50/50 #2, 5# Kaliseal, 5# salt, 2# gel, 14# phenoxal. Circulated cement. Flushed pump. Pumped plug to casing TD. Well held 800 ft. Closed valve.

*Alan Mader*

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	490	925.00
5402	1	MILEAGE	490	490.00
5402	700'	casing footage	490	343000.00
5407A		top mileage	510	190.51
5502C	1 1/2	BDUAC	369	150.00
1107A	32#	Phenoxal		36.80
1110A	630#	Kaliseal		264.60
1111	265#	salt		87.45
1118B	362#	gel		61.54
1124	172.5x	50/50 #2		1092.00
4402	1	2 1/2 plug		2300.00
			Sub	283000.00
			6.3%	98.63
			SALES TAX	98.63
			ESTIMATED TOTAL	2929.53

Ravin 3737

AUTHORIZATION 2

TITLE 226552

DATE 12/16/09

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