

ORIGINAL

Form ACO-1
October 2008
Form Must Be Typed

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION
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 _____ 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.: _____
7-16-2008 7-18-2008 7-23-2008
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 045-21411-00-00
Spot Description: NW SW NW SE
NW SW NW SE Sec. 32 Twp. 13 S. R. 21 East West
1830 Feet from North / South Line of Section
2744 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Douglas
Lease Name: Mullis Well #: 1
Field Name: Little Wakarusa
Producing Formation: Squirrel
Elevation: Ground: 864 Kelly Bushing: NA
Total Depth: 682 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 AH II NR 12-21-09
(Data must be collected from the Reserve Pit)
Chloride content: 1500-3000 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: Authorized Agent Date: 12/15/09
Subscribed and sworn to before me this 15th day of Dec.,
2009.
Notary Public: Asresash Belaye
Date Commission Expires: 4-27-2011

KCC Office Use ONLY
 Letter of Confidentiality Received
If Denied, Yes Date: _____
 Wireline Log Received
_____ Geologist Report Received

ASRESASH BELAYE
Notary Public
My Appt. Expires 4-27-2011

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DEC 16 2009
KCC WICHITA

Operator Name: J & J Operating, LLC. Lease Name: Mullis Well #: 1
 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 <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 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	661	Portland	98	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 <i>(Amount and Kind of Material Used)</i>	Depth
2	41 Perforations from 622.5-632.5		

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, ~~INC.~~ *LLC*
 P.O. BOX 884, CHANUTE, KS 66720
 620-431-9210 OR 800-467-8676

TICKET NUMBER 16258
 LOCATION Ottawa KS
 FOREMAN Fred Madur

TREATMENT REPORT & FIELD TICKET

Mullis CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
7/22/08	7841	MULLIS * 7.1	32	13	21	D6
CUSTOMER TDR Construction			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS 1207 N First			506	Fred		
CITY Louisburg			495	Brett		
STATE KS			510	Chuck		
ZIP CODE 66053						

JOB TYPE Long string HOLE SIZE 5 7/8 HOLE DEPTH 682 CASING SIZE & WEIGHT 2 3/4" EUE
 CASING DEPTH 661 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 2 1/2" Plug
 DISPLACEMENT 3.8508 DISPLACEMENT PSI _____ MIX PSI _____ RATE 4 BPM

REMARKS: Check casing depth w/ wireline. Mix + Pump 100# Premium
Gel Flush. Mix + Pump 98 sks 50/50 Por Mix Cement
2 7/8 Gal 5% Salt 5# Kal Seal 1/4# Pheno Seal per sack.
Cement to surface. Flush Pump + lines clean. Displace 2 1/2"
Rubber plug to casing TP w/ 3.85 BBLs salt water
Pressure to 750# PSF. Hold pressure for 30 minute MIT
Shut in casing
Rig Supplied H2O
TDS Drilling

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE Cement Pump	495	925 ⁰⁰
5406	30 mi.	MILEAGE Pump Truck	495	1095 ⁰⁰
5407	Minimum	Ton Mileage	510	315 ⁰⁰
1124	88 sks	50/50 Por Mix Cement		858 ⁰⁰
1118B	265 [#]	Premium Gel		45 ⁰⁵
1110A	490 [#]	Kal Seal		205 ⁸⁰
1111	206 [#]	Granulated Salt		679 ⁸
1107A	25 [#]	Pheno Seal		28 ³⁵
4402	1	2 1/2" Rubber Plug		23 ⁰⁰
		Sub Total		2578 ⁰⁰
		Tax @ 6.3%		77.40
		SALES TAX		
		ESTIMATED TOTAL		2655.40

AUTHORIZATION *[Signature]* TITLE 223916 DATE RECEIVED

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