

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 # 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.: _____

10/12/2009 10/13/2009 11/04/2009

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

API No. 15 - 15-045-21579-00-00

Spot Description: NW NW SW NE

NW NW SW NE Sec. 31 Twp. 13 S. R. 21 East West

1485 Feet from North / South Line of Section

2475 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

NE NW SE SW

County: Douglas

Lease Name: West Kelco Well #: 4

Field Name: Wildcat

Producing Formation: Squirrel

Elevation: Ground: 978 Kelly Bushing: NA

Total Depth: 840 Plug Back Total Depth: None

Amount of Surface Pipe Set and Cemented at: _____ 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/ 8 sx cmt.

Drilling Fluid Management Plan AH II NR 2-11-10
(Data must be collected from the Reserve Pit)

Chloride content: 1500-300 ppm Fluid volume: 99 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: 2/5/10

Subscribed and sworn to before me this 5th day of February

20 10

Notary Public: Mark Meyers

Date Commission Expires: 01/20/13

MARK A. MEYERS II
Notary Public
State of Kansas
My Commission Expires 01/20/13

KCC Office Use ONLY
 Letter of Confidentiality Received
 If Denied, Yes Date: _____
 Wireline Log Received
 Geologist Report Received
 UIC Distribution
RECEIVED
FEB 08 2010
KCC WICHITA

Operator Name: J & J Operating, LLC Lease Name: West Kelco Well #: 4
 Sec. 31 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 on 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 5/8	6 1/4	8	42	Portland	8	
Casing	5 5/8	2 7/8	6.5	820	Portland	128	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	32 perforations at 756.0 to 771.0		

TUBING RECORD: Size: _____ Set At: _____ Packer At: _____		Liner Run: <input type="checkbox"/> Yes <input type="checkbox"/> No	KCC WICHITA
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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CONSOLIDATED
Oil Well Services, LLC

TICKET NUMBER 20145
LOCATION Ottawa
FOREMAN Alan Mader

PO Box 884, Chanute, KS 66720
820-431-9210 or 800-467-8676

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
10-27-09	4028	Kelco #4	NE 31	13	21	116
CUSTOMER			TRUCK #	DRIVER	TRUCK #	DRIVER
J & J Operating			516	Alan M		
MAILING ADDRESS			368	Ken H		
10380 W 179th			369	Chuck L		
CITY	STATE	ZIP CODE	510	Casey K		
Bucyrus	KS	66003				

JOB TYPE long string HOLE SIZE 6" HOLE DEPTH 840 CASING SIZE & WEIGHT 2 1/8
 CASING DEPTH 820 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING YES
 DISPLACEMENT 434 DISPLACEMENT PSI _____ MIX PSI _____ RATE 46gpm

REMARKS: Established rate. Mixed & pumped 300 # gel to flush hole. Circulated from pit for 20 min. Mixed & pumped 128 sx 50/50 poz, 270 gal 1/2" pheno seal. Circulated cement. Flushed pump. Pumped plug to casing TD. Well held 800 PST. Set float. Closed valves.

Alan Mader

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
3401	1	PUMP CHARGE		870.00
3406	30	MILEAGE		103.50
3402	820'	Casing footage		
3407A	161.28	ton mileage		187.08
3502C	2	80 vac		188.00
1107A	64 #	Pheno seal		69.12
1118B	315 #	gel		82.40
1124	125.9k	50/50 poz		1156.25
4402	1	2 1/2 plug		22.00
			RECEIVED	
			FEB 08 2010	
		WD # 231708	KCC WICHITA	
			6.37%	
			SALES TAX	8377
			ESTIMATED TOTAL	276212

Revin 3737

AUTHORIZATION Al TITLE _____ DATE _____