

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 # 32834
Name: JTC Oil, 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.)

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.: _____
10/08/2009 10/09/2009 11/04/2009
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 15-045-21581-00-00
Spot Description: SE NW SW NE
SE NW SW NE Sec. 31 Twp. 13 S. R. 21 East West
1815 Feet from North / South Line of Section
2145 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 #: 6
Field Name: Wildcat

Producing Formation: Squirrel
Elevation: Ground: 936 Kelly Bushing: NA
Total Depth: 780 Plug Back Total Depth: None
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/ 8 ^{sx cmt.}
Alt 2-Dlg. - 2/11/10

Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)

Chloride content: 1500-300 ppm Fluid volume: 95 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.

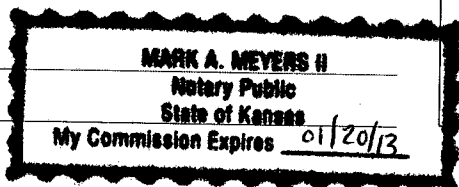
All requirements of the statutes, rules and regulations promulgated to regulate the oil and gas industry have been fully complied with and the statements herein are complete and correct to the best of my knowledge.

Signature: [Signature]
Title: Agent Date: 2/5/10

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

Notary Public: Mark A. Meyers

Date 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 #: 6
 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	762	Portland	120	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	30 perforations at 706.0 to 720.0		

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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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CONSOLIDATED
Oil Well Services, LLC

TICKET NUMBER 20242
LOCATION Ottawa KS
FOREMAN Fred Maden

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
10/28/09	4028	West Kelco #6	NE 31	13	21	DG.
CUSTOMER J & J Operating LLC			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS 10380 W 179th St.			506	Fred		
CITY Bucyrus	STATE KS	ZIP CODE 66013	495	Casey		
			369	Chuck		
			503	Avlen		

JOB TYPE Long string HOLE SIZE 6" HOLE DEPTH 780' CASING SIZE & WEIGHT 2 7/8" EUE
CASING DEPTH 762' DRILL PIPE _____ TUBING _____ OTHER _____
SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____
DISPLACEMENT 4.44 DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Check casing depth w/ wire line. Mix + Pump 300# Premium Gel Flush. Circulate 1hr from Pit to condition hole. Mix + Pump 100# Premium Gel. Mix + Pump 120 SKS 50/50 Por Mix Cement 2 7/8 Gel 1/2# Pheno Seal per sack Cement to surface. Flush pump + lines clean. Displace 2 1/2" rubber plug to casing TD w/ 4.44 BBL Fresh water. Pressure to 800# PSP. Release pressure to set float valve shut in casing.
JTC Drilling Fred Maden

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE Cement Pump		870 ⁰⁰
5406	-0-	MILEAGE Trucks on lease		N/C
5402	762'	Casing footage		N/C
5407A	151.2	Ton Miles		175 ³⁹
5502C	1 1/2 hrs	80 BBL Vac Truck		141 ⁰³
1124	117 SKS	50/50 Por Mix Cement		1082 ²⁵
1118B	602 [#]	Premium Gel		96 ³²
1107A	60 [#]	Pheno Seal		64 ⁸⁰
4402	1	2 1/2" Rubber Plug		22 ⁰⁰
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KCC WICHITA				
6.3%				
			SALES TAX	79 ²³
			ESTIMATED TOTAL	2531 ⁴⁸

Ravin 3737

AUTHORIZATION Co Rep: Tom Cain TITLE _____ DATE _____