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FEB 24 2010

KCC WICHITA

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, CO.
Wellsite Geologist:
Purchaser: Pacer Energy Marketing, LLC.

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.:
9-10-2009 9-11-2009 10-05-2009
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 045-21593-00-00
Spot Description: NE SE NE SW
SE NE SE NW
NE SE NE SW Sec. 31 Twp. 13 S. R. 21 East West
1815 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: Schmidt Well #: 3
Field Name: Wildcat
Producing Formation: Squirrel
Elevation: Ground: 959 Kelly Bushing: NA
Total Depth: 860 Plug Back Total Depth: NA
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 AIT II NGR 3-11-10
(Data must be collected from the Reserve Pit)
Chloride content: 1500-3000 ppm Fluid volume: 102 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: 02-23-2010
Subscribed and sworn to before me this 23 day of Febr.
20 10
Notary Public: [Signature]
Date Commission Expires: 9/2/12

KCC Office Use ONLY
N Letter of Confidentiality Received
If Denied, Yes Date:
W Wireline Log Received
Geologist Report Received
UIC Distribution

NOTARY PUBLIC-STATE OF KANSAS
PATRICK EVERETT
MY COMMISSION EXPIRES 9/2/12

Operator Name: J & J Operating, LLC. Lease Name: Schmidt Well #: 3
 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 at wellsite <div style="text-align: center; font-weight: bold; font-size: 1.2em;"> RECEIVED FEB 24 2010 KCC WICHITA </div>
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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	40		6	
Casing	5 5/8	2 7/8	6.5	844	Portland	142	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	Perforated at 753.0 to 766.0	28Perfs	

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

PO Box 884, Chanute, KS 66720
620-431-9210 or 800-467-8676

TICKET NUMBER 20207
LOCATION Ottawa KS
FOREMAN Fred Mader

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
10/5/09	4028	Schmidt-S #3	NW 31	13	21	DG
CUSTOMER			TRUCK #	DRIVER	TRUCK #	DRIVER
J & J Operating LLC			506	FREMAN		
MAILING ADDRESS			368	KENHAM		
10380 W 179th St			369	CHULAM		
CITY	STATE	ZIP CODE	237	ALAMAD		
Bucyrus	KS	66013				

JOB TYPE Longstring HOLE SIZE 6" HOLE DEPTH 860 CASING SIZE & WEIGHT 2 7/8" EVE
 CASING DEPTH 844' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 2 1/2" Plug
 DISPLACEMENT 4.9 BBL DISPLACEMENT PSI _____ MIX PSI _____ RATE 4 BPM

REMARKS: Check casing depth w/wireline Mix + Pump 350#
Premium Gel Flush. Mix + Pump 142 SKS 50/50 Per
Mix Cement 270 Gel 1/2" Pheno Seal per sack. Cement to
Surface. Flush pump + lines clean. Displace 2 1/2" Rubber
Plug to casing TD w/ 4.9 BBL Fresh Water. Pressure to
750# PSI. Release Pressure to Set float Valve Shut in
Casing.

Fred Mader

JTC Drilling

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	844'	Casing Footage		N/C
5407A	178.92	Ton Miles		207 ⁵⁸
5502C	2 hrs	FO BBL Vac Truck		184 ⁰⁰
1124	139 SKS	50/50 Per Mix Cement		1285 ²⁵
1118B	589#	Premium Gel		94 ²⁴
1107A	71#	Pheno Seal		76 ⁶⁸
4402	1	2 1/2 Rubber Plug		22 ⁰⁰
RECEIVED				
FEB 24 2010				
WD# 231490				
KCC WICHITA				
6.3%				
			SALES TAX	93 ¹⁶
			ESTIMATED TOTAL	2837 ³⁸

Revin 3737

AUTHORIZATION *DL*

TITLE _____

DATE _____