

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  
Wellsite Geologist: NA  
Purchaser: Patrick Everett Pacer Energy  
Designate Type of Completion:  
☒ New Well ☐ Re-Entry ☐ Workover  
☐ Oil ☐ SWD ☐ SIOW  
☐ Gas ☐ ENHR ☐ SIGW  
☐ CM (Coal Bed Methane) ☒ Temp. Abd.  
☒ Dry ☒ Other Plugged  
(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.: \_\_\_\_\_

9/16/2008 9/16/2008 9/16/2008 12:00  
Spud Date or Date Reached TD Completion Date or  
Recompletion Date Recompletion Date

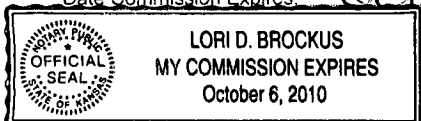
API No. 15 - 04 21466-00-00  
Spot Description: NE SE NE NE  
NE SE NE NE Sec. 4 Twp. 13 S. R. 21 ☒ East ☐ West  
900 Feet from ☒ North / ☐ South Line of Section  
165 Feet from ☒ East / ☐ West Line of Section  
Footages Calculated from Nearest Outside Section Corner:  
☒ NE ☐ NW ☐ SE ☐ SW  
County: Douglas  
Lease Name: B-Lothholz Well #: 4  
Field Name: Oxbow  
Producing Formation: Squirrel  
Elevation: Ground: 883 Kelly Bushing: NA  
Total Depth: 740 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/ 48 sx cmt.

Drilling Fluid Management Plan P+A AH II NR  
(Data must be collected from the Reserve Pit) 4-13-10  
Chloride content: 3000-5000 ppm Fluid volume: 87 bbls  
Dewatering method used: \_\_\_\_\_  
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: 4/12/10  
Subscribed and sworn to before me this 12<sup>th</sup> day of April  
20 10  
Notary Public: Lori D Brockus  
Date Commission Expires: October 6 2010



KCC Office Use ONLY	
<input checked="" type="checkbox"/> Letter of Confidentiality Received	<b>RECEIVED</b> <b>APR 14 2010</b> <b>KCC WICHITA</b>
If Denied, Yes <input type="checkbox"/> Date: _____	
<input type="checkbox"/> Wireline Log Received	
<input type="checkbox"/> Geologist Report Received	
<input type="checkbox"/> UIC Distribution	

Operator Name: J & J Operating, LLC. Lease Name: B-Lothholz Well #: 4  
 Sec. 4 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 ☐ Yes ☒ No  
 (Attach Additional Sheets)

Samples Sent to Geological Survey ☐ Yes ☒ No

Cores Taken ☐ Yes ☒ No

Electric Log Run ☐ Yes ☒ No  
 (Submit Copy)

List All E. Logs Run:

☐ Log Formation (Top), Depth and Datum ☐ Sample

Name Top Datum  
 No Geologist at well site

### CASING RECORD ☒ New ☐ 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	9 1/4	6 5/8	NA	40	Portland	48	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

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 (If vented, Submit ACO-18.)	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 <b>RECEIVED</b> <b>APR 14 2010</b>
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ISOLATED OIL WELL SERVICES, LLC  
BOX 884, CHANUTE, KS 66720  
431-9210 OR 800-467-8676

TICKET NUMBER 16394  
LOCATION Ottawa KS  
FOREMAN Fred Mader

TREATMENT REPORT & FIELD TICKET  
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY																
6/08	4028	Loholtz # 4	4	13	21	OG.																
OPERATING ADDRESS J & J Operating LLC 10380 W 179th St Bucyrus KS 66613			<table border="1"><tr><th>TRUCK #</th><th>DRIVER</th><th>TRUCK #</th><th>DRIVER</th></tr><tr><td>506</td><td>Fred</td><td></td><td></td></tr><tr><td>368</td><td>Bill</td><td></td><td></td></tr><tr><td>237</td><td>Arlen</td><td></td><td></td></tr></table>				TRUCK #	DRIVER	TRUCK #	DRIVER	506	Fred			368	Bill			237	Arlen		
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TYPE Surface HOLE SIZE 9 1/4 HOLE DEPTH 40' CASING SIZE & WEIGHT 6 5/8  
Casing Depth 40' DRILL PIPE \_\_\_\_\_ TUBING \_\_\_\_\_ OTHER \_\_\_\_\_  
Casing Weight \_\_\_\_\_ SLURRY VOL \_\_\_\_\_ WATER gal/sk \_\_\_\_\_ CEMENT LEFT in CASING 10'  
Placement 1.5 BBL DISPLACEMENT PSI \_\_\_\_\_ MIX PSI \_\_\_\_\_ RATE 43 BPM

REMARKS: Wash 6 5/8" Surface casing down last 10'. Mix & Pump  
54/sks 50/50 Por Mix Cement 2% Gel 5% Salt 5# Kol Seal  
1/4# Pheno Seal per sack. Cement to surface. Displace  
6 5/8" Casing clean of cement w/ 1 1/2 BBLs Fresh Water.  
Shut in Casing

*Fred Mader*

Rig Supplied water  
Evans Energy Dev. LLC

QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
1	PUMP CHARGE Surface Cement 368		725.00
35mi	MILEAGE Pump Truck		127.25
minimum	Ton Mileage.		315.00
48sks	50/50 Por Mix Cement		468.00
91#	Premium Gel		15.47
114#	Granulated Salt		37.63
270	Kol Seal		113.40
14#	Pheno Seal		16.10
Sub Total			1818.34
Tax @ RECEIVED			40.97
APR 14 2010			
KCC WICHITA			
SALES TAX ESTIMATED TOTAL			1859.31

AUTHORIZATION No Co Rep @ Location

TITLE 225741

DATE \_\_\_\_\_