

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: NA
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.: _____
3/5/10 3/7/10 4/19/2010
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

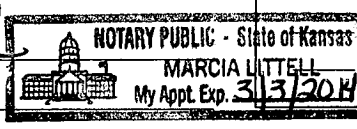
API No. 15 - 045-21591-00-00
Spot Description: SE NE SW NE
SE NE SW NE Sec. 31 Twp. 13 S. R. 21 East West
1815 Feet from North / South Line of Section
1485 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Douglas
Lease Name: Kelco Well #: 14
Field Name: wildcat
Producing Formation: Squirrel
Elevation: Ground: 895 Kelly Bushing: NA
Total Depth: 720 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/ 5 sx cmt.

Drilling Fluid Management Plan Air I NR 4-27-10
(Data must be collected from the Reserve Pit)
Chloride content: 1500-3000 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: Authorized Agents Date: 4/22/10
Subscribed and sworn to before me this 22 day of April
20 10
Notary Public: Marcia Littell
Date Commission Expires: 3/3/2014



KCC Office Use ONLY

N Letter of Confidentiality Received
 If Denied, Yes Date: _____
 Wireline Log Received
 Geologist Report Received
 UIC Distribution

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APR 26 2010
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Operator Name: J & J Operating, LLC. Lease Name: Kelco Well #: 14
 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 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	40	Portland	5	
Long string	5 5/8	2 7/8	6.5	706	Portland	135	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
21	Perf at 658.0 - 668.0	Shot 2" DML RTG	

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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

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

TICKET NUMBER _____
LOCATION Ottawa KS
FOREMAN Fred Mader

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
3/8/10	4028	Kelco # 14	NE 31	13	21	DG
CUSTOMER J&J Operating LLC			TRUCK #			
MAILING ADDRESS 10380 W 179th St			DRIVER			
CITY Bucyrus		STATE KS	ZIP CODE 66013	TRUCK #		
			DRIVER			
			506 Fred			
			495 Casey			
			369 Chuck			
			548 Ken			

JOB TYPE Longstring HOLE SIZE 6" HOLE DEPTH ? CASING SIZE & WEIGHT 2 7/8" EVE
 CASING DEPTH 706' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 2 7/8" Plug
 DISPLACEMENT 4.133 DISPLACEMENT PSI _____ MIX PSI _____ RATE 53 PM

REMARKS: Hold Safety Meeting w/ Crew. Establish Circulation. Mix + Pump 200# Premium Gel Flush. Mix + Pump 135 sks 50/50 Poz mix Cement 2 7/8 Gel 1/2# Pheno Seal per sack. Cement to Surface. Flush pump + lines clean. Displace 2 7/8" Rubber Plug to casing TD w/ 4.1 BBLs fresh water. Pressure to 750# PSI. Release pressure to set float valve. Shut in casing

JTC Drilling Fred Mader

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE <u>Cement Pump</u>		900 ⁰⁰
5401b	0	MILEAGE <u>Trucks on lease</u>		0
5402	706'	Casing Footage		N/C
5407A	170.1	Ton Miles		204 ¹²
5502c	3 hrs	80 BBL Vac Truck		288 ⁰⁰
1124	132 sks	50/50 Poz mix Cement		1260 ⁶⁰
1118B	427 #	Premium Gel		72 ⁵⁹
1107A	18 #	Pheno Seal		76 ¹⁶
4402	1	2 7/8" Rubber Plug		23 ⁰⁰
		<u>WOT# 233 262</u>		
		RECEIVED <u>APR 26 2010</u> KCC WICHITA		
			6.3%	SALES TAX
				90 ²⁹
			ESTIMATED TOTAL	2914 ²¹

AUTHORIZATION [Signature] TITLE _____ DATE _____
 Revin 3737