

KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION

ORIGINAL

Form ACO-1  
June 2009

Form Must Be Typed  
Form must be Signed  
All blanks must be Filled

WELL COMPLETION FORM  
WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # 9722  
Name: G & J OIL COMPANY, INC  
Address 1: P O BOX 188  
Address 2: \_\_\_\_\_  
City: CANEY State: KS Zip: 67333 + \_\_\_\_\_  
Contact Person: GENE NUNNELEY  
Phone: ( 620 ) 252-9700  
CONTRACTOR: License # 5989  
Name: FINNEY DRILLING CO  
Wellsite Geologist: GENE NUNNELEY  
Purchaser: PACER

Designate Type of Completion:

- New Well       Re-Entry       Workover
- Oil       WSW       SWD       SIOW  
 Gas       D&A       ENHR       SIGW  
 OG       GSW       Temp. Abd.  
 CM (Coal Bed Methane)  
 Cathodic     Other (Core, Expl., 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  
 Conv. to GSW
- Plug Back: \_\_\_\_\_ Plug Back Total Depth \_\_\_\_\_  
 Commingled    Permit #: \_\_\_\_\_  
 Dual Completion    Permit #: \_\_\_\_\_  
 SWD    Permit #: \_\_\_\_\_  
 ENHR    Permit #: \_\_\_\_\_  
 GSW    Permit #: \_\_\_\_\_

<u>05/03/2010</u>	<u>05/05/2010</u>	<u>05/05/2010</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 125-31958 - 00 - 00

Spot Description: \_\_\_\_\_

SE NE SE NE Sec. 32 Twp. 33 S. R. 14  East  West  
1,870 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: MONTGOMERY

Lease Name: NUNNELEY YOUNG Well #: 10-01

Field Name: WAYSIDE HAVANA

Producing Formation: WAYSIDE

Elevation: Ground: 844 Kelly Bushing: 03

Total Depth: 756 Plug Back Total Depth: \_\_\_\_\_

Amount of Surface Pipe Set and Cemented at: 21.69 Feet

Multiple Stage Cementing Collar Used?  Yes  No

If yes, show depth set: \_\_\_\_\_ Feet

If Alternate II completion, cement circulated from: 755

feet depth to: SURFACE w/ 75 sx cmt.

Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)

Chloride content: \_\_\_\_\_ ppm Fluid volume: \_\_\_\_\_ bbls

Dewatering method used: \_\_\_\_\_

Location of fluid disposal if hauled offsite: \_\_\_\_\_

Operator Name: \_\_\_\_\_

Lease Name: \_\_\_\_\_ License #: \_\_\_\_\_

Quarter \_\_\_\_\_ Sec. \_\_\_\_\_ Twp. \_\_\_\_\_ S. R. \_\_\_\_\_  East  West

County: \_\_\_\_\_ Permit #: \_\_\_\_\_

**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.

AFFIDAVIT

I am the affiant and I hereby certify that 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: PRESIDENT Date: 10-11-10

KCC Office Use ONLY

Letter of Confidentiality Received

Date: \_\_\_\_\_

Confidential Release Date: \_\_\_\_\_

Wireline Log Received

Geologist Report Received

UIC Distribution

ALT  I  II  III

Approved by: Dg

Date: 10/20/10

RECEIVED

OCT 13 2010

KCC WICHITA

Operator Name: G & J OIL COMPANY, INC Lease Name: NUNNELEY YOUNG Well #: 10-01  
 Sec. 32 Twp. 33 S. R. 14  East  West County: MONTGOMERY

**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 complete copy of all Electric Wire-line 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Run <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Submitted Electronically <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(If no, Submit Copy)</i>  List All E. Logs Run: <b>GAMMA RAY NEUTRON COMPLETION</b>	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <input checked="" type="checkbox"/> Sample  <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;">Name</td> <td style="width:20%;">Top</td> <td style="width:20%;">Datum</td> </tr> <tr> <td>GAMMA RAY NEUTRON</td> <td>688'</td> <td>698'</td> </tr> <tr> <td>CORE</td> <td>685'</td> <td>704</td> </tr> </table>	Name	Top	Datum	GAMMA RAY NEUTRON	688'	698'	CORE	685'	704
Name	Top	Datum								
GAMMA RAY NEUTRON	688'	698'								
CORE	685'	704								

CASING RECORD <input 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	12 1/4	7	19	21.69	I	10	SERVICE COMPANY
PRODUCTION	5 7/8	2 7/8 8RD	6.5	755	S	123	SERVICE COMPANY

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				

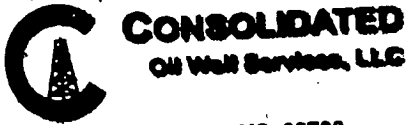
Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>	Depth
20	2" DML RTG GUN	SAND FRAC	688-698

**RECEIVED**  
**OCT 13 2010**

TUBING RECORD: Size: _____ Set At: _____ Packer At: <b>NONE</b> Liner Run: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No											
Date of First, Resumed Production, SWD or ENHR. <b>9-18-10</b>	Producing Method: <input type="checkbox"/> Flowing <input checked="" type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain) _____										
Estimated Production Per 24 Hours	<table style="width:100%; border-collapse: collapse;"> <tr> <td>Oil Bbls.</td> <td>Gas Mcf</td> <td>Water Bbls.</td> <td>Gas-Oil Ratio</td> <td>Gravity</td> </tr> <tr> <td>2</td> <td>0</td> <td>23</td> <td>0:2</td> <td>35</td> </tr> </table>	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity	2	0	23	0:2	35
Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity							
2	0	23	0:2	35							

**KCC WICHITA**

DISPOSITION OF GAS: <input checked="" 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 checked="" type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <i>(Submit ACO-5)</i> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
--	--	--



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

# 234158 *Copied*

TICKET NUMBER 27488  
LOCATION Bartlesville, OK  
FOREMAN Kirk Sanders

FIELD TICKET & TREATMENT REPORT  
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
5-6-10		NY 10-1	32	33	14	Murtrees
CUSTOMER			TRUCK #	DRIVER	TRUCK #	DRIVER
G4J			398	John		
MAILING ADDRESS			551	Tim		
CITY						
STATE						
ZIP CODE						

JOB TYPE LS HOLE SIZE 5 7/8 HOLE DEPTH \_\_\_\_\_ CASING SIZE & WEIGHT \_\_\_\_\_  
 CASING DEPTH 752' DRILL PIPE \_\_\_\_\_ TUBING 2 7/8 OTHER \_\_\_\_\_  
 SLURRY WEIGHT 14 SLURRY VOL 1.71 WATER gal/sk 8.62 CEMENT LEFT in CASING Ø  
 DISPLACEMENT 4.3 DISPLACEMENT PSI \_\_\_\_\_ MIX PSI \_\_\_\_\_ RATE 3.5 gpm

REMARKS: Est circ, ran 752' of Thick Set Cement. Washed out pump & lines, dropped 2 plugs & disp. to set. Shut in & washed up.

— Circ. Cement to Suck. —

<HAD OWN H2O>

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE (Long string)		900 <sup>00</sup>
5406	30	MILEAGE		106 <sup>50</sup>
5407	1	Bulk Tck		350 <sup>00</sup>
5402	752'	Footage		150 <sup>40</sup>
1126A	752'	Thick Set Cement	#	1,237 <sup>50</sup>
1107A	40 <sup>#</sup>	Phano Seal	#	44 <sup>80</sup>
1108A	400 <sup>#</sup>	Kal Seal	#	160 <sup>00</sup>
4402	x2	2 3/8 Rubber Plug	#	46 <sup>00</sup>
				RECEIVED
				OCT 13 2010
				KCC WICHITA
				78 <sup>88</sup>
				5.3%# SALES TAX ESTIMATED
				TOTAL 3,074 <sup>08</sup>

12% Discounted Price \$2,705<sup>19</sup>

AUTHORIZATION [Signature] TITLE \_\_\_\_\_ DATE \_\_\_\_\_

I acknowledge that the payment terms, unless specifically amended in writing on the front of the form or in the customer's account records, at our office, and conditions of service on the back of this form are in effect for services identified on this form



**CONSOLIDATED**  
Oil Well Services, LLC

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

TICKET NUMBER 50074  
FIELD TICKET REF # 45969  
LOCATION 2B-mille  
FOREMAN Rusty Reed

**TREATMENT REPORT**  
**FRAC & ACID**

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
9-13-10		NY #10-1	32	335	14E	MLB
CUSTOMER						
G + J Oil						
MAILING ADDRESS						
CITY STATE ZIP CODE						

TRUCK #	DRIVER	TRUCK #	DRIVER
5544T82		1158	Steve
4174	Rusty	550	Mark
4175	Ryan J	4134T	John B

**WELL DATA**

CASING SIZE	2 7/8"	TOTAL DEPTH	
CASING WEIGHT		PLUG DEPTH	
TUBING SIZE		PACKER DEPTH	
TUBING WEIGHT		OPEN HOLE	
PERFS & FORMATION			20 slots
	Wayside		688-698

**TYPE OF TREATMENT**  
Sand Frac

**CHEMICALS**

Frac Gel	
Breaker	

STAGE	BBL'S PUMPED	INJ RATE	PROPPANT PPG	SAND / STAGE	PSI	
Pad	15	5-10			569-749	BREAKDOWN 1486
	15	15			1038-1029	START PRESSURE
12/20 Sand	15	15	125	200lbs	1022-1019	END PRESSURE
	20	15	150	400lbs	1021-985	BALL OFF PRESS
	25	15	1	900lbs	972-983	ROCK SALT PRESS
	15	15	1.5	1000lbs	1603-999	ISIP 175
2 Balls	20	15	2	1000lbs	1158-1101	5 MIN 411
3 Balls	30	15	2.5	2500lbs	1162-1024	10 MIN 351
Flush	9	15			1021-1025	15 MIN 330
						MIN RATE 5
						MAX RATE 15
						DISPLACEMENT 3.9

REMARKS:

**RECEIVED**  
**OCT 13 2010**  
**KCC WICHITA**

AUTHORIZATION \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

Terms and Conditions are printed on reverse side.



# CONSOLIDATED Oil Well Services, LLC

PO BOX 884 STREET, CHANUTE, KS 66720  
620-431-9210 OR 800-467-8676

TICKET NUMBER **45969**

LOCATION 9-13-10

### FIELD TICKET

DATE 9-13-10	CUSTOMER ACCT #	WELL NAME NY #10-1	QTR/QTR	SECTION 32	TWP 33S	RGE 14E	COUNTY MC	FORMATION Wayside
CHARGE TO G+J Oil				OWNER				
MAILING ADDRESS				OPERATOR				
CITY & STATE				CONTRACTOR				

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION OF SERVICES OR PRODUCT	UNIT PRICE	TOTAL AMOUNT
5102	1	PUMP CHARGE	1750.00	1750.00
5106	1	Frac Pump	850.00	850.00
5111	1	Blender	600.00	600.00
5604	1	Frac Valve	100.00	100.00
5310	2 Hrs	Acid Delivery	135.00	270.00
1202	16 gal	Acid Inhibitor	7.15	114.40
1208	25 gal	Breaker	5.40	135.00
1231	150 lbs	Frac Gel	4.78	717.00
1244	16 gal	Clay Stab	2.25	36.00
1275	250 gal	15% Hat	4.49	1122.50
5169	1	BLENDING & HANDLING	305.00	305.00
5108	3 UNITS	TON-MILES	124.08	372.25
5501F	3 Hrs	STAND BY TIME	107.40	321.00
1202	6000 lbs	MILEAGE	25.00	150.00
		WATER TRANSPORTS	Used Lease Water	
		VACUUM TRUCKS		
		FRAC SAND	12/20	
		SALES TAX		736.98
		ESTIMATED TOTAL		6631.00

Ravin 2790

CUSTOMER or AGENTS SIGNATURE

COWS FOREMAN

CUSTOMER or AGENT (PLEASE PRINT)

DATE

RECEIVED

OCT 13 2010

KCC WICHITA

I acknowledge that the payment terms, unless specifically amended in writing on the front of the form or in the customer's account records at our office, and conditions of services on the back of this form are in effect for services identified on this form.