

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 # 33858
Name: J & J Operating, LLC
Address 1: 10380 West 179th Street
Address 2: _____
City: Bucyrus State: KS Zip: 66013 + 9596
Contact Person: Marcia Littell
Phone: (913) 256-9384
CONTRACTOR: License # 32834
Name: JTC Oil, Inc.
Wellsite Geologist: _____
Purchaser: Pacer Energy Marketing, LLC.

Designate Type of Completion:

- New Well Re-Entry Workover
- Oil WSW SWD SLOW
- 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 #: _____

10/4/2010	10/5/2010	10/29/2010
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 107-24316-00-00

Spot Description: _____
N2 SW NE SE Sec. 26 Twp. 22 S. R. 21 East West
1,815 Feet from North / South Line of Section
990 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE NW SE SW

County: Linn

Lease Name: Wakefield Well #: J-3

Field Name: Blue Mound

Producing Formation: Burgess

Elevation: Ground: 1072' Kelly Bushing: _____

Total Depth: 851' Plug Back Total Depth: 848'

Amount of Surface Pipe Set and Cemented at: 21 Feet

Multiple Stage Cementing Collar Used? Yes No

If yes, show depth set: _____ Feet

If Alternate II completion, cement circulated from: 848

feet depth to: surface w/ 154 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: Marcia Littell

Title: Compliance Coordinator Date: 11/22/2010

KCC Office Use ONLY

Letter of Confidentiality Received

Date: _____ **RECEIVED**

Confidential Release Date: _____

Wireline Log Received

NOV 29 2010

Geologist Report Received

UIC Distribution

ALT I II III Approved by: DG **KCC WICHITA**

Date: 11/22/10

Operator Name: J & J Operating, LLC Lease Name: Wakefield Well #: J-3
 Sec. 26 Twp. 22 S. R. 21 East West County: Linn

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 type="checkbox"/> Yes <input checked="" 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: Gamma Ray/Neutron	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum
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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	9 3/4"	6 1/4"	23.0#	21'	Portland	3 sx	
Production	6"	2 7/8"	5.8#	848'	50/50 Poz	154 sx	5# Kol-seal, 2% Gel

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
3 SPF	824-828' 13 Perfs	Spot 75 gal 15% HCL	824-828'
		60 bbls. city H2o w KCL	
		300# 20/40, 700# 12/20 sand	

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TUBING RECORD: Size: _____ Set At: _____ Packer At: _____	Liner Run: <input type="checkbox"/> Yes <input type="checkbox"/> No	KCC WICHITA
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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 <i>(Explain)</i> _____
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 checked="" type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <i>(Submit ACO-5)</i> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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JTC Oil, Inc.
P.O. Box 24386
Stanley, Kansas 66283

New Well Data

Invoice **779780**

<u>Date</u>	<u>Customer #</u>	<u>Well Name and #</u>	<u>Sec</u>	<u>Town</u>	<u>Range</u>	<u>County</u>
11/6/2010	1	Wakefield J-3	26	22	21	Linn
Customer J&J Operating, LLC.						
Billing Address 10380 W. 179th Street						
City Bucyrus			State Kansas		Zip 66013	

Well Data and Procedures

<u>Well Data</u>			<u>Procedures</u>	
<u>Surface Casing</u>	<u>Size</u>	<u>Sks. Cement</u>	<u>Spud Date</u>	
10/4/2010	6 1/4	3	10/4/2010	
<u>Longstring</u>	<u>Length / Size</u>	<u>Sks. Cement</u>	<u>Pit Clouser Date</u>	
10/6/2010	2 7/8 at 848 ft			
<u>Total Casing Depth</u>				
848				
<u>Total Well Depth</u>				
851				

Comments

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KCC WICHITA

Authorization _____ Title _____



CONSOLIDATED
Oilfield Services, LLC

TICKET NUMBER 27189
LOCATION Offshore
FOREMAN Alan Mader

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
10-6-10	4028	Wakefield J-3	SE 26	22	21	6N
CUSTOMER J & J Operating			TRUCK # DRIVER TRUCK # DRIVER			
MAILING ADDRESS 10380 W 179th			516	Alan M	Safety	Meeting
CITY Bucyrus			495	Casey K	CF	
STATE KS			369	Harold B	HTB	
ZIP CODE 66013			523	Derek M	DM	

JOB TYPE long string HOLE SIZE 6 HOLE DEPTH 851 CASING SIZE & WEIGHT 2 1/8
CASING DEPTH 848 DRILL PIPE _____ TUBING _____ OTHER _____
SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING yes
DISPLACEMENT 4.9 DISPLACEMENT PSI 800 MIX PSI 200 RATE 5 bpm

REMARKS: Held crew meeting. Mixed + pumped 150# gel followed by 154 SK 50/150 p02, 5# kol seal, 5# salt, 2# gel, 1/2# phenoseal. Circulated cement. Flushed pump. Pumped plug to casing TD. Well held 800 PSI. Set float. Closed valve.

JTG Drilling
Alan Mader

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE		925.00
5706		MILEAGE		
5402	848	Casing footage		
5407A	323.4	70# mileage		388.08
5502C	2	80 gal		200.00
1107A	77#	Phenoseal		88.55
1110A	770#	kol seal		323.40
1111	298#	salt		98.34
1118B	409#	gel		81.80
1124	137.9k	50/150 p02		1348.08
4402	1	2 1/2 plug		23.00
			RECEIVED	
			NOV 2 2010	
		WD # 237145	KCC WICHITA	
			63	
			SALES TAX	123.68
			ESTIMATED	
			TOTAL	3599.92

Ravin 3737
AUTHORIZATION J. L. 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.