

KANSAS CORPORATION COMMISSION **ORIGINAL**
 OIL & GAS CONSERVATION DIVISION
WELL COMPLETION FORM
 WELL HISTORY - DESCRIPTION OF WELL & LEASE

Form ACO-1
 June 2009
Form Must Be Typed
Form must be Signed
 All blanks must be Filled

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: _____

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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 #: _____

<u>09/26/2010</u>	<u>10/5/2010</u>	<u>10/29/2010</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 107-24314-00-00
 Spot Description: _____
NW NW NE SE Sec. 26 Twp. 22 S. R. 21 East West
2,475 Feet from North / South Line of Section
1,155 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-1
 Field Name: Blue Mound

Producing Formation: Burgess
 Elevation: Ground: 1073' Kelly Bushing: _____
 Total Depth: 845' Plug Back Total Depth: 842'
 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: 842
 feet depth to: surface w/ 127 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: 11/19/2010

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: Dlg Date: 11/30/10

Operator Name: J & J Operating, LLC Lease Name: Wakefield Well #: J-1
 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#	842'	50/50 Poz	127 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	815-820' 16 Perfs	Spot 75 gal 15% HCL	815-820'
		60 bbls. city H2o w KCL	
		500# 20/40, 500# 12/20 sand	

TUBING RECORD:	Size:	Set At:	Packer At:	Liner Run: <input type="checkbox"/> Yes <input type="checkbox"/> No
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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 (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 checked="" type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <i>(Submit ACO-5) (Submit ACO-4)</i> <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

FIELD TICKET & TREATMENT REPORT
CEMENT

TICKET NUMBER 27177
LOCATION Ottawa
FOREMAN Alan Mode

DATE	CUSTOMER #	WELL NAME & NUMBER		SECTION	TOWNSHIP	RANGE	COUNTY
10-6-10	4028	Wakefield J-1		SE 26	22	21	LAN
CUSTOMER J & J Operating				TRUCK #			
MAILING ADDRESS 10380 W 179th				DRIVER			
CITY Bucyrus				TRUCK #			
STATE KS		ZIP CODE 66013		DRIVER			
JOB TYPE	Long string	HOLE SIZE	6	HOLE DEPTH	844	CASING SIZE & WEIGHT	2 7/8
CASING DEPTH	842	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

576	Alan M	Safety Meeting	
495	Casey K		
369	Harold B	J & J	
548	Tim W	R/W	

REMARKS: Held crew meeting. Mixed & pumped 150# gel to flush hole followed by 127 sk 50/50 poz 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.

JTC Drilling

Alan Mode

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE		925.00
5406	50	MILEAGE		182.50
5402	842	Casing footage		
5407A	266.7	ton miles		320.04
5302L	1 1/2	80 vac		150.00
1107A	64#	Pheno seal		73.60
1110A	635#	Kol Seal		266.70
1111	245#	Salt		80.85
1118B	363#	gel		72.60
1124	123 sk	50/50 poz		1116.72
4402	1	2 1/2 plug		23.00
		WO 237147		

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Ravin 3737

AUTHORIZATION DL TITLE _____ DATE _____

SALES TAX ESTIMATED TOTAL 162.60
3308.81

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.