

ORIGINAL

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

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: J TC Oil, Inc.
Wellsite Geologist: David Griffin, RG

Purchaser: _____
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 #: _____
9/29/2010 10/1/2010 10/29/2010
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 107-24318-00-00
Spot Description: _____
E2 W2 NE SE Sec. 26 Twp. 22 S. R. 21 East West
1,980 Feet from North / South Line of Section
825 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 1-2
Field Name: Blue Mound
Producing Formation: Burgess
Elevation: Ground: 1088' Kelly Bushing: _____
Total Depth: 875' Plug Back Total Depth: 872'
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: 872'
feet depth to: surface w/ 130 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 #: _____

RECEIVED
NOV 19 2010

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 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: 11/17/2010

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: 11/23/10

Operator Name: J & J Operating, LLC Lease Name: Wakefield Well #: J 1-2
 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
--	---

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	
Production	6"	2 7/8"	5.8#	872'	50/50 Poz	130	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	845-850' 16 perms	Spot 75 gal 15% HCL	845-850'
		60 bbls. city H2o w KCL	
		200# 20/40, 300# 12/20 sand	

RECEIVED
NOV 19 2010

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

KCC WICHITA

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 (Specify) _____	PRODUCTION INTERVAL: _____ _____
--	---	---



JTC Oil, Inc.
P.O. Box 24386
Stanley, Kansas 66283

New Well Data

Invoice 779779

Date	Customer #	Well Name and #	Sec	Town	Range	County
11/6/2010	1	Wakefield JI-2	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>
9/29/2010	6 1/4	3	9/29/2010
<u>Longstring</u>	<u>Length / Size</u>	<u>Sks. Cement</u>	<u>Pit Clouser Date</u>
10/1/2010	2 7/8 at 872 ft		
<u>Total Casing Depth</u>			
872			
<u>Total Well Depth</u>			
874			

Comments

RECEIVED

NOV 19 2010

KCC WICHITA

Authorization _____

Title _____



CONSOLIDATED
Oil Well Services, LLC

TICKET NUMBER 27172

LOCATION W. Huang

FOREMAN Alan Madev

PO Box 184, Chanute, KS 66720
620-43 9210 or 800-467-8676

FIELD TICKET & TREATMENT REPORT

CEMENT

D	E	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
10-1	10	4028	Wakefield JT-2	SE 26	22	21	LN

TRUCK #	DRIVER	TRUCK #	DRIVER
516	Alan M	Safety	Meeker
495	Casey K	CP	
369	Harold B	HJB	
540	Tim W	TW	

MAILING ADDRESS: 10 80 W 179th
CITY: Byrus STATE: KS ZIP CODE: 66613

JOB TYPE: E long string HOLE SIZE: 6 HOLE DEPTH: 877 CASING SIZE & WEIGHT: 2 1/8 10R2

CASING DEPTH: 874 DRILL PIPE: _____ TUBING: _____ OTHER: _____

SLURRY WEIGHT: _____ SLURRY VOL: _____ WATER gal/sk: _____ CEMENT LEFT in CASING: yes

DISPLACEMENT: 5.1 DISPLACEMENT PSI: 800 MIX PSI: 200 RATE: 5 bpm

REMARKS: Held crew meeting, checked well depth. Mixed & pumped 150 # gel to flush hole. Mixed & pumped 50/150/02 5 # Kol seal, 2 # gel, 1/2 # phen seal. Isolated cement. Flushed pump. Pumped plug to casing TD. Well held 800 PSI. Set float. Closed valve.

J - Drilling

Alan Madev

ACI	UNT	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
54	1		PUMP CHARGE		925.00
54	6	50 50	MILEAGE		182.50
54	2	874	casing footage		
54	7A	285.60	ton miles		342.72
55	1C	3	80 val		300.00
110	A	68 #	Phenoseal		78.30
111	A	680 #	Kol seal		285.60
111	B	378 #	gel		75.60
112		124 sk	50/150/02		1220.16
44	2	1	2 1/2 plug		23.00

RECEIVED

NOV 19 2010

KCC WICHITA

WO# 237080

SALES TAX 106.00
ESTIMATED TOTAL 3538.78

Revin 37

AUTORIZATION RL

TITLE _____

DATE _____

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