

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.

RECEIVED

DEC 13 2010

KCC WICHITA

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 #: _____

9/20/2010	9/22/2010	11/29/2010
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 045-21678-00-00

Spot Description: _____
NE_SW_NW_NE Sec. 31 Twp. 13 S. R. 21 East West
825 Feet from North / South Line of Section
2,145 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW

County: Douglas

Lease Name: South Grosdidier Well #: 4

Field Name: Little Wakarusa

Producing Formation: Squirrel

Elevation: Ground: 938' Kelly Bushing: _____

Total Depth: 820' Plug Back Total Depth: 808'

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: 808
feet depth to: surface w/ 131 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: 12/8/2010

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: 12/22/10

Operator Name: J & J Operating, LLC. Lease Name: South Grosdidier Well #: 4
 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 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 7/8"	6 1/4"	23.0#	40'	Portland	3	
Production	5 5/8"	2 7/8"	5.8#	808'	50/50 Poz	131	2% Gel, 1/2# pheno-seal

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	709-719'	31 Perfs	Spot 75 gal 15% HCL	709-719'
			137 bbls. city H2o w KCL	
			200# 20/40, 2500# 12/20, 800# 8/12 sand	

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 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: _____ _____
---	--	--



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 27170
LOCATION O & Hwy
FOREMAN Alan Madea

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
9-22-10	4028	S Gooddier #4	NE 31	13	21	DC
CUSTOMER J & J Operating			TRUCK #			
MAILING ADDRESS 10380 W 179th			DRIVER			
CITY Bucyrus		STATE KS	ZIP CODE 66003		TRUCK #	
			DRIVER			

JOB TYPE long string HOLE SIZE 6 HOLE DEPTH 820 CASING SIZE & WEIGHT 2 1/8
 CASING DEPTH 815 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING YES
 DISPLACEMENT 4 3/4 DISPLACEMENT PSI 800 MIX PSI 200 RATE 40pm

REMARKS: Held crew meeting. Mixed & pumped 150# gel to flush hole. Circulated from pit. Mixed 150# more gel. Circulated from pit. Mixed & pumped 50/150 poz, 2 7/8 gel 1/2 # Pheno seal. Circulated cement. Flushed pump. Pumped plug to casing TD. Well held 800 PSI. Set float. Closed valve.

JTC Drilling

Alan Madea

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE		925.00
5406	—	MILEAGE		—
5402	815	casing footage		—
5407 A	170.1	ten miles		204.12
5502C	2.5	80 VAG		250.00
1107A	68#	Pheno seal		98.20
1118B	527#	gel		106.40
1124	131.8K	50/150 poz		1289.04
4402	1	2 1/2 plug		23.00
				SALES TAX
				ESTIMATED
				TOTAL

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.



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

New Well Data

Invoice **779679**

<u>Date</u>	<u>Customer #</u>	<u>Well Name and #</u>	<u>Sec</u>	<u>Town</u>	<u>Range</u>	<u>County</u>
10/23/2010	1	Grosdidier #4	31	13	21	Douglas
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>
9/20/2010	6 1/4	3	9/20/2010
<u>Longstring</u>	<u>Length / Size</u>	<u>Sks. Cement</u>	<u>Pit Clouser Date</u>
9/22/2010	2 7/8 at 815.2 ft		9/23/2010
<u>Total Casing Depth</u>			
815.2			
<u>Total Well Depth</u>			
820			

Comments

RECEIVED

DEC 13 2010

KCC WICHITA

Authorization _____

Title _____