



KANSAS CORPORATION COMMISSION 1055222
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 # 9722
Name: G & J Oil Company, Inc.
Address 1: PO BOX 188
Address 2: _____
City: CANEY State: KS Zip: 67333 + _____
Contact Person: Gene Nunneley
Phone: (620) 252-9700
CONTRACTOR: License # 5989
Name: Finney, Kurt dba Finney Drilling Co.
Wellsite Geologist: Gene Nunneley
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 #: _____

03/24/2011	03/28/2011	03/28/2011
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-125-32053-00-00
Spot Description: _____
SE NE NE NE Sec. 32 Twp. 33 S. R. 14 East West
4833 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 #: 11-2
Field Name: _____
Producing Formation: Wayside
Elevation: Ground: 839 Kelly Bushing: 754
Total Depth: 750 Plug Back Total Depth: _____
Amount of Surface Pipe Set and Cemented at: 22 Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set: _____ Feet
If Alternate II completion, cement circulated from: 744
feet depth to: 0 w/ 70 sx cmt.

Drilling Fluid Management Plan
(Data must be collected from the Reserve Pit)

Chloride content: 0 ppm Fluid volume: 0 bbls
Dewatering method used: Evaporated
Location of fluid disposal if hauled offsite:
Operator Name: _____
Lease Name: _____ License #: _____
Quarter _____ Sec. _____ Twp. _____ S. R. _____ East West
County: _____ Permit #: _____

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.

Submitted Electronically

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: Deanna Garrisor Date: 05/31/2011



1055222

Operator Name: G & J Oil Company, Inc. Lease Name: NUNNELEY YOUNG Well #: 11-2
 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(If no, Submit Copy)</i> List All E. Logs Run: Gamma Ray/neutron Log	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input 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>wayside sand</td> <td>702</td> <td>709</td> </tr> <tr> <td>core</td> <td>678</td> <td>698</td> </tr> </table>	Name	Top	Datum	wayside sand	702	709	core	678	698
Name	Top	Datum								
wayside sand	702	709								
core	678	698								

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	12.2500	7	19	22.60	I	10	Service Company
Production	5.8750	2.8750	6.5	744	OWC	94	Service Company

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
___ Perforate				
___ Protect Casing	-			
___ Plug Back TD				
___ 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
2	2" DML-RTG 40 shots total	Acid Sand Frac	676'-696'
2	2" DML-RTG 15 shots total	Acid Sand Frac	702'-709'

TUBING RECORD:	Size: <u>1"</u>	Set At: <u>700</u>	Packer At: <u>none</u>	Liner Run: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date of First, Resumed Production, SWD or ENHR. <u>04/26/2011</u>		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	Oil Bbls. <u>2</u>	Gas Mcf <u>0</u>	Water Bbls. <u>25</u>	Gas-Oil Ratio <u>02</u>
				Gravity <u>30</u>

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: _____ _____
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CONSOLIDATED
Oil Well Services, LLC

TICKET NUMBER 29710
LOCATION R-walle
FOREMAN Coop

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
3-28-11		Nunnaley Young #11-2	32	33	14	Mont
CUSTOMER G+S			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS P.O. Box 188			398	John W		
CITY Chanute			518	Pronk		
STATE KS						
ZIP CODE 67333						

JOB TYPE L.S HOLE SIZE 5-1/2 HOLE DEPTH 253 CASING SIZE & WEIGHT 2 1/8
CASING DEPTH 244 DRILL PIPE _____ TUBING _____ OTHER _____
SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING -0-
DISPLACEMENT 3.9 DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Run in 2 hrs set ahead. Est. circulation around 90 hrs. Thick set cement. Checked pump & lines. Displaced 2 plugs to bottom set chg. checked in.
-Circulated cement to surface

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE		975.00
5406	35	MILEAGE		140.00
5402	744	Casing Footage		148.80
5407	1	Bulk Truck		320.00
1126A	20 lbs	Thick set cement		1253.00
1107A	40#	PhenoSeal		48.80
1110A	350#	Ko-Seal		154.00
1118B	100#	Lat		20.00
4402	2	2 1/8 Rubber Plug		56.00
		10% Discount & Paid in 30 Days # 2899.89		
			6.3%	SALES TAX
				96.50
				ESTIMATED TOTAL
				3222.10

Flavin 3737

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.

4/11/2011

FIELD TICKET

0164194

Customer	G&J	Stage	#1
Customer Acct #		Section	32
Well Name	NY #11-2	TWP	33S
Charge To		RGE	14E
Mailing Address		County	Montgomery
City & State		Formation	Wayside
Zip Code		Perfs	676 - 696 702 - 709 55 holes

Code	Vehicles, Equipment and Mileage	Quantity	Unit	Price per Unit	
5102	2250 HP PUMP	1	PER JOB	3275.00	\$ 3,275.00
5106	BLENDER TRUCK (0-20 BPM)	1	PER JOB	1050.00	\$ 1,050.00
5111	FRAC VAN	1	PER JOB	725.00	\$ 725.00
5116B	IRON TRUCK W/ BOOM	1	PER JOB	650.00	\$ 650.00
5115	BALL INJECTOR	1	PER JOB	100.00	\$ 100.00
0			0	0.00	\$ -
0			0	0.00	\$ -
0			0	0.00	\$ -
0			0	0.00	\$ -
0			0	0.00	\$ -
0			0	0.00	\$ -
SUBTOTAL					\$ 5,800.00
40% EQUIPMENT DISCOUNT					\$ 2,320.00
EQUIPMENT TOTAL					\$ 3,480.00
Chemical Treatment and Water					
	FRAC GEL (GA-40W)	150.0	POUNDS	5.20	\$ 780.00
	BACHCIDE	2.0	GALLONS	30.00	\$ 60.00
	BREAKER (LEB-4)	0.5	GALLONS	187.00	\$ 93.50
	CLAY STAY (CS-250)(CS-702)	1.0	GALLONS	37.00	\$ 37.00
	STIMFLO (FBA)	1.0	GALLONS	40.00	\$ 40.00
	BREAKER AMMONIUM PERSULFATE	10.0	POUNDS	4.86	\$ 48.60
	15% HCL ACID (CHARGE FOR INHIBITOR IN ADDITION)	300.0	GALLONS	1.70	\$ 510.00
	ACID INHIBITOR (AI-260)	1.0	GALLONS	46.00	\$ 46.00
			0.0	0.00	\$ -
			0.0	0.00	\$ -
			0.0	0.00	\$ -
			0.0	0.00	\$ -
			0.0	0.00	\$ -
CHEMICAL TOTAL					\$ 1,615.10
Sand					
2102	12/20 BROWN (bulk)	7,000	POUNDS	\$0.27	\$ 1,890.00
0			0	\$0.00	\$ -
0			0	\$0.00	\$ -
0			0	\$0.00	\$ -
SAND TOTAL					\$ 1,890.00
Water and Chemical Transport					
5109	MIN. BULK DELIVERY (WITHIN 50 MILES)	1	PER MILE	\$315.00	\$ 315.00
0			0	\$4.00	\$ -
5310A	ACID TRANSPORT	1	/HR	\$140.00	\$ 140.00
0			0	\$0.00	\$ -
0			0	\$0.00	\$ -
TRANSPORT TOTAL					\$ 455.00
Frac Valves					
5604	3 INCH FRAC VALVE	1	PER WELL (3 DAYS)	\$100.00	\$ 100.00
FRAC VALVE TOTAL					\$ 100.00
Miscellaneous Costs					
4326	BALL SEALERS, 7/8 INCH, RCN (SG 1.3)	103	/BALL	\$3.00	\$ 309.00
0			0	\$0.00	\$ -
0			0	\$0.00	\$ -
MISC. TOTAL					\$ 309.00

DISCOUNT
(GOOD IF PAID WITHIN 30 DAYS)

40%	EQUIPMENT DISCOUNT (FROM ABOVE)	2,320.00
20%	MATERIALS DISCOUNT	873.82
	SALES TAX	63.69
DISCOUNTED TOTAL		\$ 7,038.97

CUSTOMER or AGENTS SIGNATURE _____ COWS FOREMAN *[Signature]*
 CUSTOMER or AGENT (PLEASE PRINT) _____ DATE 4-11-11

I acknowledge that the payment terms, unless specifically amended in writing on the front of this 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

Prepared by: Consolidated Oil Well Services

Company Name: G&J Oil

Well Name: NY#11-2

Field: 32-33S-14E

Formation: Wayside

County: MG.

State: Ks.

Job Date: 04/11/11

Comments: Acid Sand Fac

Fluids: 154 Bbl. Saltwater 300 Gal. 5% Acid

Proppants: 25 Balls

Average Rate: 15

Average STP: 700

Tubing:

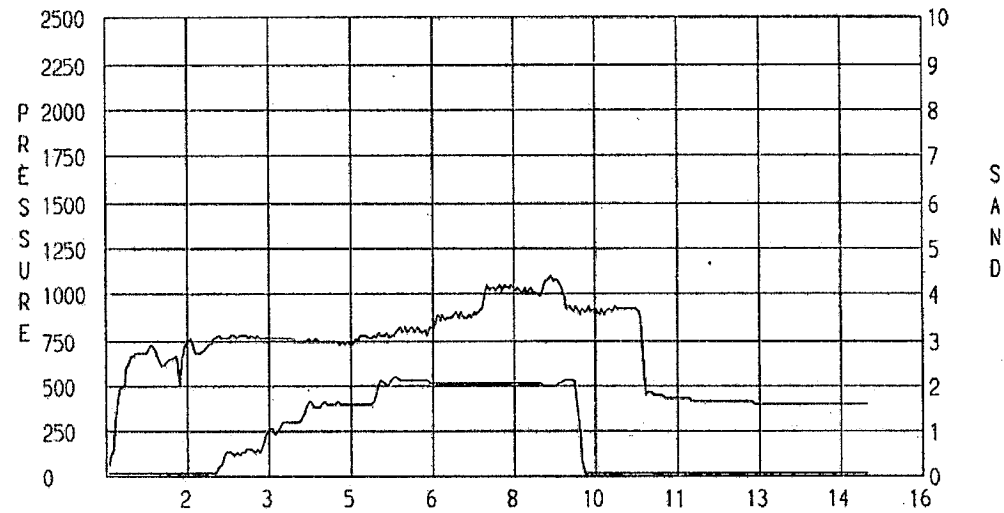
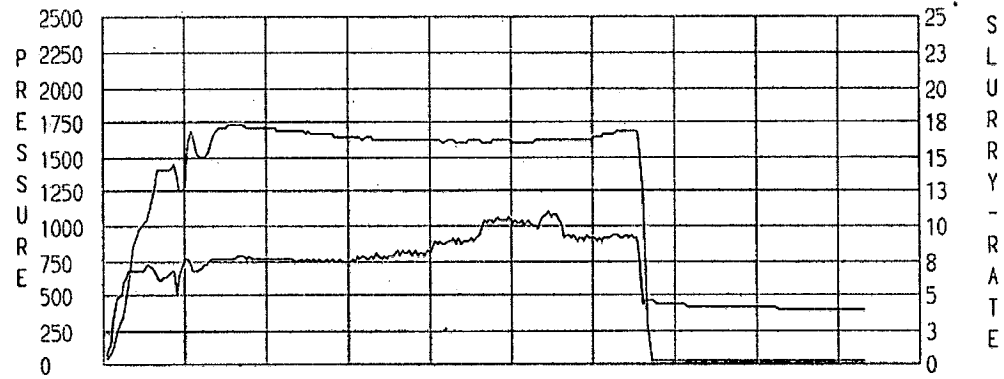
Casing: 2 7/8

Packer:

Filename: 10102203

Closure Pres: 4000

LINEAR PLOT



Elapsed Time (min), Start at 16:09:40

Prepared by: Consolidated Oil Well Services

Company Name: G&J Oil
Well Name: NY#11-2
Field: 32-33S-14E
Formation: Wayside
County: MG.
State: Ks.
Job Date: 04/11/11
Comments: Acid Balloff

Fluids: 18 Bbl. Saltwater 300 Gal. 15%
Proppants: 70 Balls
Average Rate: 5
Average STP: 1800
Tubing:
Casing: 2 7/8
Packer:
Filename: 10102203
Closure Pres: 4000

LINEAR PLOT

