



KANSAS CORPORATION COMMISSION 1062570
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 # 6157
Name: J & J Oil, a General Partnership
Address 1: 15518 E 85TH RD
Address 2: _____
City: MOUND CITY State: KS Zip: 66056 + 6200
Contact Person: Paul Jackson
Phone: (913) 795-2564
CONTRACTOR: License # 6157
Name: J & J Oil, a General Partnership
Wellsite Geologist: N/A
Purchaser: _____

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 #: _____
04/14/2011 04/15/2011 08/08/2011
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 15-107-24342-00-00
Spot Description: _____
S2_NW_NE_NW Sec. 11 Twp. 20 S. R. 23 East West
4714 Feet from North / South Line of Section
3630 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Linn
Lease Name: Person Well #: N-8
Field Name: _____
Producing Formation: Peru
Elevation: Ground: 922 Kelly Bushing: 0
Total Depth: 243 Plug Back Total Depth: 236
Amount of Surface Pipe Set and Cemented at: 48 Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set: _____ Feet
If Alternate II completion, cement circulated from: 0
feet depth to: 232 w/ 23 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 #: _____

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 Garrison Date: 10/14/2011



1062570

Operator Name: J & J Oil, a General Partnership Lease Name: Person Well #: N-8
 Sec. 11 Twp. 20 S. R. 23 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 (Attach Additional Sheets)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Log Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Name	Top
Cores Taken	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Peru	Datum
Electric Log Run	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		233
Electric Log Submitted Electronically (If no, Submit Copy)	<input type="checkbox"/> Yes <input type="checkbox"/> No		238
List All E. Logs Run:			

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	12.25	8	23	45	2	18	None
Casing	8.25	4.25	11	223	2	30	None

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 (Amount and Kind of Material Used)	Depth
		10 Sacks of sand, 80 Bbl of water	

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. 08/08/2011	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. 1	Gas Mcf	Water Bbls. 3	Gas-Oil Ratio 28

DISPOSITION OF GAS: <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input checked="" type="checkbox"/> Used on Lease (If vented, Submit ACO-18.)	METHOD OF COMPLETION: <input checked="" type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled (Submit ACO-5) <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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Avery Lumber

P.O. BOX 66
 MOUND CITY, KS 66056
 {913} 795-2210 FAX {913} 795-2194

Customer Copy

INVOICE

PLEASE REFER TO INVOICE NUMBER
 ON ALL CORRESPONDENCE

Page: 1		Invoice: 20020148
Special :		Time: 17:46:26
Instructions :		Ship Date: 04/13/11
		Invoice Date: 04/13/11
Sale rep #: TLIKELY TOM	Acct rep code:	Due Date: 04/13/11
Sold To: CASH CUSTOMER - TAXABLE		Ship To: CASH CUSTOMER - TAXABLE
		() -
		() -
Customer #: *9	Customer PO:	Order By:

CASH
T 17

popimg01

ORDER	SHIP	L	U/M	ITEM#	DESCRIPTION	Alt Price/Uom	PRICE	EXTENSION
120.00	120.00	L	BAG	CPPC	PORTLAND CEMENT	9.9900 BAG	9.9900	1198.80
4.00	4.00	L	EA	CPQP	QUIKRETE PALLETS	17.0000 EA	17.0000	68.00

INVOICE

Check # 8608	1346.61	FILLED BY	CHECKED BY	DATE SHIPPED	DRIVER		Sales total	\$1266.80
			SHIP VIA LINN COUNTY					Taxable
Total applied:	1346.61	RECEIVED COMPLETE AND IN GOOD CONDITION					Non-taxable	0.00
		X					Tax #	
							Sales tax	79.81

TOTAL \$1346.61

2 - Customer Copy

J&J OIL COMPANY
MOUND CITY KANSAS
913-795-2426 OR 2586

LEASE: Person OPERATOR: J&J Oil API NO: 15-107-243420000

CONTRACTOR: J&J OIL COMPANY DATE STARTED: 4-14-11 DATE COMP: 8-8-2011

TOTAL DEPT: 243 WELL NO: N-8 HOLE SIZE: 8 1/4

SURFACE PIPE: 8" 45' SURFACE BIT: 12 1/4 SACKS OF CEMENT: 25

DEPTH OF SEAT NIPPLE: _____ RAG PACKER AT: Rag Packer 232

LENGHT AND SIZE OF CASING: 232' 4" SACKS OF CEMENT: 26 sacks

LEGAL DISCRPTION:

S/2 NW NE NW SEC: 11 TWP: 20 RANGE: 23E

COUNTY: Linn

THICKNESS/DEPT	TYPE OF FORM.	THICKNESS/DEPT	TYPE OF FORM.
0-3	Top Soil		
19-22	Lime	167-168 12:47-12:53	lime 6
4-26	Shale	168-169 12:53-12:58	lime 5
4-32	Lime	169-170 12:58-1:00	oil sand 2
16-48	Shale	170-171 1:00-1:02	oil sand 2
4-52	Lime	171-172 1:02-1:03	lime 1
94-148	Shale	172-173 1:03-1:05	oil sand 2
4-151	Red Bed	173-174 1:05-1:06	oil sand 1
11-162	Shale	174-175 1:06-1:08	oil sand 2
2-164	Red Bed	175-176 1:08-1:10	shale w/ oil sand 2
3-167	Shale	176-177 1:10-1:13	shale w/ oil sand 3
34-201	Oil Sand	177-178 1:13-1:15	shale w/ oil sand 2
8-209	Lime	178-179 1:15-1:17	shale w/ oil sand 2
24-233	Shale	179-180 1:17-1:21	shale w/ oil sand 4
10-243	Oil Sand	180-181 1:21-1:24	shale w/ oil sand 3
273	TD	181-182 1:24-1:28	shale w/ oil sand 4
		182-183 1:28-1:36	shale w/ oil sand 8
		183-184 1:36-1:40	shale w/ oil sand 4
		184-185 1:40-1:44	shale w/ oil sand 4

Drilled 1-PK. Good Sand

233-234 9:25-9:26 oil sand good bleed 1

234-235 9:26-9:28 oil sand good bleed 2

235-236 9:28-9:30 oil sand good bleed 2

236-237 9:30-9:31 sand no oil 1

237-238 9:31-9:33 sand no oil 2

238-239 9:33-9:35 sand no oil 2

239-240 9:35-9:36 sand no oil 1

240-241 9:36-9:38 sand no oil 2

241-242 9:38-9:40 sand no oil 2

242-243 9:40-9:45 sand no oil 5

243-244

244-245