



KANSAS CORPORATION COMMISSION 1062567
OIL & GAS CONSERVATION DIVISION

Form AGO-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 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 #: _____
06/03/2011 06/07/2011 07/26/2011
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 15-107-24464-00-00
Spot Description: _____
SE SW NE NW Sec. 11 Twp. 20 S. R. 23 East West
4022 Feet from North / South Line of Section
3465 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-7
Field Name: _____
Producing Formation: Peru
Elevation: Ground: 902 Kelly Bushing: 0
Total Depth: 217 Plug Back Total Depth: 0
Amount of Surface Pipe Set and Cemented at: 31 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: 202 w/ 21 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 Garcia Date: 10/14/2011



1062567

Operator Name: J & J Oil, a General Partnership Lease Name: Person Well #: N-7
 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 <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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No Electric Log Submitted Electronically <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If no, Submit Copy)</i> List All E. Logs Run:	<input checked="" 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>Peru</td> <td>202</td> <td>216</td> </tr> </table>	Name	Top	Datum	Peru	202	216
Name	Top	Datum					
Peru	202	216					

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	7	20	31	2	17	None
Casing	8.25	4.6	11	202	2	30	None

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

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. <u>08/08/2011</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	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">Oil</td> <td style="width:15%;">Bbls.</td> <td style="width:15%;">Gas</td> <td style="width:15%;">Mcf</td> <td style="width:15%;">Water</td> <td style="width:15%;">Bbls.</td> <td style="width:15%;">Gas-Oil Ratio</td> <td style="width:15%;">Gravity</td> </tr> <tr> <td style="text-align: center;">1</td> <td> </td> <td> </td> <td> </td> <td style="text-align: center;">2</td> <td> </td> <td> </td> <td style="text-align: center;">28</td> </tr> </table>	Oil	Bbls.	Gas	Mcf	Water	Bbls.	Gas-Oil Ratio	Gravity	1				2			28
Oil	Bbls.	Gas	Mcf	Water	Bbls.	Gas-Oil Ratio	Gravity										
1				2			28										

DISPOSITION OF GAS: <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input checked="" type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	METHOD OF COMPLETION: <input checked="" type="checkbox"/> Open Hole <input 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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J&J OIL COMPANY
MOUND CITY KANSAS
913-795-2426 OR 2586

LEASE: PERSON OPERATOR: J & J Oil Co. API NO: 15-107-24464-0000

CONTRACTOR: J&J OIL COMPANY DATE STARTED: 06-03-2011 DATE COMP: 8-8-2011

TOTAL DEPT: 216 feet WELL NO: N-7 HOLE SIZE: 8 1/2

SURFACE PIPE: 7 " 31' SURFACE BIT: 12 1/2 SACKS OF CEMENT: 20

DEPTH OF SEAT NIPPLE: _____ RAG PACKER AT: 202'

LENGHT AND SIZE OF CASING: 202' SACKS OF CEMENT: 30

LEGAL DISCRPTION:

4022S-3465E SEC: 11 TWP: 20 RANGE: 23 E

COUNTY: Linn

THICKNESS/DEPT	TYPE OF FORM.	THICKNESS/DEPT	TYPE OF FORM.
0-6	Lime	1. 202-203	11:38-11:43-5
6-12	Clay	2. 203-204	11:43-11:45-2 Oil sand some oil
21-34	Lime	3. 204-205	11:45-11:45.30
3-37	Shale Black	4. 205-206	11:45.30-11:47 1:30
2-39	Lime	5. 206-207	11:47-11:48 1 Oil sand good bleed
5-44	Shale	6. 207-208	11:48-11:49 1
8- 52	Lime	7. 208-209	11:49-11:56 7
132-184	Shale	8. 209-210	11:56-12:01 5 Lime
5-189	Red Bed	9. 210-211	12:01-12:02 1 Oil Sand
195	Shale	10. 211-212	12:02-12:03 1 Good Bleed lot of oil
3-198	Shale Black	11. 212-213	12:03-12:04 1
1-199	Red Bed	12. 213-214	12:04-12:08 4 6"lime-oilsand
3-202	Shake Light	13. 214-215	12:08-12:09 1 Good Bleed
14-216	Oil Sand	14. 215-216	
		15. 216-217	

Avery Lumber *Check # 8759*

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

8759

Well # N6

Customer Copy

INVOICE

PLEASE REFER TO INVOICE NUMBER
 ON ALL CORRESPONDENCE

Page: 1		Invoice: 20021348	
Special :		Time:	17:51:36
Instructions :		Ship Date:	06/06/11
		Invoice Date:	06/06/11
Sale rep #: JAVERY JAROD	Acct rep code:	Due Date:	06/06/11
Sold To: CASH CUSTOMER - TAXABLE		Ship To: CASH CUSTOMER - TAXABLE	
() -		() -	
Customer #: *9		Customer PO:	Order By:

ORDER	SHIP	L	U/M	ITEM#	DESCRIPTION	Alt Price/Uom	PRICE	EXTENSION
67.00	67.00	L	BAG	CPPC	PORTLAND CEMENT	10.4900 BAG	10.4900	702.83

INVOICE

Check # 8759	754.14	FILLED BY	CHECKED BY	DATE SHIPPED	DRIVER	Sales total	\$702.83
		SHIP VIA	Customer Pickup				
		RECEIVED COMPLETE AND IN GOOD CONDITION				Taxable	702.83
Total applied:	754.14	X				Non-taxable	0.00
						Tax #	
						Sales tax	51.31

TOTAL \$754.14

2 - Customer Copy

