



KANSAS CORPORATION COMMISSION 1083327
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: Sam Nunneley
Phone: (620) 879-2543
CONTRACTOR: License # 5989
Name: Finney, Kurt dba Finney Drilling Co.
Wellsite Geologist: Sam Nunneley
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 #: _____

<u>03/28/2012</u>	<u>03/30/2012</u>	<u>03/30/2012</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-125-32184-00-00
Spot Description: _____
NE SE NW SW Sec. 13 Twp. 34 S. R. 14 East West
1950 Feet from North / South Line of Section
1485 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Montgomery
Lease Name: MELANDER Well #: 12-06
Field Name: _____
Producing Formation: wayside
Elevation: Ground: 851 Kelly Bushing: 856
Total Depth: 670 Plug Back Total Depth: _____
Amount of Surface Pipe Set and Cemented at: 20 Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set: _____ Feet
If Alternate II completion, cement circulated from: _____
feet depth to: _____ w/ _____ sx cmt.

Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)

Chloride content: 0 ppm Fluid volume: 240 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 Garrison Date: 07/09/2012



1083327

Operator Name: G & J Oil Company, Inc. Lease Name: MELANDER Well #: 12-06
 Sec. 13 Twp. 34 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 <i>(Attach Additional Sheets)</i>	<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	Datum
Cores Taken	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Cores	594	614
Electric Log Run	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Gamma Ray Neutron	597	607
Electric Log Submitted Electronically <i>(If no, Submit Copy)</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

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	7	19	22.5	1	10	Service Company
Production	5.625	2.875	6.5	663.01	50-50	99	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

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 <i>(Explain)</i> _____			
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 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 <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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3/30/2012

248721



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CEMENT FIELD TICKET AND TREATMENT REPORT

Customer	G&J	State, County	Montgomery, Kansas	Cement Type	CLASS A
Job Type	Longstring	Section	13	Excess (%)	30
Customer Acct #	3087	TWP	34s	Density	13.7
Well No.	Melander 12-06	RGE	14e	Water Required	
Mailing Address		Formation		Yield	1.26
City & State		Hole Size	6 5/8	Slurry Weight	
Zip Code		Hole Depth		Slurry Volume	
Contact		Casing Size	2 7/8 INCH	Displacement	
Email		Casing Depth	663	Displacement PSI	
Cell		Drill Pipe		MIX PSI	
Dispatch Location	BARTLESVILLE	Tubing		Rate	
Code	Cement Pump Charges and Mileage	Quantity	Unit	Price per Unit	
5401	CEMENT PUMP (2 HOUR MAX)	1	2 HRS MAX	\$1,030.00	\$ 1,030.00
0			0	\$0.00	\$ -
0			0	\$0.00	\$ -
0			0	\$0.00	\$ -
0			0	\$0.00	\$ -
0			0	\$0.00	\$ -
0			0	\$0.00	\$ -
0			0	\$0.00	\$ -
5402	FOOTAGE	663	PER FOOT	0.22	\$ 145.86
				EQUIPMENT TOTAL	\$ 1,175.86
Cement, Chemicals and Water					
1124	50/50 POZMIX CEMENT W/ NO ADDITIVES	110	0	\$10.95	\$ 1,204.50
1107A	PHENOSEAL	40	0	\$1.29	\$ 51.60
1110A	KOL SEAL (50 # SK)	500	0	\$0.46	\$ 230.00
1111	GRANULATED SALT (50#) SELL BY #	200	0	\$0.37	\$ 74.00
1118B	PREMIUM GEL/BENTONITE (50#)	350	0	\$0.21	\$ 73.50
0			0	\$0.00	\$ -
0			0	\$0.00	\$ -
0			0	\$0.00	\$ -
0			0	\$0.00	\$ -
0			0	\$0.00	\$ -
0			0	\$0.00	\$ -
				CHEMICAL TOTAL	\$ 1,633.60
Water Transport					
0			0	\$0.00	\$ -
0			0	\$0.00	\$ -
0			0	\$0.00	\$ -
				TRANSPORT TOTAL	\$ -
Cement Floating Equipment (TAXABLE)					
Cement Bucket					
0			0	\$0.00	\$ -
Centralizer					
0			0	\$0.00	\$ -
0			0	\$0.00	\$ -
Float Shoe					
0			0	\$0.00	\$ -
Float Collars					
0			0	\$0.00	\$ -
Guide Shoes					
0			0	\$0.00	\$ -
Baffle and Flapper Plates					
0			0	\$0.00	\$ -
Packer Shoes					
0			0	\$0.00	\$ -
DV Tools					
0			0	\$0.00	\$ -
Ball Valves, Swedges, Clamps, Misc.					
0			0	\$0.00	\$ -
0			0	\$0.00	\$ -
0			0	\$0.00	\$ -
Plugs and Ball Sealers					
4402	2 1/2	2	0	\$0.00	\$ 56.00
0			0	\$0.00	\$ -
				CEMENT FLOATING EQUIPMENT TOTAL	\$ 56.00
				SUB TOTAL	\$ 2,865.46
				6.30% SALES TAX	\$ 181.50
				TOTAL	\$ 3,046.96
				10% (-DISCOUNT)	\$ 304.69
				DISCOUNTED TOTAL	\$ 2,742.27

DRIVER NAME	
492 Jake	James b
536 T93	

AUTHORIZATION James b
DATE _____

TITLE _____
FOREMAN James Bell

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.

3/30/2012



2550000152

CEMENT FIELD TICKET AND TREATMENT REPORT

Customer	G&J	State, County	Montgomery, Kansas	Cement Type	CLASS A
Customer Acct #	Longstring	Section	13	Excess (%)	30
Well No.	0	TWP	34s	Density	13.7
Mailing Address	Melander 12-06	RGE	14e	Water Required	0
City & State	0	Formation	0	Yield	1.26
Zip Code	0	Hole Size	5 5/8	Slurry Weight	0
Contact	0	Hole Depth	0	Slurry Volume	0
Email	0	Casing Size	2 7/8 INCH	Displacement	0
Cell	0	Casing Depth	663	Displacement PSI	0
Office	0	Drill Pipe	0	MIX PSI	0
Dispatch Location	BARTLESVILLE	Tubing	0	Rate	0
REMARKS					

Ran 2 sks of gel established circulation. Ran 100 sks of 50/50 poz mix with 2% gel 2# salt and 5# koseal and pheno.
Shut down washed pump and lines clean. Dropped two plugs displaced to bottom plugs landed. Shut in with 200psi.
Cement circulated to surface.

Had own water.