



KANSAS CORPORATION COMMISSION 1083329
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>03/17/2012</u>	<u>03/28/2012</u>	<u>03/28/2012</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-125-32183-00-00

Spot Description: _____

NW SE SW SE Sec. 13 Twp. 34 S. R. 14 East West
610 Feet from North / South Line of Section
1815 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE NW SE SW

County: Montgomery

Lease Name: H. MELANDER Well #: 12-13

Field Name: _____

Producing Formation: Wayside

Elevation: Ground: 861 Kelly Bushing: 866

Total Depth: 683 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



1083329

Operator Name: G & J Oil Company, Inc. Lease Name: H. MELANDER Well #: 12-13
 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 <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:	<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>Cores</td> <td>621</td> <td>640</td> </tr> <tr> <td>gamma ray neutron</td> <td>625</td> <td>635</td> </tr> </table>	Name	Top	Datum	Cores	621	640	gamma ray neutron	625	635
Name	Top	Datum								
Cores	621	640								
gamma ray neutron	625	635								

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	22.35	1	10	Service Company
Production	5.325	2.875	6.5	677.81	50-50	99	Service Company

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: Yes No

Date of First, Resumed Production, SWD or ENHR. _____ Producing Method: Flowing Pumping Gas Lift 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 type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <i>(Submit ACO-5) (Submit ACO-4)</i> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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3/30/2012

#248723



2550000151

CEMENT FIELD TICKET AND TREATMENT REPORT

Customer	G&J	State, County	Kansas, Montgomery	Cement Type	CLASS A
Job Type	longstring	Section	13	Excess (%)	30
Customer Acct #	211	TWP	34s	Density	13.7
Well No.	H. Melander 12-13	RGE	14e	Water Required	
Mailing Address		Formation		Yield	1.26
City & State		Hole Size	5 5/8	Slurry Weight	
Zip Code		Hole Depth	684	Slurry Volume	
Contact		Casing Size	2 7/8 INCH	Displacement	
Email		Casing Depth	678	Displacement PSI	
Cell		Drill Pipe		MDX 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
5406	EQUIPMENT MILEAGE (ONE-WAY)	35	PER MILE	\$4.00	\$ 140.00
5407	MIN. BULK DELIVERY (WITHIN 50 MILES)	1	PER LOAD	\$350.00	\$ 350.00
0			0	\$0.00	\$ -
0			0	\$0.00	\$ -
0			0	\$0.00	\$ -
0			0	\$0.00	\$ -
0			0	\$0.00	\$ -
5402	FOOTAGE	678	PER FOOT	0.22	\$ 149.16
EQUIPMENT TOTAL					\$ 1,669.16

Cement, Chemicals and Water					
1124	50/50 POZDRX CEMENT-W/ NO ADDITIVES	100	0	\$10.95	\$ 1,095.00
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					\$ 1,524.10

Water Transport					
0			0	\$0.00	\$ -
0			0	\$0.00	\$ -
0			0	\$0.00	\$ -
TRANSPORT TOTAL					\$ -

Cement Floating Equipment (TAXABLE)					
0	Cement Bucket		0	\$0.00	\$ -
0	Controller		0	\$0.00	\$ -
0			0	\$0.00	\$ -
0	Float Shoe		0	\$0.00	\$ -
0	Float Coffers		0	\$0.00	\$ -
0	Guide Shoes		0	\$0.00	\$ -
0	Baffle and Flopper Plates		0	\$0.00	\$ -
0	Packer Shoes		0	\$0.00	\$ -
0	Drill Tools		0	\$0.00	\$ -
0	Ball Valves, Wedges, Clamps, Misc.		0	\$0.00	\$ -
0			0	\$0.00	\$ -
0			0	\$0.00	\$ -
0	Plugs and Ball Sealers		0	\$0.00	\$ -
4402	2 1/2 plugs	2	0	\$0.00	\$ 56.00
0	Downhole Tools		0	\$0.00	\$ -
CEMENT FLOATING EQUIPMENT TOTAL					\$ 56.00

DRIVER NAME	
492	Jake
536 193	James B

SUB TOTAL	\$ 3,249.26
6.30% SALES TAX	\$ 204.60
TOTAL	\$ 3,453.86
10% (-DISCOUNT)	\$ 345.39
DISCOUNTED TOTAL	\$ 3,013.73

AUTHORIZATION Ann [Signature]
DATE _____

TITLE _____
FOREMAN [Signature]

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



2550000151

CEMENT FIELD TICKET AND TREATMENT REPORT

Customer	G&J	State, County	Kansas, Montgomery	Cement Type	CLASS A
Customer Acct #	longstring	Section	13	Excess (%)	30
Well No.	0	TWP	34s	Density	13.7
Mailing Address	H. Melander 12-13	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	684	Slurry Volume	0
Email	0	Casing Size	2 7/8 INCH	Displacement	0
Cell	0	Casing Depth	678	Displacement PSI	0
Office	0	Drill Pipe	0	MIX PSI	0
Dispatch Location	BARTLESVILLE	Tubing	0	Rate	0
REMARKS					

Ran 2sks of gel established circulation. Ran 100sks of 50/50 poz with 5#kolseal 2#salt and 2%gel. Ran it at 13.8 ppg. Shut down washed pump and lines clean. Pumped two plugs to bottom plugs landed released and shut in at 200psi. Cement circulated to surface.

Had own water

K. J. Steinhilber
JB