



KANSAS CORPORATION COMMISSION 1083322
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 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 #: _____
04/06/2012 04/10/2012 04/10/2012
 Spud Date or Date Reached TD Completion Date or
 Recompletion Date

API No. 15 - 15-019-27163-00-00
 Spot Description: _____
E2 NW NW NW Sec. 22 Twp. 34 S. R. 13 East West
330 Feet from North / South Line of Section
495 Feet from East / West Line of Section
 Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
 County: Chautauqua
 Lease Name: Sullivan Well #: 12-03
 Field Name: _____
 Producing Formation: wayside
 Elevation: Ground: 745 Kelly Bushing: 750
 Total Depth: 815 Plug Back Total Depth: _____
 Amount of Surface Pipe Set and Cemented at: 40 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



1083322

Operator Name: G & J Oil Company, Inc. Lease Name: Sullivan Well #: 12-03
 Sec. 22 Twp. 34 S. R. 13 East West County: Chautauqua

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 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>Cores</td> <td>753</td> <td>777</td> </tr> <tr> <td>Gamm Ray Neutron</td> <td>751</td> <td>771</td> </tr> </table>	Name	Top	Datum	Cores	753	777	Gamm Ray Neutron	751	771
Name	Top	Datum								
Cores	753	777								
Gamm Ray Neutron	751	771								

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	46.4	1	10	Service Company
Production	5.325	2.875	6.5	810	50-50	101	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
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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 Bbbs. Gas Mcf Water Bbbs. 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> <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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4/10/2012



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CEMENT FIELD TICKET AND TREATMENT REPORT

Customer	G&J	State, County	Chautauqua, Kansas	Cement Type	CLASS A
Job Type	Long String	Section	22	Excess (%)	30
Customer Acct #		TWP	34S	Density	13.7
Well No.		RGE	13E	Water Required	
Mailing Address	Sullivan 12-3	Formation		Yield	1.26
City & State		Hole Size	5 5/8	Slurry Weight	
Zip Code		Hole Depth		Slurry Volume	
Contact		Casing Size	2 7/8 INCH,	Displacement	4.6
Email		Casing Depth	810	Displacement PSI	300
Cell		Drill Pipe		MIX PSI	200
Dispatch Location	BARTLESVILLE	Tubing		Rate	4bpm
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)	30	PER MILE	\$4.00	\$ 120.00
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	810	PER FOOT	0.22	\$ 178.20
EQUIPMENT TOTAL					\$ 1,678.20
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)	550	0	\$0.46	\$ 253.00
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					\$ 1,656.60
Water Transport					
0			0	\$0.00	\$ -
0			0	\$0.00	\$ -
0			0	\$0.00	\$ -
TRANSPORT TOTAL					\$ -
Cement Floating Equipment (TAXABLE)					
Cement Basket					
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 Plug	2	0	-\$0.00	\$ 56.00
Downhole Tools					
0			0	\$0.00	\$ -
CEMENT FLOATING EQUIPMENT TOTAL					\$ 56.00
TRUCK#				SUB TOTAL	\$ 3,390.80
577 Kirk Sanders				SALES TAX	\$ 142.14
398 John Wade				TOTAL	\$ 3,532.94
538 Jeff Fikes				10% (-DISCOUNT)	\$ 353.29
				DISCOUNTED TOTAL	\$ 3,179.65

AUTHORIZATION _____ TITLE _____
 DATE _____ FOREMAN _____

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.

4/10/2012



5000000166

CEMENT FIELD TICKET AND TREATMENT REPORT

Customer	G&J	State, County	Chautauqua, Kansas	Cement Type	CLASS A
Customer Acct #		Section	22	Excess (%)	30
Well No.	0	TWP	34S	Density	13.7
Mailing Address	Sullivan 12-3	RGE	13E	Water Required	0
City & State		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	4.6
Cell	0	Casing Depth	810	Displacement PSI	300
Office	0	Drill Pipe	0	MIX PSI	200
Dispatch Location	BARTLESVILLE	Tubing	0	Rate	4bpm

REMARKS:

Ran gel and LCM to establish circulation, ran 110sx of 50/50 POZ w/ 2% gel / 2# salt / 5# kol seal / .40# pheno. Flushed pump and lines, dropped 2 plugs and displaced to set. Shut in and washed up. Circulated cement to surface.