



KANSAS CORPORATION COMMISSION 1104277
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) 252-5824
CONTRACTOR: License # 5675
Name: McPherson, Ron dba McPherson Drilling
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 #: _____

| | | |
|-----------------------------------|-------------------|---|
| <u>10/09/2012</u> | <u>10/10/2012</u> | <u>10/10/2012</u> |
| Spud Date or Recompletion Date | Date Reached TD | Completion Date or Recompletion Date |

API No. 15 - 15-019-27247-00-00

Spot Description: _____
SE SE SW SW Sec. 15 Twp. 34 S. R. 13 East West
206 Feet from North / South Line of Section
4007 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW

County: Chautauqua

Lease Name: Brant Well #: 12-1

Field Name: _____

Producing Formation: wayside

Elevation: Ground: 754 Kelly Bushing: 759

Total Depth: 804 Plug Back Total Depth: _____

Amount of Surface Pipe Set and Cemented at: 443 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: 12/20/2012



1104277

Operator Name: G & J Oil Company, Inc. Lease Name: Brant Well #: 12-1
 Sec. 15 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 type="checkbox"/> Yes <input checked="" 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: GR/N CEMENT BOND COMPLETION LOG | <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>GR/N</td> <td>736</td> <td>756</td> </tr> </table> | Name | Top | Datum | GR/N | 736 | 756 |
| Name | Top | Datum | | | | | |
| GR/N | 736 | 756 | | | | | |

| 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 | 9.875 | 7. | 23 | 44.3 | portland | 8 | service company |
| PRODUCTION | 5.7500 | 2.875 | 40 | 798 | 60/40 POZ | 110 | 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 (Amount and Kind of Material Used) | 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 (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)</i> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other (Specify) _____ | PRODUCTION INTERVAL: _____ _____ |
|---|---|--|

CEMENT FIELD TICKET AND TREATMENT REPORT

| | | | | | |
|--|---|-----------------|--------------------|------------------------|--------------------|
| Customer | G & J | State, County | Chautauqua, Kansas | Cement Type | CLASS A |
| Job Type | Long String | Section | | Excess (%) | 30 |
| Customer Acct # | | TWP | | Density | 13.7 |
| Well No. | Brant 12-1 | RGE | | Water Required | |
| Mailing Address | | Formation | | Yield | 1.26 |
| City & State | | Hole Size | 5 3/4 | Slurry Weight | |
| Zip Code | | Hole Depth | | Slurry Volume | |
| Contact | | Casing Size | 2 7/8 | Displacement | 4.6 |
| Email | | Casing Depth | | Displacement PSI | 300 |
| Cell | | Drill Pipe | | MIX PSI | 200 |
| Dispatch Location | BARTLESVILLE | Tubing | 798' | 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 |
| 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 | 798 | PER FOOT | 0.22 | \$ 175.56 |
| EQUIPMENT TOTAL | | | | | \$ 1,205.56 |
| Cement, Chemicals and Water | | | | | |
| 1131 | 6040 POZMIX CEMENT W/ NO ADDITVES (40% POZ) | 110 | 0 | \$12.55 | \$ 1,380.50 |
| 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 | | | | | \$ 1,832.60 |
| 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 RUBBER PLUG | 2 | 0 | \$28.00 | \$ 56.00 |
| Downhole Tools | | | | | |
| 0 | | | 0 | \$0.00 | \$ - |
| CEMENT FLOATING EQUIPMENT TOTAL | | | | | \$ 56.00 |
| | | | | SUB TOTAL | \$ 3,094.16 |
| | | | | SALES TAX 8.30% | \$ 156.75 |
| | | | | TOTAL | \$ 3,250.91 |
| | | | | 15% (-DISCOUNT) | \$ 487.64 |
| DISCOUNTED TOTAL | | | | | \$ 2,763.27 |
| DRIVER NAME | | | | | |
| 577 | Kirk Sanders | | | | |
| 398 | Bryan Scullaw | | | | |
| 551 | Mark Johnson | | | | |

AUTHORIZATION _____
DATE _____

TITLE _____
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.

