



KANSAS CORPORATION COMMISSION 1098617
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>09/24/2012</u>	<u>09/25/2012</u>	<u>09/25/2012</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-125-32288-00-00

Spot Description: _____
SW SE SW NE Sec. 1 Twp. 34 S. R. 14 East West
2475 Feet from North / South Line of Section
3475 Feet from East / West Line of Section

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

County: Montgomery
Lease Name: MEADOWS Well #: 12-16
Field Name: _____
Producing Formation: WAYSIDE
Elevation: Ground: 887 Kelly Bushing: 892
Total Depth: 703 Plug Back Total Depth: _____
Amount of Surface Pipe Set and Cemented at: 221 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



1098617

Operator Name: G & J Oil Company, Inc. Lease Name: MEADOWS Well #: 12-16
 Sec. 1 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 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: DRILLER LOG GAMMA RAY NEUTRON CEMENT BOND COMPLETION	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Name</th> <th style="text-align: left;">Top</th> <th style="text-align: left;">Datum</th> </tr> </thead> <tbody> <tr> <td>GAMMA RAY</td> <td>644</td> <td>650</td> </tr> <tr> <td>GAMMA RAY</td> <td>654</td> <td>664</td> </tr> </tbody> </table>	Name	Top	Datum	GAMMA RAY	644	650	GAMMA RAY	654	664
Name	Top	Datum								
GAMMA RAY	644	650								
GAMMA RAY	654	664								

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	9.8750	7	20	22.1	PORTLAND	4	SERVICE CO
PRODUCTION	5.7500	2.875	40	700	NEET	88	SERVICE CO

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 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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STATEMENT *paid to pay 11/5*

10100

ELMORE'S INC.
 Box 87 - 776 HWY99
 Sedan, KS 67361
 Cell: (620) 249-2519
 Eve: (620) 725-5538

DATE
 9-26-12

Customer G+J
 Address _____
 City _____ State _____ Zip _____

Qty.	Description	Price	Amount
80	SKS Cement	10.00	800.00
3	hr Cement Pump	110.00	330.00
3	hr Pump Truck	95.00	285.00
1	Plug Container	50.00	50.00
1	Dye	5.00	5.00
1	Bowlk Tank	85.00	85.00
1	2 1/2 Rubber Plug	25.00	25.00
1	sk Calcium Chloride	40.00	40.00
			1620.00
	Meadows 12-16	Tax	134.46
	Cemented Longstring 2 1/2	\$	1754.46
	Casing 200' With 60 SKS		
	2% Gel + 20 SKS Neet With		
	80LB Calcium Chloride		

Thank You - We appreciate your business!

Rec'd. by _____

TERMS: Account due upon receipt of services. A 1 1/2% Service Charge, which is an annual percentage rate of 18% will be charged to accounts after 30 days

STATEMENT

10183

ELMORE'S INC.
Box 87 - 776 HWY99
Sedan, KS 67361
Cell: (620) 249-2519
Eve: (620) 725-5538

Date 9-28-12

Customer G+J
Address _____
City _____ State _____ Zip _____

Qty.	Description	Price	Amount
8	SKS Cement	10.00	80.00
80'	1/2 T. bin	10	8.00
			88.00
		104	7.30
		94	95.30
	Meadows 12-16		
	Ran 1/2 Taged Top of		
	Cement Topped off		
	Well With 8SKS		

Thank You - We appreciate your business!

Rec'd. by _____

TERMS: Account due upon receipt of services. A 1 1/2% Service Charge, which is an annual percentage rate of 18% will be charged to accounts after 30 days



CONSOLIDATED
Oil Well Services, LLC

PO Box 884, Chanute, KS 66720
620-431-9210 or 800-467-8676

TICKET NUMBER 54273
FIELD TICKET REF # 47943
LOCATION 1 Baycc
FOREMAN Robert Pugh

3RD well prod.

**TREATMENT REPORT
FRAC & ACID**

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
10-19-12		Meadows #12-16	1	39S	14E	MO

CUSTOMER
G & J Oil Company

MAILING ADDRESS

CITY STATE ZIP CODE

TRUCK #	DRIVER	TRUCK #	DRIVER
476	Josh		
490	Don		
521	Eric		
612195	Jay		
478	Mark		

WELL DATA

CASING SIZE	TOTAL DEPTH
CASING WEIGHT	PLUG DEPTH
TUBING SIZE <u>2 7/8 2EUF</u>	PACKER DEPTH
TUBING WEIGHT	OPEN HOLE
PERFS & FORMATION	
<u>644-50 (13)</u>	<u>Wayside</u>
<u>654-64 (20)</u>	

TYPE OF TREATMENT

dumps spot + frac

CHEMICALS

Bioicide - Breaker
Acid-inhibitor - Stim Oil

STAGE	BBL'S PUMPED	INJ RATE	PROPPANT PPG	SAND / STAGE	PSI	
PAD	20	12.5			800	BREAKDOWN 1000
16-30		12.5	1.5-1.0	500"		START PRESSURE
12-20		12.5	1.0-2.0		1200	END PRESSURE
12-20 <u>BALLS</u> ↓			1.0-1.5	1500"	900	BALL OFF PRESS
12-20 <u>(8)</u>			0.5		1000	ROCK SALT PRESS
12-20 <u>(5)</u>			1.0		1100	ISIP 300
12-20			1.0-1.5	1500"		5 MIN
12-20 <u>(4)</u>			.5		1400	10 MIN
12-20			1.0			15 MIN
12-20		12.5	2.0	1,500		MIN RATE
FLUSH CASING	5	12.5			1200	MAX RATE
Release balls to T.D.			TOTAL	5,000#		DISPLACEMENT 3.8
OVERFLUSH	10	12.5	SAND		900	
TOTAL PPLS	165					

REMARKS:

dump spot 50 gal - 15% HCL acid

location 12:15 PM - 1:00 PM 40: miles

AUTHORIZATION A. M. Gay TITLE _____ DATE 10-19-12

Terms and Conditions are printed on reverse side.