



KANSAS CORPORATION COMMISSION 1104505
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 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>09/26/2012</u>	<u>09/27/2012</u>	<u>09/27/2012</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-125-32287-00-00

Spot Description: _____
SW SW SE NE Sec. 1 Twp. 34 S. R. 14 East West
2776 Feet from North / South Line of Section
1154 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE NW SE SW

County: Montgomery

Lease Name: Meadows Well #: 12-15

Field Name: _____

Producing Formation: Wayside

Elevation: Ground: 866 Kelly Bushing: 871

Total Depth: 703 Plug Back Total Depth: _____

Amount of Surface Pipe Set and Cemented at: 21 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 Gantson Date: 12/14/2012



1104505

Operator Name: G & J Oil Company, Inc. Lease Name: Meadows Well #: 12-15
 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: GR/N Cement Bond Completion Log	<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>GR/N</td> <td>648</td> <td>658</td> </tr> </table>	Name	Top	Datum	GR/N	648	658
Name	Top	Datum					
GR/N	648	658					

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	20.9	Portland	4	service co
Production	5.750	2.875	75	700	2%Gel CalChl	80	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	
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) (Submit ACO-4)</i> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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CONSOLIDATED
Oil Well Services, LLC

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

4TH well INS
ABO

TICKET NUMBER 54274
FIELD TICKET REF # 47943
LOCATION Thayer
FOREMAN Brett Budny

**TREATMENT REPORT
FRAC & ACID**

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
10-19-12		Meadows #12-15				MG
CUSTOMER G & J Oil Co.						
MAILING ADDRESS						
CITY		STATE	ZIP CODE			

TRUCK #	DRIVER	TRUCK #	DRIVER
476	Josh		
490	Don		
521	Mark		
618795	Jay		

WELL DATA

CASING SIZE	TOTAL DEPTH
CASING WEIGHT	PLUG DEPTH
TUBING SIZE 2 7/8 2EUE	PACKER DEPTH
TUBING WEIGHT	OPEN HOLE
PERFS & FORMATION	
648-58 (33)	Wayside

TYPE OF TREATMENT
dump spot + acid ball-off

CHEMICALS

Biocide	
Acid	
Inhibitor	
StimOil	

STAGE	BBL'S PUMPED	INJ RATE	PROPPANT PPG	SAND / STAGE	PSI	
Breakdown		2-4			1200	BREAKDOWN 1200
Acidize w/ 250 gal 15% HCl acid + 50 ball sealers staged thru-out		4			500	START PRESSURE
acid / pump till max ball-off		4			600	END PRESSURE
psi achieved		↓			700	BALL OFF PRESS 3000
Release balls to TD.	5	2-Ø			3000	ROCK SALT PRESS
OVER FLUSH	5	5				ISIP 400
TOTAL BBL'S	28					5 MIN
						10 MIN
						15 MIN
						MIN RATE
						MAX RATE
						DISPLACEMENT 3.8

REMARKS:

dump spot 50 gal 15% HCl acid

Location 1:00 PM - 2:00 PM 40 miles

AUTHORIZATION Ann W. Kelly TITLE _____ DATE 10-19-

Terms and Conditions are printed on reverse side.



CONSOLIDATED
Oil Well Services, LLC

REMIT TO
Consolidated Oil Well Services, LLC
Dept. 970
P.O. Box 4346
Houston, TX 77210-4346

MAIN OFFICE
P.O. Box 884
Chanute, KS 66720
620/431-9210 • 1-800/467-8676
Fax 620/431-0012

INVOICE

Invoice # 253874

Invoice Date: 10/23/2012 Terms: 0/0/30,n/30

Page 1

G & J WELL SERVICES, INC.
P.O. BOX 188
CANBY KS 67333
(620)252-5824

MEADOWS 12-17,12-16,12-15
47943
1-348-14E
10-19-12
KS

Part Number	Description	Qty	Unit Price	Total
1275	15% HCL	400.00	2.1000	840.00
1202	ACID INHIBITOR	1.00	50.0000	50.00
1219B	STIMOIL FBA (SR-445)	2.00	65.0000	130.00
1231	FRAC GEL	250.00	9.0000	2250.00
1205A	BIOCIDE (AMA-35-D-P) (DR	6.00	30.0000	180.00
1208	BREAKER LEB4-ESA 14-GB10	.50	200.0000	100.00
4326	7/8" RUBBER BALL SEALERS	89.00	3.0000	267.00
2104A	16/30 BROWN SAND	1000.00	.2500	250.00
2102	12/20 BROWN SAND	8500.00	.2700	2295.00

Description	Hours	Unit Price	Total
VALVE FRAC VALVES (2" OR 3")	3.00	100.00	300.00
BALLI BALL INJECTOR	3.00	100.00	300.00
476 MINIMUM COMBO CHARGE 1300 HP UNIT	2.00	2450.00	4900.00
476 ACID JOB WITH FRAC TRUCK	1.00	560.00	560.00
476 MILEAGE CHARGE (ONE WAY)	40.00	.00	.00
T-95 WATER TRANSPORT (FRAC)	6.00	112.00	672.00
478 PROPANT DELIVERY	1.00	.00	.00
490 MILEAGE CHARGE (ONE WAY)	40.00	.00	.00
521 MINIMUM ACID SPOTTING CHARGE	3.00	200.00	600.00
521 MILEAGE CHARGE (ONE WAY)	40.00	.00	.00

13025.28

Parts:	6362.00	Freight:	.00	Tax:	16.82	AR	13710.82
Labor:	.00	Misc:	.00	Total:	13710.82		
Sublt:	.00	Supplies:	.00	Change:	.00		

Signed _____

Date _____

BARTLESVILLE, OK
918/338-0808

EL DORADO, KS
316/322-7022

EUREKA, KS
620/583-7664

PONCA CITY, OK
580/762-2303

OAKLEY, KS
785/672-2227

OTTAWA, KS
785/242-4044

THAYER, KS
620/839-5269

GILLETTE, WY
307/686-4914

STATEMENT

10182

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
80	Sks Cement	10.00	800.00
3	Sks Gel	16.00	48.00
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	Bank Tank	85.00	85.00
1	2 1/2 Rubber Plug	25.00	25.00
1	Sk Calcium Chloride	110.00	110.00
			1668.00
	Meadows 12-15	Tax	138.44
	Cemented Longring 2 1/2		1806.44
	Casing 700' with 60 Sks		
	2 1/2 Gel + 20 Sks Neat with		
	80 LB Calcium Chloride		
	To Surface		

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.