



KANSAS CORPORATION COMMISSION 1098214  
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 ) 2525824  
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>09/27/2012</u>	<u>10/01/2012</u>	<u>10/01/2012</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-125-32286-00-00

Spot Description: \_\_\_\_\_  
SW NE SE NE Sec. 32 Twp. 33 S. R. 14  East  West  
1870 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: Montgomery  
Lease Name: Nunneley-Young Well #: 12-4  
Field Name: \_\_\_\_\_  
Producing Formation: WAYSIDE  
Elevation: Ground: 832 Kelly Bushing: 837  
Total Depth: 753 Plug Back Total Depth: \_\_\_\_\_  
Amount of Surface Pipe Set and Cemented at: 223 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 Garrisor Date: 12/13/2012



1098214

Operator Name: G & J Oil Company, Inc. Lease Name: Nunneley-Young Well #: 12-4  
 Sec. 32 Twp. 33 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:  GAMMA RAY NEUTRON CEMENT BOND COMPLETION	<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>GAMMA RAY NEUTRON</td> <td>680'</td> <td>700'</td> </tr> </table>	Name	Top	Datum	GAMMA RAY NEUTRON	680'	700'
Name	Top	Datum					
GAMMA RAY NEUTRON	680'	700'					

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	22.3	PORTLAND	4	SERVICE CO
PRODUCTION	5.7500	8.6250	40	746	60/40POZ	110	NONE

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 (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: _____ _____
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**CONSOLIDATED**  
Oil Well Services, LLC

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

TICKET NUMBER 54271  
FIELD TICKET REF # \_\_\_\_\_  
LOCATION Thayer  
FOREMAN Brian Parkey

1st well

**TREATMENT REPORT**  
**FRAC & ACID**

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
10-19-12		NY #124	32	335	14E	MG
CUSTOMER						
G&J Oil Company						
MAILING ADDRESS						
P.O. Box 188						
CITY		STATE	ZIP CODE			
Coney			67333			
TRUCK #						
DRIVER						
TRUCK #						
DRIVER						
476 Josh						
490 Don						
472 Mark						
521 Eric						
618795 Jay J.						

**WELL DATA**

CASING SIZE	TOTAL DEPTH
CASING WEIGHT	PLUG DEPTH
TUBING SIZE 2 7/8	PACKER DEPTH
TUBING WEIGHT	OPEN HOLE
PERFS & FORMATION	
680-700 (20) Wayside	

**TYPE OF TREATMENT**

dump spot + frac

**CHEMICALS**

Biocide Breaker  
Acid-inhibitor-StimOil

STAGE	BBL'S PUMPED	INJ RATE	PROPPANT PPG	SAND / STAGE	PSI	
PAD	20	12.5			800	BREAKDOWN 1300
16-20		12.5	.5-1.0	500#	900	START PRESSURE
12-20		12.5	1.0			END PRESSURE
17-20			2.0	2,000	900	BALL OFF PRESS
12-20 (4)			0-5		1000	ROCK SALT PRESS
12-20 + (3)			1.0			ISIP 525
12-20 + (1)			1.0	1,000#	1200	5 MIN
12-20 (8) balls			1.0			10 MIN
12-20			1.5			15 MIN
12-20		12.5	2.0	2,500#		MIN RATE
FLUSH CASING	5	12.5				MAX RATE
Release balls to T.D.			TOTAL	6,000#		DISPLACEMENT 4.1
OVERFLUSH	10	12.5	SAND		900	
TOTAL BBL'S	145					

REMARKS:

Dump spot 50 gal - 15% HCl acid on pads

Location 10:30 AM - 11:15 AM 40 miles

AUTHORIZATION [Signature] TITLE \_\_\_\_\_ DATE 10-19-12

Terms and Conditions are printed on reverse side.