



WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # _____

Name: _____

Address 1: _____

Address 2: _____

City: _____ State: _____ Zip: _____ + _____

Contact Person: _____

Phone: (_____) _____

CONTRACTOR: License # _____

Name: _____

Wellsite Geologist: _____

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 #: _____

Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date
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API No. 15 - _____

Spot Description: _____

_____-_____-_____- Sec. _____ Twp. _____ S. R. _____ East West

_____ Feet from North / South Line of Section

_____ Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE NW SE SW

County: _____

Lease Name: _____ Well #: _____

Field Name: _____

Producing Formation: _____

Elevation: Ground: _____ Kelly Bushing: _____

Total Depth: _____ Plug Back Total Depth: _____

Amount of Surface Pipe Set and Cemented at: _____ 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: _____ ppm Fluid volume: _____ bbls

Dewatering method used: _____

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: _____ Date: _____



Operator Name: _____ Lease Name: _____ Well #: _____

Sec. _____ Twp. _____ S. R. _____ East West County: _____

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 type="checkbox"/> No <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey <input type="checkbox"/> Yes <input type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Run <input type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Submitted Electronically <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If no, Submit Copy)</i> List All E. Logs Run:	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum
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CASING RECORD <input 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

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: Yes No

Date of First, Resumed Production, SWD or ENHR. _____ Producing Method: Flowing Pumping Gas Lift Other *(Explain)* _____

Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
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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> _____ <i>(Submit ACO-4)</i>	PRODUCTION INTERVAL: _____ _____
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Well Report

HUMMER 9L-28

API Number:

AFE Number: G01013600500

Project Area:

SYCAMORE
KS Wilson
30S - 14E - 28
1805FSL - 980FEL

AFE Amount: \$0.00

Activity Date

Activity Description

10/12/2010

MIRU THORNTON DRILLED 11" HOLE 40' DEEP, RIH W/2 JOINTS 8-5/8" SURFACE CASING MIXED 8 SX TYPE 1 CEMENT, DUMPED DOWN THE BACKSIDE. SDFN



CONSOLIDATED
Oil Well Services, LLC

ENTERED

TICKET NUMBER 29199

LOCATION Eureka KS

FOREMAN Rick Ledford

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

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
10-15-10	4758	Hummer 9L-28				Wilson
CUSTOMER		Safety meeting		TRUCK #		DRIVER
Layne Energy				485		Troy/Alan
MAILING ADDRESS				479		Allen G.
P.O. Box 1100						
CITY	STATE	ZIP CODE				
Sycamore	KS					

JOB TYPE longstring 0 HOLE SIZE 6 3/4" HOLE DEPTH 1223' CASING SIZE & WEIGHT 4 1/2"
 CASING DEPTH 1207' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 13 1/2" SLURRY VOL 42 Bbl WATER gal/sk 8.0 CEMENT LEFT in CASING 0'
 DISPLACEMENT 19.2 Bbl DISPLACEMENT PSI 800 PSI 1300 RATE _____

REMARKS: Safety meeting - Rig up to 4 1/2" casing. Break circulation w/ 25 Bbl fresh water. Pump 10 sacks gel-flush w/ hulls, 20 Bbl caustic soda flush, 10 Bbl dye water. Mixed 135 sacks thickset cement w/ 8" Kol-seal / sk, 1/2" phenosal / sk, 1/2" FL-110 & 1/4" CAF-38 @ 13 1/2" / gal. Washout pump & lines, shut down, release plug. Displace w/ 19.2 Bbl fresh water. Final pump pressure 800 PSI. Pump plug to 1310 PSI, wait 2 minutes, release pressure, float held. Good cement returns to surface = 8 Bbl slurry to p.c. Job complete. Rig down.

"Thank You"

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	925.00	925.00
5406	40	MILEAGE	3.65	146.00
1126A	135 sacks	thickset cement	17.00	2295.00
1110A	1080*	8" Kol-seal / sk	.42	453.60
1107A	12*	1/2" phenosal / sk	1.15	19.55
1135	68*	1/2" FL-110	7.50	510.00
1146	34*	1/4" CAF-38	7.70	261.90
1118B	500*	gel-flush	.20	100.00
1105	50*	hulls	.39	19.50
1103	100*	caustic soda	1.45	145.00
5407A	7.43	tan mileage bulk trix	1.20	356.64
4404	1	4 1/2" top rubber plug	45.00	45.00
			Subtotal	5227.09
			SALES TAX	242.53
			ESTIMATED TOTAL	5519.62

Revin 3737

AUTHORIZATION Sarah Meuld

TITLE Drill form

DATE _____

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.

Air Drilling Specialist
Oil & Gas Wells

THORNTON AIR ROTARY, LLC
Office Phone: 620-879-2073

PO Box 449
Caney, KS 67333

Date Started	10/12/2010
Date Completed	10/14/2010

Well No.	Operator	Lease	A.P.I #	County	State
9L-28	Layne Energy Operating	Hummer	205-27870-00-00	Wilson	Kansas

1/4	1/4	1/4	Sec.	Twp.	Rge.
			28	30	14

Driller	Type/Well	Cement Used	Casing Used	Depth	Size of Hole
Billy	Oil	8	40' 8 5/8	1223	6 3/4

Formation Record

0-4	DIRT	751	GAS TEST - NO GAS	1047-1048	COAL (CROWBERG)
4-22	CLAY	752-760	SANDY SHALE	1048-1053	SHALE
22-36	SHALE	760-773	SAND	1053-1063	SANDY SHALE
36-105	LIME	773-791	SANDY SHALE	1063-1068	LIME
105-174	SHALE	791-800	SHALE	1068-1095	LMY SHALE
174-241	LIME	800-811	SANDY SHALE	1095-1109	SANDY SHALE
241-316	SHALE	811-822	SAND / LIGHT OIL ODOR	1109-1113	SAND / LITE ODOR
316-330	LIME	822-823	COAL	1113-1126	SHALE
330-380	SAND (DAMP)	823-850	SAND	1126-1135	SAND / OIL ODOR
380-381	COAL	850-857	SANDY SHALE	1135-1139	SANDY SHALE
381-431	SANDY SHALE	857-860	LIME	1139-1145	SAND
426	GAS TEST - NO GAS	860-861	COAL (MULBERRY)	1145-1153	SHALE
431-458	SAND	861-889	LIME (PAWNEE)	1153-1155	BLACK SHALE
451	WENT TO WATER	889-893	BLACK SHALE	1155-1158	SHALE
458-540	LIME	893-897	LIME	1158-1167	SAND/1158-1163 OIL ODOR
501	GAS TEST - NO GAS	897-903	BLK SHALE (LEXINGTON)	1167-1172	SHALE
540-545	SHALE	903-939	SHALE	1172-1180	SAND
545-566	LIME	939-961	LIME (OSWEGO)	1180-1184	SHALE
566-582	SAND	961-967	BLK SHALE (SUMMIT)	1184-1185	COAL
582-606	LIME	967-969	LIME	1185-1195	SHALE
606-610	SHALE	969-971	BLACK SHALE	1195-1215	RED SHALE
610-644	LIME	971-982	LIME	1215-1223	SHALE
644-680	SHALE	977	GAS TEST - SAME	1223	TD
651	GAS TEST - NO GAS	982-983	COAL (MULKEY)		
680-706	SANDY SHALE	983-984	SHALE		
706-721	LIME	984-987	LIME		
721-734	SHALE	987-1025	SHALE		
734-739	LIME	1025-1026	COAL		
739-744	SHALE	1025-1045	SHALE		
744-752	LIME	1045-1047	LIME		

Conservation Division
Finney State Office Building
130 S. Market, Rm. 2078
Wichita, KS 67202-3802



phone: 316-337-6200
fax: 316-337-6211
<http://kcc.ks.gov/>

Thomas E. Wright, Chairman
Ward Loyd, Commissioner

Corporation Commission

Sam Brownback, Governor

February 03, 2011

Victor H. Dyal
Layne Energy Operating, LLC
1900 SHAWNEE MISSION PKWY
MISSION WOODS, KS 66205-2001

Re: ACO1
API 15-205-27870-00-00
HUMMER 9L-28
SE/4 Sec.28-30S-14E
Wilson County, Kansas

Dear Production Department:

We are herewith requesting that the Well Completion Form ACO-1 and attached information for the subject well be held confidential for a period of two years.

Should you have any questions or need additional information regarding subject well, please contact our office.

Respectfully,
Victor H. Dyal