



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: _____



1053862

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> _____ <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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Well Report

METZGER 15N-34

API Number:

AFE Number: G01027401300

Project Area:

SYCAMORE
KS Wilson
30S - 14E - 34
180FSL - 2460FEL

AFE Amount: \$0.00

Activity Date	Activity Description
12/14/2010	MIRU THORNTON DRILLED 11' HOLE 44.6' DEEP, RIH W/2 JOINTS 8-5/8" SURFACE CASING MIXED 8 SX TYPE 1 CEMENT, DUMPED DOWN THE BACKSIDE. SDFN
12/15/2010	TIH W/ 6 3/4" BIT, HAMMER AND DRILL PIPE, DRILLED OUT FROM UNDER SURFACE TO 1237' TD, CATCHING SAMPLES AT ZONES OF INTEREST. RD DRILL RIG, RU OSAGE WIRELINE PULL LOGS FROM LOGGER DEPTH TO SURFACE. SDFN WAITING TO BE PLUGGED
1/27/2011	MI RU WITH 2-3/8 TUBING RAN TO 1235 PUMPED GEL SPACER, MIXED 15 SACKS 60/40 POZ CEMENT. PULLED PITE TO 481'. PUMPED ANOTHER 15 SACKS CEMENT, PULLED PIPE TO 250' PUMPED 60 SACKS CEMENT PUMPED 250' TO SURFACE. JOB COMPLETE BREAK DOWN.

Air Drilling Specialist
Oil & Gas Wells

THORNTON AIR ROTARY, LLC

Office Phone: 620-879-2073

PO Box 449
Caney, KS 67333

Date Started	12/14/2010
Date Completed	12/15/2010

Well No.	Operator	Lease	A.P.I.#	County	State
15N-34	Layne Energy Operating	Metzger	205-27864-00-00	Wilson	Kansas

1/4	1/4	1/4	Sec.	Twp.	Rge.
			34	30	14

Driller	Type/Well	Cement Used	Casing Used	Depth	Size of Hole
Billy	Oil	8	44.6' 8 5/8	1237	6 3/4

Formation Record

0-3	DIRT	861-890	LIME (PAWNEE)	1223-1237	SHALE
3-72	LIME	890-895	BLACK SHALE	1237	TD
72-176	SHALE	895-897	LIME		
176-190	LIME	897-902	BLACK SHALE		
190-280	LMY SHALE	902-948	SANDY SHALE		
280-412	SAND (DAMP)	948-972	LIME (OSWEGO)		
411	WENT TO WATER	972-978	BLK SHALE (SUMMIT)		
412-415	LIME	978-991	LIME		
415-420	SHALE	991-995	BLACK SHALE		
420-520	LIME	995-996	COAL (MULKEY)		
520-532	SHALE	996-998	SHALE		
532-546	LIME	998-1002	LIME		
546-571	SAND	1002-1042	SHALE		
561	GAS TEST-SLIGHT BLOW	1042-1043	COAL		
571-632	LIME	1043-1059	SHALE		
586	GAS TEST-45#, 1/4", MCF-87.2	1059-1060	LIME		
632-669	SHALE	1060-1061	SHALE		
669-670	COAL	1061-1062	COAL (CROWBERG)		
670-690	SHALE	1062-1106	SHALE		
690-709	LIME	1106-1107	COAL		
709-734	SHALE	1107-1157	SHALE		
734-751	LIME	1112	GAS TEST-25#, 1/2", MCF-205		
751-766	SAND	1157-1159	SANDY SHALE		
766-795	SHALE	1159-1163	SAND / LITE ODOR		
795-800	SAND	1163-1172	SANDY SHALE		
800-805	LIME	1172-1173	COAL		
805-812	SAND	1173-1186	SHALE		
812-857	SHALE	1186-1206	SANDY SHALE		
857-859	LIME	1206-1222	SHALE		
859-861	COAL (MULBERRY)	1222-1223	COAL		