

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION 1054539

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 #	API No. 15
Name:	Spot Description:
Address 1:	
Address 2:	Feet from North / South Line of Section
City: State: Zip:+	Feet from East / West Line of Section
Contact Person:	Footages Calculated from Nearest Outside Section Corner:
Phone: ()	
CONTRACTOR: License #	County:
Name:	Lease Name: Well #:
	Field Name:
Wellsite Geologist:	
Purchaser:	Producing Formation:
Designate Type of Completion:	Elevation: Ground: Kelly Bushing:
New Well Re-Entry Workover	Total Depth: Plug Back Total Depth:
Oil WSW SWD SIOW	Amount of Surface Pipe Set and Cemented at: Feet
Gas D&A ENHR SIGW	Multiple Stage Cementing Collar Used? Yes No
OG GSW Temp. Abd.	If yes, show depth set: Feet
CM (Coal Bed Methane)	If Alternate II completion, cement circulated from:
Cathodic Other (Core, Expl., etc.):	feet depth to:w/sx cmt
If Workover/Re-entry: Old Well Info as follows:	
Operator:	Deilling Fluid Menonement Dien
Well Name:	Drilling Fluid Management Plan (Data must be collected from the Reserve Pit)
Original Comp. Date: Original Total Depth:	
Deepening Re-perf. Conv. to ENHR Conv. to SWD	Chloride content: ppm Fluid volume: bbls
Conv. to GSW	Dewatering method used:
Plug Back: Plug Back Total Depth	Location of fluid disposal if hauled offsite:
Commingled Permit #:	Operator Name:
Dual Completion Permit #:	Operator Name:
SWD Permit #:	Lease Name: License #:
ENHR Permit #:	Quarter Sec TwpS. R East West
GSW Permit #:	County: Permit #:
Spud Date or Date Reached TD Completion Date or Recompletion Date Recompletion Date Recompletion Date	

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:							

	Side Two	1054539
Operator Name:	Lease Name:	Well #:
Sec TwpS. 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 (Attach Additional She	eets)	Yes [No	Nar	-	on (Top), Depth and	d Datum Top	Sample Datum
Samples Sent to Geolog	gical Survey	Yes	No	INdi	lie		юр	Datum
Cores Taken Electric Log Run Electric Log Submitted B (If no, Submit Copy)	Electronically	Yes	No No No					
List All E. Logs Run:								
			CASING R		lew Used			
		Report all st	rings set-co	nductor, surface, in	termediate, produc	tion, etc.		
Purpose of String	Size Hole Drilled	Size Casir Set (In O.I		Weight Lbs. / Ft.	Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives

ADDITIONAL CEMENTING / SQUEEZE RECORD

Purpose: Perforate	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
Protect Casing Plug Back TD				
Plug Off Zone				

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated					e			ement Squeeze Record of Material Used)	Depth
TUBING RECORD:	Siz	ze:	Set At:		Packer	r At:	Liner R	un:	No	
				Producing N		ping	Gas Lift	Other (Explain)		
Estimated Production Per 24 Hours		Oil Bb	ls.	Gas	Mcf	Wate	ər	Bbls.	Gas-Oil Ratio	Gravity
						1				
DISPOSITION OF GAS: METHOD OF C				OF COMPLE	TION:		PRODUCTION IN	TERVAL:		
Vented Sold Used on Lease				Open Hole	Perf.	Uually (Submit)	Comp. ACO-5)	Commingled (Submit ACO-4)		
(If vented, Sul	bmit ACO	-18.)		Other (Specify))			-		

Well Report FITZPATRICK 15-35

API Number: Project Area:	AFE Number: G01071400100 SYCAMORE AFE Amount: \$0.00 KS Montgomery \$1S - 14E - 35 \$30FSL - 2300FEL
Activity Date	Activity Description
12/10/2010	MIRU THORNTON DRILLING, DRILLED 11" HOLE, 20' DEEP, RIH W/1 JT 8 5/8" SURFACE CASING, MIXED 4 SX TYPE 1 CEMENT, DUMPED DOWN THE BACKSIDE. SDFN.
12/13/2010	TIH W/6-3/4" HAMMER BIT AND DRILL PIPE, DRILLED OUT FROM UNDER SURFACE TO 1211', PULLED BACK TO 900' SHUT DOWN FOR NIGHT.
12/14/2010	RESUME DRILLING FROM 1212 TO 1488 TD TESTING ZONES OF INTREST RD DRILL RIG MI OSAGE WIRE LINE PULL LOGS FROM LOGGER DEPTH TO SURFACE RD MOL.
12/15/2010	MI PU, RIH w/ 38 JOINTS 4-1/2" CASING, RIG UP CONSOLIDATED, BREAK CIRCULATION WITH 35 BBLS FRESH WTR PUMP 10 SKS GEL FLUSH W/HULLS, 5 BBLS WATER SPACER, 20 BBLS CAUSTIC PRE- FLUSH, 14 BBLS DYE WTR. MIXED 155 SKS THKSET CMT W/8#KOL-SEAL,1/8# PHENOSEAL PER SK.,1/2% CFL-110, 1/4% CAF-38 @ 13.4#/GAL YIELD 1.75. WASHED OUT PUMP AND LINES SHUTDOWN, RELEASE PLUG, DISPLACE W/23.5 BBLS FRESH WTR. FINAL PUMPING PRESSURE 700 PSI, BUMP PLUG TO 1100 PSI. WAIT 2 MINUTES, RELEASE PRESSURE, FLOAT HELD GOOD CEMENT RETURNS TO SURFACE, 48 BBLS SLURRY, 8 BBLS TO PIT. RD MOL.
3/18/2011	PBTD 1479.9 TD1488 MOL & RU Osage Wirelline. Run GR-Ccl-Vcl Cement Bond log from 1468' to Surface. Bond
	looks good all depths. RDMOL Osage Wireline.

Well SI waiting for completion.

Dec 14 to 07.10p Billy mornion

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Air Drilling Specialist Oil & Gas Wells

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

PO Box 449 Caney, KS 67333

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

Well No.	Operator	Lease	A.P.1#		
15-35	Layne Energy Operating	Fitzpatrick	·	County	State
		Thepatrick	125-32019-00-00	Montgomery	Kansas
1/4	1/4				
	1/4	1/4	Sec.	Twp.	Rge.
			35	31	14
Driller	Type/Well				
Billy		Cement Used	Casing Used	Depth	Size of Hole
Dilly	Gas	4	20' 8 5/8	1488	6 3/4

Formation Record

0-2 2-58 58-62 62-140 140-351 351-373 373-374	DIRT LIME SHALE LIME (DAMP) SHALE SAND COAL	962 1006-1031 1031-1039 1037 1039-1058	BLK SHALE (SUMMIT) GAS TEST - NO GAS	1285-1286 1286-1335 1335-1336	SANDY SHALE
58-62 62-140 140-351 351-373	SHALE LIME (DAMP) SHALE SAND	1031-1039 1037 1039-1058	LIME (OSWEGO) BLK SHALE (SUMMIT) GAS TEST - NO GAS	1286-1335 1335-1336	SANDY SHALE
62-140 140-351 351-373	LIME (DAMP) SHALE SAND	1031-1039 1037 1039-1058	BLK SHALE (SUMMIT) GAS TEST - NO GAS	1335-1336	
140-351 351-373	SHALE SAND	1037 1039-1058	GAS TEST - NO GAS		IBLK SHALF 7 COAL
351-373	SAND			1226 1266	
<u>}</u>			LIME	1336-1369 1338	
273 274	CON	1058-1064		1369-1370	GAS TEST - SAME
	CUAL	1062	GAS TEST - NO GAS	1370-1420	COAL
374-418	SANDY SHALE	1064-1065	COAL (MULKEY)	1370-1420	SHALE
418-423	LIME (WET)	1065-1075	LIME		GAS TEST - SAME
423-426	SHALE	1075-1091	SHALE	1420-1421	COAL
426-446	LIME	1091-1092	COAL		
446-472	SHALE	1092-1107	SHALE		MISS. CHATT (MISS.)
472-526	LIME	1107-1108	LIME		GRAY SHALE
526-617	SANDY SHALE	1108-1109	COAL (CROWBERG)		MISS. CHATT
617-630	LIME	1109-1158	SHALE		GAS TEST - SAME
630-671	SANDY SHALE	1112	GAS TEST - NO GAS		GRAY LIME
	LIME	1158-1159	COAL (MINERAL)		GAS TEST - SAME
576-724	SHALE	1159-1177	SHALE	1488	TD
724-746 L	IME	1177-1178	COAL		
46-771 S	SHALE	1178-1181	SHALE		
71-783 L	IME	1181-1188	SAND / OIL ODOR		
/83-795 S	ihale		SANDY SHALE		
'95-799 L	IME		WHITE SAND	- 	
99-860 5	HALE	······································	SANDY SHALE	+	
	VENT TO WATER		COAL	+	
	ANDY SHALE		SANDY SHALE	++	
	OAL (MULBERRY)		SHALE	╉────┟	
	IME (PAWNEE)		COAL	┽━━━━┼	
	LK SHALE (LEXINGTON)		SHALE	╆	
	ANDY SHALE	49.00	SAS TEST-10#,1/4",MCF-30.8	┼──╌━┼	

C.	CONSOLIDATED

ENTERED TIC...ZT NUMBER___

TIC...T NUMBER 30046 LOCATION EULEKA KS FOREMAN RICK Ledford

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

FIELD TICKET & TREATMENT REPORT

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DATE	CUSTOMER #	WELLNA	ME & NUMBE			1 7010000		
					SECTION	TOWNSHIP	RANGE	COUNTY
12-15-10	4758	Frapatrick	15-35		35	3/	116	MG
CUSTOMER	1	•	1.	Safety	New Friday Street Barriers		ATTA VERILE AND	
MAILING ADDR	Layn En	12/37		nating	TRUCK #	DRIVER	TRUCK #	DRIVER
				ed af	520	Cliff		
0.77	<u>P.O. Bax</u>	160			515	Allen B.		
CITY		STATE ZIP	CODE	ſ				
చు	Carlole	KS		F				<u> </u>
	estring G	HOLE SIZE 6	Иу " Н	ے IOLE DEPTH	1482'	CASING SIZE & W	EIGUT 4%"	
CASING DEPTH	1490'	DRILL PIPE	т	TIRING				
SLURRY WEIGH	нт <u>/3,4</u> #	SLURRY VOL 48	KU VA	VATER gal/sk	80			<u> </u>
DISPLACEMENT	T <u>ZS, 80</u>	DISPLACEMENT PS	1700 🔳	PSI 1100		DATE		
REMARKS: S	afety meet	ng- Rig up	to 4%)" Cat. 0	Bigon	an latin	1.05.0	<u> </u>
fresh	Water, Pun	<u>10 sks g</u>	1-61-2	1. / h. l.		Circuicion 1	<u>/ 33 (35/</u>	
14 661	due unter	Owned 100		<u> <u> </u></u>	a <u>, ac 56/</u>	COUSEIC SAMA	A-+45h,	
1/200	Carla + Va Qa	Mixed 155	<u></u>	<u>n icksez /</u>	enne L/	8 - Kel-sen /s	K, 12 phous	<u>w/sx</u>
		AF-39 @ 13.	-1901-1	<u>bieshard</u>	pup + lise	s, shut denc,	<u>celease</u>	
<u> </u>	Jugilace h	<u> 65/ 170</u>	<u>sh unto</u>	1. Final	auno pre-	SINC 700 PSI	t (C	
<u></u>	<u> ////////////////////////////////////</u>	woit 2 min	5 12,005	st anorsen	e flood he	d Crant care	at returns	
to 541.	face = 8 N	I stray to pi	t. Joh	condito	Ria dam			
		/ _r						

" Thank You"

ACCOUNT CODE	QUANITY 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
11264	155 545	thickset compt	17.00	2635.00
11101	1240 *	8" Kol-see /sk	. 42	520.80
1107A	20*	1/8# aborage /SK	1.15	23.00
1135	<u>78</u> *	42 20 SFL-110	7.50	585.00
1146	39*	14 % CAF-38	7.70	300. 30
11186		gel-flush	. 20	100.00
1105	50#	hulls	.39	19.50
1103	160 #	Caustic soda	1.45	145.00
SYMA	8.53	tan mileage built tris	1.20	409.44
4404	/	4%" top rubber plug	45:00	45.00
			Subtact 1	5854.04
n 3737		<u>(.3%</u>	SALES TAX	<u>275.5</u> 6
	Juss rult	838122 TITLE REMI FORM	ESTIMATED TOTAL	6129.60

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.