



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> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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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	12/15/2010
Date Completed	12/16/2010

Well No.	Operator	Lease	A.P.I.#	County	State
15K-34	Layne Energy Operating	Metzger	205-27876-00-00	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' 8 5/8	1263	6 3/4

Formation Record

0-4	DIRT	901-907	BLK SHALE (LEXINGTON)	1225-1263	SHALE
4-80	LIME	907-953	SANDY SHALE	1263	TD
80-162	SHALE	953-978	LIME (OSWEGO)		
162-221	LIME	978-986	BLK SHALE (SUMMIT)		
221-288	LMY SHALE	986-998	LIME		
288-400	SAND (DAMP)	998-1002	BLK SHALE (EXCELLO)		
387	WENT TO WATER	1002-1003	COAL (MULKEY)		
400-434	SANDY SHALE	1003-1007	LIME		
434-460	LIME	1007-1050	SHALE		
437	GAS TEST - NO GAS	1050-1051	COAL		
460-464	SHALE	1051-1065	SHALE		
464-527	LIME	1065-1066	LIME		
527-548	SHALE	1066-1069	SHALE		
548-552	LIME	1069-1070	COAL (CROWBERG)		
552-577	SAND	1070-1110	SANDY SHALE		
577-603	LIME	1110-1112	COAL (MINERAL)		
603-606	SHALE	1112-1118	SHALE		
606-640	LIME	1118-1128	SANDY SHALE		
640-697	SHALE	1128-1129	COAL		
697-713	LIME	1129-1158	SANDY SHALE		
713-715	SANDY SHALE	1138	GAS TEST-B#, 1/4", MCF-27		
715-716	COAL	1158-1160	SANDY SHALE		
716-740	SANDY SHALE	1160-1180	SAND / GOOD ODOR		
740-756	LIME	1180-1183	SANDY SHALE		
756-771	SAND	1183-1185	COAL		
771-778	SANDY SHALE	1185-1207	SANDY SHALE		
778-866	SHALE	1188	GAS TEST - SAME		
866-867	COAL (MULBERRY)	1207-1214	SAND		
867-870	SHALE	1214-1224	SHALE		
870-901	LIME (PAWNEE)	1224-1225	COAL		



CONSOLIDATED
Oil Well Services, LLC



ENTERED

TICKET NUMBER 30052

LOCATION Eureka K3

FOREMAN Rick Leaford

PO Box 884, Chanute, KS 66720
820-431-9210 or 800-467-8676

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY	
12-17-10	4758	Metzger 15K-34				Wilson	
CUSTOMER <u>Layne Energy</u>			Safety meeting OK PR				
MAILING ADDRESS <u>P.O. Box 1100</u>							
CITY <u>Sycamore</u>		STATE <u>KS</u>	ZIP CODE	TRUCK #	DRIVER	TRUCK #	DRIVER
				<u>520</u>	<u>Cliff</u>		
				<u>543</u>	<u>Dave</u>		

JOB TYPE Logging 0 HOLE SIZE 6 3/4" HOLE DEPTH 1262' CASING SIZE & WEIGHT 4 1/2"
 CASING DEPTH 1252' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 13.4" SLURRY VOL 42 bbl WATER gal/sk 8.0 CEMENT LEFT in CASING 0'
 DISPLACEMENT 20 bbl DISPLACEMENT PSI 500 ~~1000~~ PSI 1000 bump plug RATE _____

REMARKS: Safety meeting- Rig up to 4 1/2" casing. Break circulation w/ 30 bbl fresh water. Pump 10 sec gel-flush w/ bulls. 20 bbl caustic soda pre-flush, 10 bbl dye water. Mixed 135 sec thickset cement w/ 8" Kol-seal, 1/2" phenosal, 1/2" CF-110 + 1/4" CAF-32 @ 13.4"/gal. Washout pump + lines shut down, release plug. Displace w/ 20 bbl fresh water. Final pump pressure 500 PSI. Bump plug to 1000 PSI wait 2 minutes, release pressure, float held. Good cement returns to surface = 10 bbl slurry to pit. 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 sks	thickset cement	17.00	2295.00
1110A	1080 #	8" Kol-seal/sk	.42	453.60
1107A	17 #	1/2" phenosal/sk	1.15	19.55
1135	68 #	1/2" CF-110	7.50	510.00
1146	34 #	1/4" CAF-32	7.70	261.80
1186	500 #	gel-flush	.20	100.00
1105	50 #	bulls	.39	19.50
1103	100 #	caustic soda	1.45	145.00
5407A	7.43	ton mileage bulk truck	1.20	356.64
4404	1	4 1/2" top rubber plug	45.00	45.00
			Subtotal	5277.09
			SALES TAX <u>6.3%</u>	242.53
			ESTIMATED TOTAL	5519.62

Ravin 3737

AUTHORIZATION Sandy McNeil

TITLE Drill Foreman

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.

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

April 12, 2011

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

Re: ACO1
API 15-205-27896-00-00
METZGER 15K-34
SE/4 Sec.34-30S-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