



**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

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: \_\_\_\_\_



1054298

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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Air Drilling Specialist  
Oil & Gas Wells

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

PO Box 449  
Caney, KS 67333

Date Started	<b>12/21/2010</b>
Date Completed	<b>12/28/2010</b>

Well No.	Operator	Lease	A.P.I.#	County	State
<b>8J-3</b>	<b>Layne Energy Operating</b>	<b>Zook</b>	<b>125-32018-00-00</b>	<b>Montgomery</b>	<b>Kansas</b>

1/4	1/4	1/4	Sec.	Twp.	Rge.
			<b>3</b>	<b>31</b>	<b>14E</b>

Driller	Type/Well	Cement Used	Casing Used	Depth	Size of Hole
<b>Billy</b>	<b>Oil</b>	<b>4</b>	<b>21' 8 5/8</b>	<b>1262</b>	<b>6 3/4</b>

### Formation Record

0-6	DIRT	1028-1029	COAL (MULKEY)		
6-80	LIME	1029-1035	LIME		
80-260	LMY SHALE	1035-1092	SHALE		
260-325	LIME	1092-1094	LIME		
325-416	SAND (DAMP)	1094-1096	SHALE		
411	WENT TO WATER	1096-1097	COAL (CROWBERG)		
416-420	LIME	1097-1115	SAND		
420-439	SHALE	1115-1139	SHALE		
439-456	LIME	1139-1140	COAL (MINERAL)		
456-475	LMY SHALE	1140-1192	SHALE		
475-556	LIME	1187	GAS TEST-9#, 1/4", MCF-29		
556-590	SAND	1192-1199	BLACK SHALE		
590-655	LIME	1199-1205	SAND		
655-718	SHALE	1205-1207	COAL (WEIR)		
718-719	COAL	1207-1218	SHALE		
719-723	SHALE	1218-1222	SANDY SHALE		
723-745	LIME	1222-1232	SAND		
745-758	SHALE	1232-1238	LMY SAND		
758-781	LIME	1238-1239	COAL		
781-795	SAND	1239-1262	SHALE		
795-889	SHALE	1262	TD		
889-890	COAL (MULBERRY)				
890-920	LIME (PAWNEE)				
920-927	BLK SHALE (LEXINGTON)				
927-930	LIME				
930-980	SHALE				
980-1005	LIME (OSWEGO)				
1005-1013	BLK SHALE (SUMMIT)				
1013-1024	LIME				
1024-1028	BLACK SHALE				

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# Well Report

## ZOOK 8J-3

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**API Number:**

**Project Area:**

SYCAMORE  
KS Montgomery  
31S - 14E - 3  
2050FNL - 170FEL

**AFE Number:**

**AFE Amount:** \$0.00

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<b>Activity Date</b>	<b>Activity Description</b>
<b>12/21/2010</b>	MIRU Thornton, drilled 11" hole 22' deep, RIH W/1 joint 8-5/8" surface casing. Mixed 4 sx type 1 cement, dumped down the backside. SDFN.
<b>12/27/2010</b>	TIH W/ 6 3/4" BIT, HAMMER AND DRILL PIPE, DRILLED OUT FROM UNDER SURFACE TO 400' SDFN.
<b>12/28/2010</b>	DRILL OUT FROM 400' TO 1263TD TAKING SAMPLES AT ZONES OF INTEREST RD DRILL RIG MOVE IN OSAGE WIRELINE PULLED LOGS FROM LOGGER DEPTH TO SURFACE. SDFN AWAITING TO PLUG.
<b>1/27/2011</b>	MI RU WITH 2-3/8 TUBING RAN TO 1257 PUMPED GEL SPACER, MIXED 15 SACKS 60/40 POZ CEMENT. PULLED PIPE TO 481'. PUMPED ANOTHER 15 SACKS CEMENT, PULLED PIPE TO 250' PUMPED 60 SACKS CEMENT PUMPED 250' TO SURFACE. JOB COMPLETE BREAK DOWN.

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 19, 2011

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

Re: ACO1  
API 15-125-32018-00-00  
ZOOK 8J-3  
NE/4 Sec.03-31S-14E  
Montgomery 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