



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: _____



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
---	---

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
-----------------------------------	-----------	---------	-------------	---------------	---------

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 (Specify) _____	PRODUCTION INTERVAL: _____ _____
--	--	---



CONSOLIDATED
Oil Well Services, LLC

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

TICKET NUMBER 30524

LOCATION Eureka

FOREMAN Steve Mead

FIELD TICKET & TREATMENT REPORT

CEMENT APT # 15-125-32073

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
5-17-11	4758	Westfall 14G-1	1	21	13E	mg
CUSTOMER <u>Layne Energy</u>			TRUCK #			
MAILING ADDRESS <u>P.O. Box 160</u>			DRIVER			
CITY <u>Sycamore</u>			TRUCK #			
STATE <u>Ks</u>			DRIVER			
ZIP CODE						

JOB TYPE Top outside HOLE SIZE 6 3/4 HOLE DEPTH _____ CASING SIZE & WEIGHT _____
 CASING DEPTH _____ DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT _____ DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety Meeting. Pulling unit Run in 1" Tubing. Wash 3 Joint of Tubing. Top Cement At 710' Circulate Gel out of hole. Top Cement again. Mix 85 sks 6 3/4 permix w/ 4% Gel 710' to surface Pull out Tubing. Top well off. Job Complete Rig down

Thank you

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
54015	1	PUMP CHARGE	775.00	775.00
5406	40	MILEAGE	4.00	160.00
1131	85 sks	6 3/4 Permox Cement	11.95	1,015.75
1115B	290 #	4% Gel	.20	58.00
5407		Ten Mileage Bulk Truck	mic	330.00
			Sub Total	2338.75
			SALES TAX	67.65
			ESTIMATED TOTAL	2406.40

Ravin 3737

AUTHORIZATION [Signature]

TITLE PF

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.



CONSOLIDATED
Oil Well Services, LLC

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

TICKET NUMBER 30509

LOCATION Eureka

FOREMAN Rick Ledford

FIELD TICKET & TREATMENT REPORT
CEMENT

API # 15-125-32073

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
5-16-11	4758	Westfall 14a-1	1	31	13E	MO
CUSTOMER <u>Layne Energy</u>			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS <u>P.O. Box 160</u>			<u>445</u>	<u>Dave</u>		
CITY <u>Sycamore</u>			<u>543</u>	<u>Allen B.</u>		
STATE <u>KS</u>		ZIP CODE				

JOB TYPE longstring 0 HOLE SIZE 6 3/4" HOLE DEPTH 1598' CASING SIZE & WEIGHT 4 1/2" 10.5"
 CASING DEPTH 1596' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 13" # SLURRY VOL 25 Bbl WATER gal/sk 8.0 CEMENT LEFT in CASING 0
 DISPLACEMENT 25" Bbl DISPLACEMENT PSI 600 MIX PSI 1100 Bump plus RATE _____

REMARKS: Safety meeting- Rig up to 4 1/2" casing. Load hole w/ 71 Bbl water. Washdown 10' to PBTD. little circulation, casing hung in hole. Mixed 2700# gel w/ hulls, got casing free, barely getting water returns to surface. Mixed 1300# gel w/ hulls got full returns to surface. Rig up to cement. Pumped 10 Bbl caustic soda pre-flush. Mixed 80 srs thickset cement w/ 8" Rot seal /sr, 1/2" phenoxal /sr + 1/4" CF-115 @ 134#/gal. Washout pump + lines, release plug. Displace w/ 25' ch. fresh water. Final pump pressure 600 PSI. Bump plug to 1100 PSI. release pressure, float held. Good circulation @ all times while cementing + displacement of plug. Job complete Rig down.

Thank You

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	975.00	975.00
5406	40	MILEAGE	4.00	160.00
1126A	80 srs	thickset cement	18.30	1464.00
1110A	640#	8" Rot seal /sr	.44	281.60
1107A	10#	1/2" phenoxal /sr	1.22	12.20
1135A	20#	1/4" CF-115	9.95	199.00
1118B	4000#	gel-flush	.20	800.00
1105	250#	hulls	.42	105.00
1103	100#	caustic soda	1.52	152.00
5407	4.4	ton mileage bulk truck	m/c	330.00
4156	1	4 1/2" Flapper type float shoe	175.00	175.00
4453	1	4 1/2" latch down plug	155.00	155.00
4310	4 hrs	welder	80.00	320.00
4311	1	4 1/2" weld on collar	70.00	70.00
			Subtotal	5198.80
			SALES TAX <u>6.3%</u>	235.23
			ESTIMATED TOTAL	5434.03

Ravin 3737

AUTHORIZATION [Signature] TITLE PI- 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	5/11/2011
Date Completed	5/12/2011

Well No.	Operator	Lease	A.P.I #	County	State
14Q-1	Layne Energy Operating	West Fall	15-125-32073-00-00	Montgomery	Kansas

	1/4	1/4	1/4	Sec.	Twp.	Rge.
				1	31	13E

Driller	Type/Well	Cement Used	Casing Used	Depth	Size of Hole
Billy	Oil	4	21.6' 8 5/8	1598	6 3/4

Formation Record

0-3	DIRT	1159-1161	LIME	1573-1580	BROWN LIME
3-15	CLAY	1161-1203	SHALE	1580-1598	CHATT /CHERT
15-276	SHALE	1203-1204	COAL (BEVEIR)	1598	WATERED OUT
276-301	LIME	1204-1218	SHALE	1598	TD
301-550	LMY SHALE	1218-1220	LIME (V-LIME)		
550-555	SAND (WET)	1220-1222	SHALE		
555-574	LIME	1222-1223	COAL (CROWBERG)		
574-588	SHALE	1223-1261	SHALE		
588-641	LIME	1261-1262	COAL (MINERAL)		
611	WENT TO WATER	1262-1280	SHALE		
641-730	LMY SHALE	1262	GAS TEST-SLIGHT BLOW		
730-748	SAND	1280-1303	SANDY SHALE		
748-785	LIME	1303-1310	SAND (CATTLEMEN)/OIL ODOR		
785-911	SHALE	1310-1320	SHALE		
911-930	LIME	1320-1356	SANDY SHALE		
930-946	SAND (WEISER)	1356-1368	SAND		
946-980	SHALE	1368-1377	RED SHALE		
980-1000	SAND	1377-1397	SHALE		
1000-1030	SHALE	1387	GAS TEST - SAME		
1030-1031	COAL (MULBERRY)	1397-1398	COAL/BLK SHALE (ROWE)		
1031-1068	LIME (PAWNEE)	1398-1414	SHALE		
1068-1070	BLACK SHALE	1414-1415	COAL		
1070-1071	LIME	1415-1432	SHALE		
1071-1076	BLK SHALE (LEXINGTON)	1432-1433	COAL (RIVERTON)		
1076-1114	SHALE	1433-1473	SHALE		
1114-1136	LIME (OSWEGO)	1473-1492	MISS. CHATT (MISS.)		
1136-1144	BLK SHALE (SUMMIT)	1492-1530	BROWN LIME		
1144-1153	LIME	1530-1545	CHERTY LIME		
1153-1158	BLK SHALE (EXCELLO)	1545-1557	BROWN SANDY LIME		
1158-1159	COAL (MULKEY)	1557-1573	GRAY CHERTY 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/>

Mark Sievers, Chairman
Ward Loyd, Commissioner
Thomas E. Wright, Commissioner

Sam Brownback, Governor

September 01, 2011

Victor H Dyal
Layne Energy Operating, LLC
P O Box 160
SycamoreS, KS 67363

Re: ACO1
API 15-125-32073-00-00
Westfall 14Q-1
SW/4 Sec.01-31S-13E
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