



KANSAS CORPORATION COMMISSION 1062910
OIL & GAS CONSERVATION DIVISION

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 # _____

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: _____



1062910

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
<input type="checkbox"/> Perforate <input type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> 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: <input type="checkbox"/> Yes <input type="checkbox"/> No
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Date of First, Resumed Production, SWD or ENHR.	Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other <i>(Explain)</i> _____
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Estimated Production Per 24 Hours	Oil Bbbs.	Gas Mcf	Water Bbbs.	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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MORNING COMPLETION REPORT

Report Called in by: JACOB

Report taken by: _____

LEASE NAME & #		AFE#	DATE	DAYS	CIBP	PBTD:
RATZLAFF 15G-29			5/13/2011	1	DEPTH	TYPE FLUID
PRESENT OPERATION:					TYPE	
SET SURFACE					WT	
					VIS	
DEEPEST CASING OD SHOE DEPTH		LINERS OD TOP & SHOE DEPTH		REPAIR DOWN TIME HRS	CONTRACTOR	MOKAT
					RIG NO	
				TEST PERFS		
PACKER OR ANCHOR	FISHING TOOLS	OD	ID	TEST PERFS		
				TO		
				TO		
				TO		
HRS	BRIEF DESCRIPTION OF OPERATION					
	MIRU Thornton, drilled 11" hole 44' deep, RIH W/2 joint 8-5/8" surface casing. Mixed 8 sx type 1 cement, dumped down the backside. SDFN.					

DAILY COST ANALYSIS

RIG _____

SUPERVISION _____

RENTALS _____

SERVICES _____

MISC _____

DETAILS OF RENTALS, SERVICES, & MISC

DRILLING @ 7.00/ft
DAYWORK
DIRTWORKS (LOC, RD, PIT)
LOGGING SERVICE

DAILY TOTALS 0 PREVIOUS TCTD 0 TCTD 0

Air Drilling Specialist
Oil & Gas Wells

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

PO Box 449
Caney, KS 67333

Date Started	5/13/2011
Date Completed	5/17/2011

Well No.	Operator	Lease	A.P.I #	County	State
156-29	Layne Energy Operating	Ratzlaff	15-205-27938-00-00	Wilson	Kansas

1/4	1/4	1/4	Sec.	Twp.	Rge.
			29	30	14

Driller	Type/Well	Cement Used	Casing Used	Depth	Size of Hole
Billy	Oil	8	42.7' 8 5/8	1584	6 3/4

Formation Record

0-4	DIRT	973-996	LIME (OSWEGO)	1282-1283	COAL
4-15	CLAY	996-1006	BLK SHALE (SUMMIT)	1283-1321	SHALE
15-125	SHALE (WET)	1006-1011	LIME	1308	PUT TRICONE ON
125-210	LIME	1011-1015	BLACK SHALE	1321-1346	MISS. CHAT / MISS
210-364	LMY SHALE	1015-1016	COAL (MULKEY)	1346-1416	BROWN LIME
364-446	SAND	1016-1020	LIME	1416-1458	CHIRT
446-685	LIME	1020-1059	SHALE	1428	PICKED UP SOME WATER
536	WENT TO WATER	1059-1060	COAL	1458-1552	GRAY LIME
685-698	SHALE	1060-1075	SHALE	1552-1563	GRAY SHALE/WOODFORD
698-708	LIME	1075-1076	COAL ?	1563-1578	GRAY LIME
708-746	SHALE	1076-1080	SHALE	1578-1584	SHALE
746-750	LIME	1080-1082	LIME (V-LIME)	1584	TD
750-762	SAND	1082-1083	SHALE		
762-773	SHALE	1083-1084	COAL (CROWBERG)		
773-796	LIME	1084-1122	SHALE		
796-800	SANDY SHALE	1122-1123	COAL (MINERAL)		
800-814	SAND (WEISER)	1123-1147	SHALE		
814-830	SANDY SHALE	1147-1156	SANDY SHALE/LITE OIL ODOR		
830-861	SHALE	1156-1158	SHALE		
861-872	SAND/WET/LITE ODOR	1158-1159	COAL		
872-892	SANDY SHALE	1159-1167	SHALE		
887	GAS TEST-5#,1/4",MCF-20.7	1167-1173	SAND / OIL ODOR		
892-894	LIME	1173-1175	SANDY SHALE		
894-902	SHALE	1175-1177	BLK SAND/GOOD OIL ODOR		
902-903	COAL (MULBERRY)	1177-1183	SHALE		
903-927	LIME (PAWNEE)	1183-1184	COAL		
927-930	BLACK SHALE	1184-1234	SHALE		
930-934	LIME	1212	GAS TEST - SAME		
934-939	BLK SHALE (LEXINGTON)	1234-1243	RED SHALE		
939-973	SANDY SHALE	1243-1282	SHALE		



CONSOLIDATED
Oil Well Services, LLC

ENTERED

TICKET NUMBER 30647
LOCATION Eureka
FOREMAN Rick Ledford

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

FIELD TICKET & TREATMENT REPORT

CEMENT

API # 15-205-27938

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
10-14-11	4258	Ratzlaff 156-29	29	30	14E	Wilson
CUSTOMER			TRUCK #	DRIVER	TRUCK #	DRIVER
Layne Energy			520	John		
MAILING ADDRESS			441	Chris B.		
P.O. Box 160						
CITY	STATE	ZIP CODE				
Sycamore	KS					

JOB TYPE langstring 0 HOLE SIZE 6 3/4" HOLE DEPTH 1584' CASING SIZE & WEIGHT 4 1/2" 16.5"
 CASING DEPTH 1536' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 13.4" SLURRY VOL 25 bbl WATER gal/sk 8.0 CEMENT LEFT in CASING 0'
 DISPLACEMENT 24.4 bbl DISPLACEMENT PSI 800 ~~MAX~~ PSI 1300 bump plug RATE _____

REMARKS: Safety meeting- Rig up to 4 1/2" casing. Hit bridge @ 930' Washdown last 14 jts. of casing w/ gel sweepers, circulated 100 bbl water + gel after each joint. Rig up to cement. Mixed 30 sacks gel w/ 100" hulls, 10 bbl caustic soda pre-flush. Mixed 80 sacks thickset cement w/ 8" Kat-seal/sk, 1/8" phenoseal + 1/4% CEL-115 @ 13.4"/gal. Washout pump + lines shut down, release latch down plug. Displace w/ 24.4 bbl fresh water. Final pump pressure 800 PSI. Bump plug to 1300 PSI. release pressure, float + plug held. Good circulation @ all times while cementing. Job complete. Rig down

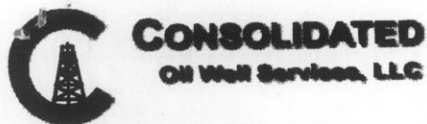
"Thank You"

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	975.00	975.00
5406	0	MILEAGE 2nd well	n/c	n/c
5609	4 hrs	pump charge	200.00	800.00
1126A	80 sacks	thickset cement	18.30	1464.00
1110A	1040"	8" Kat-seal/sk	.44	291.60
1107A	10"	1/8" phenoseal/sk	1.22	12.20
1135A	20"	1/4% CEL-115	9.95	199.00
1118B	2500*	gel-flush + gel sweeps = 50 sacks gel total	.20	500.00
1105	100"	hulls	.42	42.00
1103	100"	caustic soda	1.52	152.00
5407	4.9	tan mileage bulk tax	n/c	330.00
4156	1	4 1/2" Flange type float shoe	175.00	175.00
4453	1	4 1/2" latch down plug	155.00	155.00
5614	6 hrs	welder	80.00	480.00
			subtotal	5565.80
			SALES TAX	181.81
			ESTIMATED TOTAL	5747.61

Ravin 3737

AUTHORIZATION [Signature] TITLE Drilling 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.



TICKET NUMBER 30649
 LOCATION Eureka
 FOREMAN Rick Ledford

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

FIELD TICKET & TREATMENT REPORT

CEMENT

API # 15-205-27939

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY	
6-16-11	4758	Rotzeff 15G-29	29	30	14E	Wilson	
CUSTOMER <u>Layne Energy</u>			TRUCK #		DRIVER	TRUCK #	DRIVER
MAILING ADDRESS <u>P.O. Box 160</u>			445		Dave		
CITY <u>Sycamore</u>			611		Allen B.		
STATE <u>KS</u>		ZIP CODE					

JOB TYPE top outside 0 HOLE SIZE 6 3/4" HOLE DEPTH _____ CASING SIZE & WEIGHT 4 1/2"
 CASING DEPTH _____ DRILL PIPE _____ TUBING 1" OTHER _____
 SLURRY WEIGHT 13.8# SLURRY VOL _____ WATER gal/sk 6.5 CEMENT LEFT in CASING _____
 DISPLACEMENT _____ DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety meeting. Rig up to 1" pipe. Washdown pipe to 575' Pump 20 Bbl
water ahead. Mixed 80 sacks 60/40 Permox cement w/ 470 gal @ 13.8#/gal.
Pull 1" out. Tap well off. 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	4.00	160.00
1131	80 sacks	60/40 Permox cement	11.95	956.00
1112B	275#	470 gal	.20	55.00
5407	3.44	tax mileage back tax	m/c	330.00
			sub total	2476.00
			SALES TAX	63.10
			ESTIMATED TOTAL	2539.10

Revin 3737

AUTHORIZATION [Signature] TITLE Drilling 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/>

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

Sam Brownback, Governor

September 08, 2011

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

Re: ACO1
API 15-205-27938-00-00
Ratzlaff 15G-29
SE/4 Sec.29-30S-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