



**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
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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:  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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<b>DISPOSITION OF GAS:</b> <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	<b>METHOD OF COMPLETION:</b> <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> _____ <input type="checkbox"/> Other <i>(Specify)</i> _____	<b>PRODUCTION INTERVAL:</b> _____ _____
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**MORNING COMPLETION REPORT**

Report Called in by: JACOB

Report taken by: KRD

LEASE NAME & #		AFE#	DATE	DAYS	CIBP	PBTD
TULL 7L-1			5/26/2010	1	DEPTH	TYPE FLUID
PRESENT OPERATION:					TYPE	
DRILL OUT FROM UNDER SURFACE						WT
						VIS
DEEPEST CASING	LINERS OD TOP & SHOE DEPTH	REPAIR DOWN TIME HRS			CONTRACTOR	
OD SHOE DEPTH		TEST PERFS			RIG NO	
	8 5/8" 24# J-55 --- Set 22'					
PACKER OR ANCHOR	FISHING TOOLS    OD    ID	TO			SQUEEZED OR PLUG BACK PERFS	
		TO			TO	
		TO			TO	
		TO			TO	
		TO			TO	

HRS	BRIEF DESCRIPTION OF OPERATION
	MIRU THORTON ROTARY DRILLING, DRILLED 11" HOLE, 22' DEEP, RIH W/ 1 JT 8 5/8" SURFACE CASING,
	MIXED 4 SXS TYPE 1 CEMENT, DUMPED DN THE BACKSIDE, SDFN.

**DAILY COST ANALYSIS**

RIG \_\_\_\_\_

SUPERVISION \_\_\_\_\_

RENTALS \_\_\_\_\_

SERVICES \_\_\_\_\_

MISC \_\_\_\_\_

**DETAILS OF RENTALS, SERVICES, & MISC**

DRILLING @ 7.00/FT
CEMENT
DIRTWORKS (LOC, RD, PIT)
SURFACE CASING
LAND/ LEGAL

DAILY TOTALS      0      PREVIOUS TCTD      \_\_\_\_\_      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	<b>5/26/2011</b>
Date Completed	<b>6/2/2011</b>

Well No.	Operator	Lease	A.P.I #	County	State
<b>7L-1</b>	<b>Layne Energy Operating</b>	<b>Tull</b>	<b>15-125-32090-00-00</b>	<b>Montgomery</b>	<b>Kansas</b>

1/4	1/4	1/4	Sec.	Twp.	Rge.
			<b>1</b>	<b>31</b>	<b>13</b>

Driller	Type/Well	Cement Used	Casing Used	Depth	Size of Hole
<b>Sean</b>	<b>Oil</b>	<b>4</b>	<b>21.10 8 5/8</b>	<b>1770</b>	<b>6 3/4</b>

### Formation Record

0-5	DIRT	1052-1080	LIME (PAWNEE)	1451-1485	SHALE
5-12	CLAY	1080-1082	BLACK SHALE	1485-1535	CHAT/CHIRT (MISS.)
12-18	SHALE	1082-1084	LIME	1505	LITE ODOR
18-22	LIME	1084-1089	BLACK SHALE	1535-1586	LIME
22-305	SHALE	1089-1101	SHALE	1586-1627	CHAT
305-313	LIME	1101-1131	SANDY SHALE	1638	WATERED OUT
313-324	SHALE	1131-1149	LIME (OSWEGO)	1627-1734	LIME/PICKED UP WATER @1665
324-339	LIME	1149-1158	BLACK SHALE	1734-1740	BLK SHALE (WOODFORD)
339-399	SHALE	1158-1165	LIME	1740-1750	LIME
399-414	LIME	1165-1169	BLACK SHALE	1750-1759	SHALE
414-570	SHALE	1169-1170	COAL	1759-1770	LIME (ARBUCKLE)
510-543	SAND	1170-1173	LIME	1770	TD
543-544	COAL	1173-1195	SHALE		
544-605	SAND	1195-1196	COAL?		
605-615	LIME	1196-1223	SHALE		
615-623	SHALE	1223-1224	COAL		
623-730	LIME	1224-1232	SHALE		
710	WENT TO WATER	1232-1233	LIME		
730-768	SAND	1233-1236	SHALE		
768-806	LIME	1236-1237	COAL		
806-847	SHALE	1237-1280	SHALE		
847-858	LIME	1280-1281	COAL		
858-890	SHALE	1281-1310	SHALE		
890-899	LIME	1310-1311	COAL		
899-927	SANDY SHALE	1311-1323	SHALE		
927-942	LIME	1323-1336	SAND / LITE ODOR		
942-952	SAND	1336-1353	SHALE		
952-1048	SANDY SHALE	1353-1360	SAND		
1048-1051	LIME	1360-1450	SHALE		
1051-1052	COAL	1450-1451	COAL		

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 21, 2011

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

Re: ACO1  
API 15-125-32090-00-00  
Tull 7L-1  
NE/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