



KANSAS CORPORATION COMMISSION 1064250
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: _____



1064250

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 (Specify) _____	PRODUCTION INTERVAL: _____ _____
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MORNING COMPLETION REPORT

Report Called in by: JACOB

Report taken by: _____

LEASE NAME & #	AFE#	DATE	DAYS	CIBP	PBTD:
ARNOLD 13-9		6/23/2011	1	DEPTH	TYPE FLUID
				TYPE	
PRESENT OPERATION: DRILL OUT FROM UNDER SURFACE					WT
					VIS
DEEPEST CASING	LINERS OD TOP & SHOE DEPTH	REPAIR DOWN TIME HRS		CONTRACTOR MOKAT	
OD SHOE DEPTH				RIG NO	
			TEST PERFS		
PACKER OR ANCHOR	FISHING T OD ID			TEST PERFS	
				TO	
				TO	
				TO	
HRS	BRIEF DESCRIPTION OF OPERATION				
	MIRU THORNTON DRILLING, DRILLED 11" HOLE, 21.5' DEEP, RIH W/1 JT 8 5/8" SURFACE CASING,				
	MIXED 4 SX TYPE 1 CEMENT, DUMPED DOWN THE BACKSIDE. SDFN.				

DAILY COST ANALYSIS

DETAILS OF RENTALS, SERVICES, & MISC

RIG _____
 SUPERVISION _____
 RENTALS _____
 SERVICES _____
 MISC _____

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

DAILY TOTALS 0 PREVIOUS TCTD 0 TCTD 0



CONSOLIDATED
Oil Well Services, LLC

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

TICKET NUMBER 30661
LOCATION Eureka, KS
FOREMAN Shannon Feck

FIELD TICKET & TREATMENT REPORT
CEMENT

API # - 15-125-32104

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
6-27-11		Arnold 13-9	9	34S	16E	Montgomery
CUSTOMER Layne Energy LLC			Gus Jones			
MAILING ADDRESS 1900 Shawnee mission Parkway			TRUCK # DRIVER TRUCK # DRIVER			
CITY mission woods			520 John S			
STATE KS			479 Chris B.			
ZIP CODE 66720						

JOB TYPE HS 6 HOLE SIZE 6 3/4 HOLE DEPTH 1208 CASING SIZE & WEIGHT 4 1/2" 10.50"
 CASING DEPTH 1206.50 DRILL PIPE _____ TUBING _____ OTHER
 SLURRY WEIGHT 13.4 # SLURRY VOL 40 WATER gal/sk 80 CEMENT LEFT in CASING
 DISPLACEMENT 19.2 DISPLACEMENT PSI _____ MIX PSI 600-1200 RATE 5BPM

REMARKS: Rig wash head up to 4 1/2" casing. Wash down 70-80' Ft. Tag Bottom pull up 1 Foot mixed 500# gal flush with hulls, bring all the way to surface until hole is good & clean. Shut down cut off pipe & weld on a collar. Rig up head & manifold to 4 1/2" casing. mixed 2 sks caustic soda & pump dye water, mixed 125 sks thick set cement with 8# kol-seal/sk, 1/8# pheno seal/sh, 1/4% CFL-115. Shut down wash out pump & lines displace with 19.2 BBL. Good circulation @ all times. 8-10BBL slurry to pit. Final pumping pressure of 600psi bumped plug to 1200psi. Job complete

"Thanks Shannon & crew"

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL	
5401	1	PUMP CHARGE	975.00	975.00	
5406	30	MILEAGE	4.00	120.00	
1126 A	125 sks	thickset cement	18.30	2287.50	
1110 A	1000 #	8# kol-seal/sk	.44	440.00	
1107 A	16 #	1/8# pheno seal/sk	1.22	19.52	
1135 A	34 #	1/4% CFL-115	9.95	338.30	
1118 B	500 #	60l Flush	.20	100.00	
1105	50 #	Hulls	.42	21.00	
1103	100 #	Caustic Soda	1.52	152.00	
5407	6.9 tons	Ton mileage bulk truck	45.00 M/L	330.00	
4156	1	4 1/2 Flapper type Valve Float Shop	175.00	175.00	
4453	1	4 1/2 Latch down plug	155.00	155.00	
5614	4 hours	welder	80.00/Hour	320.00	
4311	1	4 1/2 weld on collar	70.00	70.00	
			Sub total	5503.32	
			6.3%	SALES TAX	236.77
				ESTIMATED TOTAL	5740.09

Ravin 3737

AUTHORIZATION

[Signature]

TITLE

[Signature]

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	6/23/2011
Date Completed	6/24/2011

Well No.	Operator	Lease	A.P.I #	County	State
13-9	Layne Energy Operating	Arnold	15-125-32104-00-00	Montgomery	Kansas

1/4	1/4	1/4	Sec.	Twp.	Rge.
			9	34	16

Driller	Type/Well	Cement Used	Casing Used	Depth	Size of Hole
Billy	Gas	4	22' 8 5/8	1208	6 3/4

Formation Record

0-5	DIRT	739-747	SHALE	1038-1064	SHALE
5-34	SAND	747-748	COAL	1062	GAS TEST-8#, 3/4", 227 MCF
34-81	SANDY SHALE	748-756	SHALE	1064-1080	SAND
81-96	SHALE	756-761	SAND	1080-1117	SHALE
96-108	LIME	761-763	COAL	1117-1118	COAL
108-200	SHALE	762	GAS TEST - NO GAS	1118-1131	SHALE
200-235	SANDY SHALE	763-772	SHALE	1131-1132	COAL
235-316	SHALE	772-774	LIME	1132-1177	SHALE
316-325	LIME	774-779	SHALE	1137	GAS TEST-SAME
325-350	SAND	779-780	COAL ?	1177-1179	COAL (RIVERTON)
350-387	SHALE	780-786	SHALE	1179-1193	SHALE
387-396	LIME	786-791	SAND	1193-1208	CHATT/LIME (MISS.)
396-406	SHALE	791-811	SANDY SHALE	1208	GAS TEST-10#,3/4",259 MCF
411	WENT TO WATER	811-829	SHALE	1208	TD
406-440	SAND	829-830	COAL		
440-449	SANDY SHALE	830-854	SHALE		
449-538	SHALE	854-855	COAL		
538-562	LIME (PAWNEE)	855-883	SHALE		
562-569	BLACK SHALE	883-884	COAL		
569-570	COAL	884-709	SANDY SHALE		
570-591	SHALE	886	GAS TEST - NO GAS		
591-621	SAND	709-910	COAL		
621-656	SHALE	910-944	SHALE		
656-683	LIME (OSWEGO)	911	GAS TEST - NO GAS		
683-688	BLK SHALE (SUMMIT)	944-954	SAND		
688-718	LIME	954-976	SHALE		
718-724	BLACK SHALE	976-977	COAL		
724-736	LIME	977-1008	SHALE		
736	GAS TEST - NO GAS	1008-1022	SAND / OIL ODOR		
736-739	SHALE	1022-1038	SAND/SANDY SHALE / LITE OIL ODOR		

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 28, 2011

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

Re: ACO1
API 15-125-32104-00-00
Arnold 13-9
SW/4 Sec.09-34S-16E
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