



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
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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: _____



1064327

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> _____ <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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CONSOLIDATED
Oil Well Services, LLC

TICKET NUMBER 30695

LOCATION Eureka

FOREMAN Rick Ledford

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

FIELD TICKET & TREATMENT REPORT
CEMENT

API # 15-125-32103

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
10-23-11	4758	Cotton 6-4	4	345	16E	MG
CUSTOMER <u>Layne Energy</u>			TRUCK # DRIVER TRUCK # DRIVER			
MAILING ADDRESS <u>P.O. Box 160</u>			445 Shannan			
CITY <u>Sycamore</u>			543 Allen B.			
STATE <u>KS</u>			ZIP CODE <u>67363</u>			

JOB TYPE logstring HOLE SIZE 6 3/4" HOLE DEPTH 1183' CASING SIZE & WEIGHT 4 1/2" 10.5#
 CASING DEPTH 1182' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 13.4# SLURRY VOL 44 Bbl WATER gal/sk 8.0 CEMENT LEFT in CASING 0'
 DISPLACEMENT 18.8 Bbl DISPLACEMENT PSI 700 MIX PSI 1100 Bump plus RATE _____

REMARKS: Safety meeting- Rig up to 4 1/2" casing. Break circulation w/ 25 Bbl fresh water. Pump 10 sks gel-flush w/ hulls, 5 Bbl water spacer, 15 Bbl caustic soda pre-flush, 10 Bbl dye water. Mixed 140 sks thickset cement w/ 8" Kol-seal/sk, 1/2" phenoseal/sk + 1/4% CFL-115 @ 13.4#/gal. Washout pump + lines, release latch down plug. Displace w/ 18.8 Bbl fresh water. Final pump pressure 700 PSI. Bump plug to 1100 PSI, release pressure, float + plug held. Good cement returns to surface = 7 Bbl slurry to pit. 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	140 SKS	thickset cement	18.30	2562.00
1116A	1120 #	8" Kol-seal/sk	.44	492.80
1107A	18 #	1/2" phenoseal/sk	1.22	21.96
1135A	35 #	1/4% CFL-115	9.95	348.25
1118B	500 #	gel-flush	.20	100.00
1105	50 #	hulls	.42	21.00
1103	100 #	caustic soda	1.52	152.00
5407A	7.7	tan mileage bulk truck	1.26	388.08
4156	1	4 1/2" flapper valve float shoe	175.00	175.00
4453	1	1 1/2" latch down plug	155.00	155.00
5614	4 hrs	welder	80.00	320.00
4311	1	4 1/2" weld on collar	70.00	70.00
			subtotal	5941.09
			6.5% SALES TAX	258.17
			ESTIMATED TOTAL	6199.26

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.

Air Drilling Specialist
Oil & Gas Wells

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

PO Box 449
Caney, KS 67333

Date Started	6/17/2011
Date Completed	6/22/2011

Well No.	Operator	Lease	A.P.I #	County	State
6-4	Layne Energy Operating	Cotton	15-125-32103-00-00	Montgomery	Kansas

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

Driller	Type/Well	Cement Used	Casing Used	Depth	Size of Hole
Billy	Gas	4	21.6' 8 5/8	1183	6 3/4

Formation Record

0-5	DIRT	753-754	COAL		
5-34	SAND (WET)	754-763	SHALE		
34-62	SANDY SHALE	763-765	LIME (V-LIME)		
62-82	LIME	765-766	BLACK SHALE		
82-271	SANDY SHALE	766-767	COAL ? (CROWBERG)		
271-273	BLACK SHALE	767-822	SHALE		
273-330	SHALE	811	GAS TEST - SAME		
330-348	SAND	822-823	COAL (MINERAL)		
348-380	SHALE	823-846	SHALE		
380-405	LIME	837	GAS TEST - SAME		
405-445	SHALE	846-851	SANDY SHALE		
445-496	SAND	851-897	SHALE		
496-539	SHALE	897-898	COAL (VEIR)		
539-557	LIME (PAWNEE)	898-902	SANDY SHALE		
557-562	BLK SHALE (LEXINGTON)	902-908	SAND		
562-646	SHALE	908-927	SANDY SHALE		
586	GAS TEST - NO GAS	912	GAST TEST-SLIGHT BLOW		
646-675	LIME (OSWEGO)	927-940	SAND		
675-682	BLK SHALE (SUMMIT)	940-1022	SHALE		
682-710	LIME	1022-1064	SUGAR SAND		
686	GAS TEST - NO GAS	1030	WATERED OUT, TRICONE ON		
710-715	BLK SHALE (EXCELLO)	1064-1103	SHALE		
715-716	COAL (MULKY)	1074	BIT QUIT DRILLING, TRIPPED OUT		
716-724	LIME	1103-1104	COAL (ROWE)		
724-737	SHALE	1104-1164	SHALE		
736	GAS TEST - NO GAS	1164-1165	COAL		
737-739	LIME	1165-1169	SHALE		
739-740	COAL	1169-1183	MISS/CHATT (MISS.)		
740-753	SHALE	1183	TD		
761	GAS TEST - NO GAS				

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 29, 2011

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

Re: ACO1
API 15-125-32103-00-00
Cotton 6-4
NW/4 Sec.04-34S-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