



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: _____



1065024

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> <input type="checkbox"/> Other <i>(Specify)</i> _____ <input type="checkbox"/> Other <i>(Specify)</i> _____ | PRODUCTION INTERVAL: _____ _____ |
|---|--|--|

MORNING COMPLETION REPORT

Report Called in by: JACOB

Report taken by: _____

| | | | | | |
|-----------------------------------|--|----------------------|-----------|-----------------------|---------------------|
| LEASE NAME & # RATZLAFF 15J-29 | AFE# | DATE 3/28/2011 | DAYS 1 | CIBP DEPTH TYPE | PBDT: TYPE FLUID |
| PRESENT OPERATION: SET SURFACE | | | | WT VIS | |
| DEEPEST CASING OD SHOE DEPTH | LINERS OD TOP & SHOE DEPTH | REPAIR DOWN TIME HRS | | CONTRACTOR MOKAT | |
| TEST PERFS | | | | RIG NO | |
| PACKER OR ANCHOR | FISHING TOOLS | OD | ID | TEST PERFS | |
| | | | | TO | |
| | | | | TO | |
| | | | | TO | |
| HRS | BRIEF DESCRIPTION OF OPERATION | | | | |
| | MIRU Thornton, drilled 11" hole 43' deep, RIH W/2 joint 8-5/8" surface casing. Mixed 8 sx type 1 cement, dumped down the backside. SDFN. | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

DAILY COST ANALYSIS

DETAILS OF RENTALS, SERVICES, & MISC

| | |
|-------------|-------|
| RIG | _____ |
| SUPERVISION | _____ |
| RENTALS | _____ |
| SERVICES | _____ |
| MISC | _____ |

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

DAILY TOTALS 0 **PREVIOUS TCTD** 0 **TCTD** 0



CONSOLIDATED
Oil Well Services, LLC



ENTERED

TICKET NUMBER 30349

LOCATION EUREKA

FOREMAN Kevin McCoy

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

FIELD TICKET & TREATMENT REPORT

CEMENT API # 15-205-27924

KS

| DATE | CUSTOMER # | WELL NAME & NUMBER | SECTION | TOWNSHIP | RANGE | COUNTY |
|---------------------------------|------------|--------------------|---------|----------|---------|--------|
| 3-31-11 | 4758 | RATZLAFF 15 J-29 | 29 | 30 S | 14 E | WILSON |
| CUSTOMER Layne Energy | | | TRUCK # | DRIVER | TRUCK # | DRIVER |
| MAILING ADDRESS P.O. Box 160 | | | 520 | John S | | |
| CITY Sycamore | | | 515 | Calin H. | | |
| STATE KS | | ZIP CODE | | | | |

JOB TYPE Longstring 0 HOLE SIZE 6 3/4 HOLE DEPTH 1337' CASING SIZE & WEIGHT 4 1/2 10.5# NCW
 CASING DEPTH 1266' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 13.4# SLURRY VOL 41 BBL WATER gal/sk 9.0 CEMENT LEFT in CASING 0'
 DISPLACEMENT 20.1' BBL DISPLACEMENT PSI 800 ~~MAX~~ PSI 1300 Bump Plug 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 130 sks Thick Set Cement w/ 8" Kol-Seal/sk, 1/8" Pheno Seal/sk, 1/4" CFL-115 @ 13.4#/gal. Wash out Pump & Lines. Release Latch down Plug. Displace w/ 20.1' BBL Fresh water. Final Pumping Pressure 800 PSI. Bump Plug to 1300 PSI. wait 2 minutes. Release Pressure, Float & Plug Held. Good Cement Returns to Surface = 4 BBL Slurry to Pit. Job Complete. Rig down.

| 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 |
| 1126 A | 130 sks | THICK Set Cement | 18.30 | 2379.00 |
| 1110 A | 1040 * | Kol-Seal 8"/sk | .44 * | 457.60 |
| 1107 A | 16 * | Pheno Seal / sk | 1.22 * | 19.52 |
| 1135 A | 30 * | CFL-115 1/4" | 9.95 * | 298.50 |
| 1118 B | 500 * | Gel Flush | .20 * | 100.00 |
| 1105 | 50 * | Hulls | .42 * | 21.00 |
| 1103 | 100 * | CAUSTIC SODA | 1.52 * | 152.00 |
| 5407 A | 7.15 Tons | 40 miles Bulk Delv. | 1.26 | 360.36 |
| 4156 | 1 | 4 1/2 Flapper Valve Float Shoe | 175.00 | 175.00 |
| 4453 | 1 | 4 1/2 Latch down Plug | 155.00 | 155.00 |
| | | Sub Total | | 5252.98 |
| | | SALES TAX 6.3% | | 236.75 |
| | | ESTIMATED TOTAL | | 5489.73 |

THANK You
 040302

Revin 3737

AUTHORIZATION Pho D alony TITLE _____ 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 | 3/28/2011 |
| Date Completed | 3/29/2011 |

| Well No. | Operator | Lease | A.P.I # | County | State |
|---------------|-------------------------------|-----------------|---------------------------|---------------|---------------|
| 15J-29 | Layne Energy Operating | Ratzlaff | 15-205-27924-00-00 | 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 | 42.8' 8 5/8 | 1337 | 6 3/4 |

Formation Record

| | | | | | |
|---------|-----------------------|-----------|-----------------------------|-----------|------------------------------|
| 0-10 | DIRT | 893-924 | LIME (PAWNEE) | 1206-1221 | SHALE |
| 10-18 | CLAY | 924-928 | BLK SHALE (LEXINGTON) | 1221-1222 | COAL |
| 18-126 | SHALE | 928-931 | LIME | 1222-1240 | SHALE |
| 126-171 | LIME | 931-934 | BLK SHALE | 1240-1250 | RED SHALE |
| 171-190 | SHALE | 934-974 | SHALE | 1250-1285 | SHALE |
| 190-363 | LMY SHALE | 974-996 | LIME (OSWEGO) | 1285-1286 | COAL |
| 363-366 | LIME | 996-1003 | BLK SHALE (SUMMIT) | 1286-1319 | SHALE |
| 366-400 | SANDY SHALE | 1003-1009 | LIME | 1319-1324 | MISS. CHAT (MISS.) |
| 400-420 | SAND (DAMP) | 1009-1014 | BLK SHALE (MULKEY) | 1324-1337 | BROWN LIME |
| 420-421 | COAL | 1014-1015 | COAL | 1337 | GAS TEST-16#, 1/4", MCF-40.9 |
| 421-475 | LMY SHALE | 1015-1019 | LIME | 1337 | TD |
| 475-496 | LIME | 1019-1061 | SHALE | | |
| 496-501 | BLACK SHALE | 1061-1062 | COAL | | |
| 501-507 | SHALE | 1062-1078 | SHALE | | |
| 507-590 | LIME / 546 - WATER | 1078-1080 | LIME (V-LIME) | | |
| 590-599 | BLACK SHALE | 1080-1082 | SHALE | | |
| 599-672 | LIME | 1082-1083 | COAL (CROWBERG) | | |
| 611 | GAS TEST -SLIGHT BLOW | 1083-1090 | SANDY SHALE | | |
| 672-681 | BLACK SHALE | 1090-1122 | SHALE | | |
| 681-745 | SHALE | 1122-1123 | COAL (MINERAL) | | |
| 745-771 | SANDY SHALE | 1123-1146 | SHALE | | |
| 771-783 | LIME | 1137 | GAS TEST-2#, 1/4", MCF-12.7 | | |
| 783-794 | LMY SHALE | 1146-1153 | SANDY SHALE/LITE OIL ODOR | | |
| 794-806 | SAND | 1153-1160 | SHALE | | |
| 806-816 | SANDY SHALE | 1160-1161 | COAL | | |
| 816-855 | SHALE | 1161-1170 | SHALE | | |
| 855-859 | SANDY SHALE | 1170-1175 | BROWN SAND /OIL ODOR | | |
| 859-864 | SAND / OIL ODOR | 1175-1177 | COAL (WEIR) | | |
| 864-892 | SANDY SHALE | 1177-1198 | SHALE | | |
| 892-893 | COAL (MULBERRY) | 1198-1206 | SAND | | |