



**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: \_\_\_\_\_



1066147

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: JM

Report taken by: KRD

LEASE NAME & #		AFE#	DATE	DAYS	CIBP	PBTD	
Metzger 16C-34			4/5/2011	1	DEPTH	TYPE FLUID	
PRESENT OPERATION:		TD, OHL, CSG, CMT.				WT	VIS
DEEPEST CASING	LINERS OD TOP & SHOE DEPTH	REPAIR DOWN TIME HRS		CONTRACTOR MOKAT			
OD SHOE DEPTH	8 5/8" 24# J-55 --- Set 43'	TEST PERFS		RIG NO BILLY			
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 THORNTON DRILLED 11" HOLE 43 DEEP, RIH W/2 JOINTS 8-5/8" SURFACE CASING MIXED 8 SX TYPE 1						
	CEMENT, DUMPED DOWN THE BACKSIDE. SDFN						

DAILY COST ANALYSIS

RIG \_\_\_\_\_

SUPERVISION \_\_\_\_\_

RENTALS \_\_\_\_\_

SERVICES \_\_\_\_\_

MISC \_\_\_\_\_

MOKAT DRILLING @ 6.50/ft
MOKAT DAYWORK
DIRTWORKS (LOC,RD, PIT)
SURFACE CASING
LAND/ LEGAL
WL
CONS.
FLOAT
CSG

DAILY TOTALS      0      PREVIOUS TCTD      0      TCTD      0



EM

TICKET NUMBER 30320  
 LOCATION Eureka, KS  
 FOREMAN Shannon Feck

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

FIELD TICKET & TREATMENT REPORT

CEMENT Api # 15-205-27926

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
4-11-11	4158	metzger 16c-34	34	30	14 E	Wilson
CUSTOMER Layne Energy			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS P.O. Box 160			485	Alan m.		
CITY Sycamore			515	calin		
STATE KS						
ZIP CODE						

JOB TYPE Long string <sup>oil</sup> HOLE SIZE 6 3/4 HOLE DEPTH 1262 CASING SIZE & WEIGHT 4 1/2" 10.50#  
 CASING DEPTH 1256 DRILL PIPE — TUBING — OTHER —  
 SLURRY WEIGHT 12.9-13.4# SLURRY VOL 41 BBL WATER gal/ek 8.0 CEMENT LEFT in CASING None  
 DISPLACEMENT 18.75 DISPLACEMENT PSI 8-1300psi MIX PSI — RATE 4.5 BBL/min

REMARKS: Rig up to 4 1/2 casing, Break circulation with 30 BBL Fresh water, Pump 10 SK gel flush with hulls, 5 BBL water spacer, 15 BBL Caustic Soda pre flush 10 BBL Dy + water, mited 130 SKS Thickset w/ 8# Kol-seal/sk 1/8# pheno-seal/sk + 1/4% CFI-115 @ 12.9#-13.4#/gal. washout pump & lines release plug. Displace with 18.75 BBL water. Final pumping pressure of 800 psi bumped plug to 1300 psi. wait two minutes, release pressure, float well. Circulated 6.75 BBL slurry to pit, good circulation @ all times. UNSURE on pipe tally. Job Complete, cement fell back.

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	40	MILEAGE	4.00	160.00
1126A	130 SKS	Thickset cement	18.30	2379.00
1110A	1040#	8# Kol-seal/sk	.44	457.60
1107A	16#	1/8 pheno-seal/sk	1.22	19.52
1135A	30#	1/4% CFI-115	9.95	298.50
1118B	500#	gel - flush	.20	100.00
1105	50#	Hulls	.42	21.00
1103	100#	Caustic Soda	1.52	152.00
5407A	7.15	ton-mileage bulk truck	1.26	360.36
4453	1	4 1/2 Latch down plug	155.00	155.00
				5017.98
		6.3%	SALES TAX	316.12
			ESTIMATED TOTAL	5303.10

Revin 3737

AUTHORIZATION [Signature] TITLE 240711 DATE 4-11-11

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	<b>4/5/2011</b>
Date Completed	<b>4/6/2011</b>

Well No.	Operator	Lease	A.P.I #	County	State
<b>16C-34</b>	<b>Layne Energy Operating</b>	<b>Metzger</b>	<b>15-205-27926-00-00</b>	<b>Wilson</b>	<b>Kansas</b>

1/4	1/4	1/4	Sec.	Twp.	Rge.
			<b>34</b>	<b>30</b>	<b>14</b>

Driller	Type/Well	Cement Used	Casing Used	Depth	Size of Hole
<b>Billy</b>	<b>Oil</b>	<b>8</b>	<b>42.8' 8 5/8</b>	<b>1262</b>	<b>6 3/4</b>

### Formation Record

0-8	DIRT	935-936	SAND		
8-76	LIME (WET)	936-968	SANDY SHALE		
76-290	LIME SHALE	968-995	LIME (OSWEGO)		
290-299	LIME	995-1004	BLK SHALE (SUMMIT)		
299-408	SAND (WET)	1004-1014	LIME		
360	WENT TO WATER	1014-1018	BLK SHALE (EXCELLO)		
408-428	SANDY SHALE	1018-1019	COAL (MULKEY)		
428-432	LIME	1019-1021	SHALE		
432- 444	SHALE	1021-1025	LIME		
444-546	LIME	1025-1066	SHALE		
546-554	BLACK SHALE	1066-1067	COAL (BEVIER)		
554-650	LIME	1067-1084	SHALE		
650-704	SHALE	1084-1086	LIME (V-LIME)		
704-727	LIME SHALE	1086-1087	SHALE		
727-738	SANDY SHALE	1087-1088	COAL (CROWBERG)		
738-749	SHALE	1088-1129	SANDY SHALE		
749-759	LIME	1129-1130	COAL (MINERAL)		
759-764	BLACK SHALE	1130-1172	SHALE		
764-771	LIME SHALE	1162	GAS TEST-SLIGHT BLOW		
771-780	SAND / LITE ODOR	1172-1177	BLACK SHALE		
780-791	SANDY SHALE	1177-1178	COAL		
791-876	SHALE	1178-1191	SHALE		
876-878	LIME	1191-1196	SANDY SHALE		
878-879	COAL (MULBERRY)	1196-1201	BLK SAND/LITE OIL ODOR		
879-881	SHALE	1201-1203	COAL		
881-911	LIME (PAWNEE)	1203-1205	BLACK SAND		
911-913	BLACK SHALE	1205-1247	SANDY SHALE		
913-916	LIME	1247-1262	SHALE		
916-920	BLK SHALE (LEXINGTON)	1262	TD		
920-935	SANDY SHALE				

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

October 27, 2011

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

Re: ACO1  
API 15-205-27926-00-00  
Metzger 16C-34  
SE/4 Sec.34-30S-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

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

October 28, 2011

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

Re: ACO-1  
API 15-205-27926-00-00  
Metzger 16C-34  
SE/4 Sec.34-30S-14E  
Wilson County, Kansas

Dear Victor H Dyal:

K.A.R. 82-3-107 provides for all completion information to be filed within 120 days of the spud date. Subsection(e)(2) of that regulation states "All rights to confidentiality shall be lost if the filings are not timely."

The above referenced well was spudded on 04/05/2011 and the ACO-1 was received on October 27, 2011 (not within the 120 days timely requirement).

Therefore, your request for confidential treatment of data contained within the ACO-1 filing cannot be granted at this time.

If you should have any questions, please do not hesitate to contact me at (316)337-6200.

Sincerely,

Production Department