



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: _____



1068202

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 |
| <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 Bbbs. | Gas Mcf | Water Bbbs. | 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"/> Commingled <i>(Submit ACO-4)</i> | PRODUCTION INTERVAL: _____ _____ |
|--|---|---|

| | |
|-----------|------------------------|
| Form | ACO1 - Well Completion |
| Operator | Laymon Oil II, LLC |
| Well Name | Shepard 14-11 |
| Doc ID | 1068202 |

Tops

| Name | Top | Datum |
|---------------------|------|-------|
| Soil | 0 | 9 |
| Lime | 9 | 40 |
| Shale | 40 | 160 |
| Lime | 160 | 320 |
| Lime & Shale | 320 | 986 |
| Black Shale | 986 | 989 |
| 5' Lime | 989 | 994 |
| Shale | 994 | 999 |
| Upper Squirrel Sand | 999 | 1015 |
| Shale | 1015 | 1044 |
| Cap Rock | 1044 | 1045 |
| Shale | 1045 | 1048 |
| Cap Rock | 1048 | 1049 |
| Lower Squirrel Sand | 1049 | 1055 |
| Shale | 1055 | 1120 |

THE NEW KLEIN LUMBER CO., INC.

MADISON & WALNUT

IOLA, KANSAS, _____

7-23, 20 11

PO# _____

SOLD TO Laymon Oil

BILLING ADDRESS _____

Delivered To _____

Loaded By _____

Hauled By _____

| QUANTITY | DESCRIPTION | FEET | PRICE | TOTAL |
|----------|-----------------------|------|-----------------|---------|
| 200 | Sacks Portland Cement | 200 | 9.45 | 1890.00 |
| | | | 1.60 | 161.60 |
| | | | | 2051.60 |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

RECEIVED ABOVE IN GOOD ORDER

Ravin 3958

Shepard 5-11 - 10 sacks
 Shepard 7-11 - 10 sacks
 Shepard 9-11 - 10 sacks
 Shepard 8-11 - 10 sacks
 Shepard 10-11 - 10 sacks
 Shepard 11-11 10 sacks
 Shepard 12-11 10 sacks
 Shepard 13-11 10 sacks
 Shepard 6-11 10 sacks
 Jones 23-11 10 sacks

Jones 22-11 10 sacks
 J. Dunne 1-0-11 10 sacks
 Section 35 92-11 10 sacks
 Section 35 93-11 10 sacks
 Marion Jones I-1-11 10 sk.
 Marion Jones 26-11 10 sk
 Blue 14-11 10 sacks
 Blue I 1-11 10 sacks
 Shepard 14-11 10 sacks

802 N. Industrial Rd.
P.O. Box 664
Iola, Kansas 66749
Phone: (620) 365-5588

Payless Concrete Products, I.M.C.



CONDITIONS

Concrete to be delivered to the nearest accessible point over passable road, under truck's own power. Due to delivery at owner's or intermediary's direction, seller assumes no responsibility for damages in any manner to sidewalks, roadways, driveways, buildings, trees, shrubbery, etc., which are at customer's risk. The maximum allotted time for unloading trucks is 5 minutes per yard. A charge will be made for holding trucks longer. This concrete contains correct water contents for strength or mix indicated. We do not assume responsibility for strength test when water is added at customer's request.

NOTICE TO OWNER

Failure of this contractor to pay those persons supplying material or services to complete this contract can result in the filing of a mechanic's lien on the property which is the subject of this contract.

SOLD TO:
LA005

LAYMON OIL II, L.L.C.
1998 SQUIRREL RD.

LA1/22

LAYMON OIL/WELL# SHEPARD 14-11
54 W TO QUAIL N TO 160TH
1/2 MI W N SD

NEOSHO FALLS KS
66758

VATES CENTER, KS 66783

| TIME | FORMULA | LOAD SIZE | YARDS ORDERED | Y COL | DRIVER/TRUCK | % AIR | PLANT/TRANSACTION # |
|-----------|---------|-----------|---------------|--------|--------------|---------|---------------------|
| 01:49:19p | WELL | 15.00 yd | 15.00 yd | 0.00 | 35 | 0.00 | |
| DATE | To Date | LOAD # | YARDS DEL. | BATCH# | WATER TRIM | SLUMP | TICKET NUMBER |
| 10-20-11 | Today | | 15.00 yd | 18926 | 6/yd -70.0 | 4.00 in | 30515 |

WARNING

IRRITATING TO THE SKIN AND EYES

Contains Portland Cement. Wear Rubber Boots and Gloves. PROLONGED CONTACT MAY CAUSE BURNS. Avoid Contact With Eyes and Prolonged Contact With Skin. In Case of Contact With Skin or Eyes, Flush Thoroughly With Water, If Irritation Persists, Get Medical Attention. KEEP CHILDREN AWAY.

CONCRETE is a PERISHABLE COMMODITY and BECOMES the PROPERTY of the PURCHASER UPON LEAVING the PLANT. ANY CHANGES OR CANCELLATION of ORIGINAL INSTRUCTIONS MUST be TELEPHONED to the OFFICE BEFORE LOADING STARTS.

The undersigned promises to pay all costs, including reasonable attorneys' fees, incurred in collecting any sums owed.

All accounts not paid within 30 days of delivery will bear interest at the rate of 24% per annum.

Not Responsible for Reactive Aggregate or Color Quality. No Claim Allowed Unless Made at Time Material is Delivered.

A \$25 Service Charge and Loss of the Cash Discount will be collected on all Returned Checks.

Excess Delay Time Charged @ \$50/HR.

PROPERTY DAMAGE RELEASE

(TO BE SIGNED IF DELIVERY TO BE MADE INSIDE CURB LINE)

Dear Customer-The driver of this truck in presenting this RELEASE to you for your signature is of the opinion that the size and weight of his truck may possibly cause damage to the premises and/or adjacent property if it places the material in this load where you desire it. It is our wish to help you in every way that we can, but in order to do this the driver is requesting that you sign this RELEASE relieving him and this supplier from any responsibility from any damage that may occur to the premises and/or adjacent property, buildings, sidewalks, driveways, curbs, etc., by the delivery of this material, and that you also agree to help him remove mud from the wheels of his vehicle so that he will not litter the public street. Further, as additional consideration, the undersigned agrees to indemnify and hold harmless the driver of this truck and this supplier for any and all damage to the premises and/or adjacent property which may be claimed by anyone to have arisen out of delivery of this order.

SIGNED

X _____

**Excessive Water is Detrimental to Concrete Performance
H₂O Added By Request/Authorized By**

_____ GAL X _____

WEIGHMASTER

NOTICE: MY SIGNATURE BELOW INDICATES THAT I HAVE READ THE HEALTH WARNING NOTICE AND SUPPLIER WILL NOT BE RESPONSIBLE FOR ANY DAMAGE CAUSED WHEN DELIVERING INSIDE CURB LINE.

LOAD RECEIVED BY:

X _____

| QUANTITY | CODE | DESCRIPTION | UNIT PRICE | EXTENDED PRICE |
|----------|----------|--------------------------|------------|----------------|
| 15.00 | WELL | WELL (10 SACKS PER UNIT) | 75.00 | 1140.00 |
| 2.00 | TRUCKING | TRUCKING CHARGE | 50.00 | 100.00 |

Mike

| RETURNED TO PLANT | LEFT JOB | FINISH UNLOADING | DELAY EXPLANATION/CYLINDER TEST TAKEN | TIME ALLOWED |
|-------------------|--------------|------------------|--|--------------|
| | | | 1. JOB NOT READY 2. SLOW POUR OR PUMP 3. TRUCK AHEAD ON JOB 4. CONTRACTOR BROKE DOWN 5. ADDED WATER 6. TRUCK BROKE DOWN 7. ACCIDENT 8. CITATION 9. OTHER | |
| LEFT PLANT | ARRIVED JOB | START UNLOADING | | TIME DUE |
| 2:04 | 2:33 | | | |
| TOTAL ROUND TRIP | TOTAL AT JOB | UNLOADING TIME | | DELAY TIME |
| | | | | |

Sub Total \$ 1240.00
Tax \$ 7.300
Total \$ 1247.30
Order \$ 1330.52

ADDITIONAL CHARGE 1 _____
ADDITIONAL CHARGE 2 _____
GRAND TOTAL ▶ _____