

**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 DistributionALT I II III Approved by: _____ Date: _____



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 Yes No
(Attach Additional Sheets)

Samples Sent to Geological Survey Yes No

Cores Taken Yes No

Electric Log Run Yes No

Electric Log Submitted Electronically Yes No
(If no, Submit Copy)

List All E. Logs Run:

Log Formation (Top), Depth and Datum 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 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> _____ <i>(Submit ACO-4)</i>	PRODUCTION INTERVAL: _____ _____
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Summary of Changes

Lease Name and Number: METZGER 7L-34

API/Permit #: 15-205-27856-00-00

Doc ID: 1066677

Correction Number: 1

Approved By: NAOMI JAMES

Field Name	Previous Value	New Value
Approved Date	02/08/2011	11/03/2011
Completion Or Recompletion Date	10/20/2010	04/27/2011
Date of First or Resumed Production or SWD or Enhr Disposition Of Gas - Sold	No	04/27/2011 Yes
Elogs_PDF	Compensated Density Dual Induction	Compensated Density Dual Induction
Ground Surface Elevation	914	926
Liner Run?		No
LocationInfoLink	https://solar.kgs.ku.edu/ kcc/detail/locationInform ation.cfm?section=34&t	https://solar.kgs.ku.edu/ kcc/detail/locationInform ation.cfm?section=34&t
Method Of Completion - Perf	No	Yes
Operator's City	MISSION WOODS	SycamoreS

Summary of changes for correction 1 continued

Field Name	Previous Value	New Value
Operator's Phone	748-3955	627-2499
Operator's Phone Area Code	913	620
Operator's Street Address - line 1	1900 SHAWNEE MISSION PKWY	P O Box 160
Operator's Zip	66205	67363
Operator's Zip Plus 4	2001	
Perf_Depth_1		1137' to 1145'
Perf_Material_1		300 gallons 15% HCL; 9,600 lbs 16/30 & 12/20 sand; 237 bbls gelled Cattleman
Perf_Record_1		
Perf_Shots_1		2
Producing Method Pumping	No	Yes
Production - Barrels Oil		.57
Production - Barrels of Water		32.
Production Interval #1		1137' to 1145'

Summary of changes for correction 1 continued

Field Name	Previous Value	New Value
Save Link	../../../../kcc/detail/operatorEditDetail.cfm?docID=1050451	../../../../kcc/detail/operatorEditDetail.cfm?docID=1066677
TopsName2	See /attached	See attached
Tubing Record - Set At		1178
Tubing Size		2.375



CONFIDENTIAL

WELL COMPLETION FORM

**Form Must Be Typed
Form must be Signed
All blanks must be Filled**

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: _____



1050451

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)* _____

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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> _____ <i>(Submit ACO-4)</i>	PRODUCTION INTERVAL: _____ _____
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Well Report

METZGER 7L-34

API Number:

Project Area:

SYCAMORE
KS Wilson
30S - 14E - 34
2145FNL - 2150FEL

AFE Number: G01027401400

AFE Amount: \$0.00

Activity Date	Activity Description
10/15/2010	MIRU THORNTON DRILLED 11" HOLE 42' DEEP, RIH W/2 JOINTS 8-5/8" SURFACE CASING MIXED 8 SX TYPE 1 CEMENT, DUMPED DOWN THE BACKSIDE. SDFN.
10/18/2010	TIH W/ 6 3/4" BIT, HAMMER AND DRILL PIPE, DRILLED OUT FROM UNDER SURFACE TO 1227' TD, CATCHING SAMPLES AT ZONES OF INTEREST. RD DRILL RIG SDFN
10/19/2010	RU OSAGE WIRELINE PULLED LOGS FROM LOGGER DEPTH TO SURFACE RD SDFN
10/20/2010	MI PU, RIH W/31 JOINTS 4-1/2" CASING, RIG UP CONSOLIDATED, BREAK CIRCULATION WITH 30 BBLS FRESH WATER PUMP 10 SKS GEL FLUSH W/HULLS, 20 BBLS CAUSTIC PRE-FLUSH, 10 BBLS DYE WATER, MIXED 135 SKS THKSET CMT W/8#KOL-SEAL, 1/8# PHENOSEAL PER SK., 1/2% CFL-110, 1/4% CAF-38 @ 13.2#/GAL YIELD 1.75. WASHED OUT PUMP AND LINES SHUTDOWN, RELEASE PLUG, DISPLACE W/19.1 BBLS FRESH WTR. FINAL PUMPING PRESSURE 700 PSI, BUMP PLUG TO 1100 PSI. WAIT 2 MINUTES, RELEASE PRESSURE, FLOAT HELD GOOD CEMENT RETURNS TO SURFACE, 42 BBLS SLURRY, 8 BBLS TO PIT. RD MOL. CSG STRING: 31 JOINTS 4-1/2" LANDED CSG @ 1200' PBSD - 1200' TD 1227"



CONSOLIDATED
Oil Well Services, LLC



ENTERED

TICKET NUMBER 29760

LOCATION Fureka KS

FOREMAN Rick Ledford

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

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
10-20-10	4758	Metzger 74-34				Wilson
CUSTOMER Layne Energy			Safety machine OK OK R/M			
MAILING ADDRESS P.O. Box 160						
CITY Sycamore						
STATE KS	ZIP CODE					
TRUCK #	DRIVER	TRUCK #	DRIVER			
520	Cliff					
515	Chris					
452/763	Ron (elder)					

JOB TYPE longstring HOLE SIZE 6 3/4" HOLE DEPTH 1220' CASING SIZE & WEIGHT 4 1/2"
 CASING DEPTH 1200' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 13.4" SLURRY VOL 42 BW WATER gal/sk 9.0 CEMENT LEFT in CASING 0'
 DISPLACEMENT 19' BW DISPLACEMENT PSI 700 ~~PSI~~ 1100 RATE _____

REMARKS: Safety meeting - Rig up to 4 1/2" casing. Break circulation w/ 30 Bbl fresh water. Pump 10 sacs gel-flush w/ hulls, 5 Bbl water spacer, 20 Bbl caustic soda pre-flush, 10 Bbl dye water. Mixed 135 sacs thickset cement w/ 8" Rot-sol/sk, 48" phosacid/sk, 1/2% FL-110 + 1/4% CAZ-38 @ 13.4"/gal. Washout pump & lines, shut down, release plug. Displace w/ 19' Bbl fresh water. Final pump pressure 700 PSI. Pump plug to 1100 PSI. wait 2 minutes, release pressure, float held. Good cement returns to surface = 2 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	925.00	925.00
5406	40	MILEAGE	3.65	146.00
1120A	135 sacs	thickset cement	17.00	2295.00
110A	1080"	8" Rot-sol/sk	.42	453.60
1102A	17"	1/2" phosacid/sk	1.15	19.55
1135	68"	1/2% FL-110	7.50	510.00
1146	34"	1/4% CAZ-38	7.70	261.80
1119B	500"	gel-flush	.20	100.00
1105	50"	hulls	.39	19.50
1103	100"	caustic soda	1.45	145.00
5407A	7.93	tax mileage bulk tax	1.26	356.64
5500C	2 hrs	water transport	112.00	224.00
1123	6000 gals	city water	14.90/1000	89.40
4404	1	4 1/2" top rubber plug	45.00	45.00
		subtotal		5590.49
		SALES TAX		248.16
		ESTIMATED TOTAL		5838.65

Ravin 3737

AUTHORIZATION

Sandy Meckel

TITLE Drill Foreman

231509

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	10/15/2010
Date Completed	10/18/2010

Well No.	Operator	Lease	A.P.I #	County	State
7L-34	Layne Energy Operating	Metzger	205-27856-00-00	Wilson	Kansas

1/4	1/4	1/4	Sec.	Twp.	Rge.
			34	30	14

Driller	Type/Well	Cement Used	Casing Used	Depth	Size of Hole
Billy	Oil	8	41.2" 8 5/8	1227	6 3/4

Formation Record

0-4	DIRT	742-746	SANDY SHALE	1118-1131	SHALE
4-70	LIME	746-748	(LITE OIL ODOR)	1131-1136	SANDY SHALE
70-161	SHALE	746-774	SAND	1136-1139	(LITE OIL ODOR)
161-250	LIME	774-849	SANDY SHALE	1136-1141	SAND
250-282	SHALE	849-850	COAL (MULBERRY)	1141-1143	SANDY SHALE
282-288	LIME	850-882	LIME (PAWNEE)	1143-1146	(OIL ODOR)
288-289	COAL	882-885	SHALE	1143-1148	SAND
289-350	SAND (DAMP)	885-887	LIME	1148-1150	SANDY SHALE
350-402	SANDY SHALE	887-892	BLK SHALE (LEXINGTON)	1150-1160	SAND
402-410	LIME	892-905	SHALE	1160-1167	SHALE
410-428	SHALE	905-920	SAND	1167-1170	SAND
426	WENT TO WATER	920-938	SHALE	1170-1182	SHALE
428-442	LIME	927	GAS TEST-23#,1/2,MCF-193	1177	GAS TEST-17#,1/2,MCF-159
442-456	SHALE	938-963	LIME (OSWEGO)	1182-1184	SAND
456-522	LIME	963-972	BLK SHALE (SUMMIT)	1184-1227	SHALE
522-539	BLACK SHALE	972-982	LIME	1227	TD
539-544	LIME	982-986	BLK SHALE (EXCELLO)		
544-568	SAND	986-987	COAL (MULKEY)		
551	GAS TEST-13#,1/2,MCF-134	987-993	LIME		
568-570	LIME	993-1030	SHALE		
570-572	SHALE	1002	GAS TEST - SAME		
572-591	LIME	1030-1031	BLACK SHALE		
591-596	SHALE	1031-1049	SHALE		
596-630	LIME	1049-1051	LIME		
630-686	LMY SHALE	1051-1053	SHALE		
686-703	LIME	1053-1054	COAL (CROWBERG)		
703-708	SANDY SHALE	1054-1092	SHALE		
708-723	SHALE	1092-1093	COAL		
723-738	LIME	1093-1118	SANDY SHALE		
738-742	SHALE	1102	GAS TEST - SAME		

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/>

Thomas E. Wright, Chairman
Ward Loyd, Commissioner

Corporation Commission

Sam Brownback, Governor

February 07, 2011

Victor H. Dyal
Layne Energy Operating, LLC
1900 SHAWNEE MISSION PKWY
MISSION WOODS, KS 66205-2001

Re: ACO1
API 15-205-27856-00-00
METZGER 7L-34
NE/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