



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: _____



1069360

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

December 01, 2011

Victor H Dyal
Layne Energy Operating, LLC
PO BOX 160
SYCAMORE, KS 67363

Re: ACO1
API 15-125-32135-00-00
Bell 10-36
SE/4 Sec.36-32S-13E
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



CONSOLIDATED
Oil Well Services, LLC

ENTERED

TICKET NUMBER 31559

LOCATION Eureka

FOREMAN Steve Mead

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

FIELD TICKET & TREATMENT REPORT

CEMENT API # 15-125-32135

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
9-14-11	4758	Bell # 10-36	36	32S	13E	mg
CUSTOMER			TRUCK #			
Layne Energy			DRIVER			
MAILING ADDRESS			TRUCK #			
P.O. Box 160			DRIVER			
CITY						
STATE						
ZIP CODE						
Sycamore			KS			
			27363			

JOB TYPE Long string HOLE SIZE 6 3/4 HOLE DEPTH 1638 CASING SIZE & WEIGHT 4 1/2 10.5
 CASING DEPTH 1617' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 13.5 SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT 26 bbls DISPLACEMENT PSI 700 MIX PSI Bump Plug 1200 RATE _____

REMARKS: SAFETY Meeting Rig up to 4 1/2 casing. Break Circulation with 3 bbls Fresh Water. Pump 500* Gel Flush w/ Hulls, 5 bbls water spacer, 15 bbls caustic soda pre flush, 14 bbls dye water. Mix 125 sks Thick set cement w/ 8" Kal-Seal + 1/8" phenoseal + 1/4" CFL-115 AT 135* per gal. Wash out pump & lines. Shut down. Release latch down plug. Displace with 26 bbls Fresh water Final pumping pressure 700* Bump Plug 1200*. Wait 2 min Release pressure. Plug held. Good Cement Returns to surface, 10 bbls 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	165 sks	Thick set Cement	18.30	3019.50
1110A	1330*	Kal-Seal 8" per/sk	.44	580.80
1107A	20*	Phenoseal 1/8" per/sk	1.22	24.40
1135A	40*	CFL-115 1/4"	9.95	398.00
1118B	500*	Gel Flush	.30	100.00
1105	50*	Hulls	.42	21.00
1103	100*	Caustic Soda	1.52	152.00
5407A	9.08	Ton mileage Bulk Truck	1.26	457.63
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
4103	1	4 1/2" Cement Basket	218.00	218.00
			Sub Total	6436.33
			SALES TAX 6.3%	305.16
			ESTIMATED TOTAL	6741.49

Revin 3737

AUTHORIZATION

Steve Mead

TITLE

Drilling Supervisor

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	9/9/2011
Date Completed	9/13/2011

Well No.	Operator	Lease	A.P.I #	County	State
10-36	Layne Energy Operating	Bell	15-125-32135-00-00	Montgomery	Kansas

1/4	1/4	1/4	Sec.	Twp.	Rge.
			36	32 S	13 E

Driller	Type/Well	Cement Used	Casing Used	Depth	Size of Hole
Sean	Gas	8	40' 8 5/8	1637	6 3/4

Formation Record

0-1	DIRT	940-943	SHALE	1400-1430	SANDY SHALE
1-35	SAND	943-953	LIME	1430-1432	COAL
35-70	SANDY SHALE	953-959	SHALE	1432-1573	SHALE
70-115	SAND	959-1023	SAND	1537	GAS TEST - SAME
115-150	SANDY SHALE	982-1002	CORE POINT	1573-1574	COAL
150-202	SHALE	1023-1042	SHALE	1574-1587	SHALE
202-208	LIME	1042-1050	SAND	1587-1591	SAND
208-223	SAND	1050-1074	SANDY SHALE	1591-1602	LMY SHALE
223-230	SANDY SHALE	1074-1097	LIME (PAWNEE)	1602-1620	CHAT (MISS.)
230-298	SHALE	1097-1102	BLK SHALE (LEXINGTON)	1620-1637	LIME
298-320	SAND	1102-1158	SHALE	1637	TD
310	WENT TO WATER	1158-1186	LIME (OSWEGO)		
320-355	SANDY SHALE	1186-1196	BLACK SHALE		
355-517	SHALE	1196-1217	LIME		
517-518	COAL	1211	G.T.- SLIGHT BLOW		
518-600	SAND	1217-1222	BLACK SHALE		
600-621	SANDY SHALE	1222-1223	COAL		
621-665	LIME	1223-1233	LIME		
665-694	SAND	1233-1241	SHALE		
694-695	COAL	1236	GAS TEST - SAME		
695-720	SAND	1241-1242	COAL		
720-749	SANDY SHALE	1242-1261	SHALE		
749-845	SHALE	1261	GAS TEST - SAME		
845-864	LIME	1261-1263	LIME		
864-870	SHALE	1263-1266	SHALE		
870-890	SAND	1266-1267	COAL		
890-918	SANDY SHALE	1267-1307	SANDY SHALE		
918-933	LIME	1307-1309	COAL		
933-935	BLACK SHALE	1309-1340	SANDY SHALE		
935-940	LMY SHALE	1340-1400	SHALE		