

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

1071840

Form ACO-1 June 2009 Form Must Be Typed Form must be Signed All blanks must be Filled

WELL COMPLETION FORM

WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License #	API No. 15
Name:	Spot Description:
Address 1:	
Address 2:	Feet from North / South Line of Section
City: State: Zip:+	Feet from Cast / West Line of Section
Contact Person:	Footages Calculated from Nearest Outside Section Corner:
Phone: ()	
CONTRACTOR: License #	County:
Name:	Lease Name: Well #:
Wellsite Geologist:	Field Name:
-	
Purchaser:	Producing Formation:
Designate Type of Completion:	Elevation: Ground: Kelly Bushing:
New Well Re-Entry Workover	Total Depth: Plug Back Total Depth:
Oil WSW SWD SIOW	Amount of Surface Pipe Set and Cemented at: Feet
Gas D&A ENHR SIGW	Multiple Stage Cementing Collar Used?
OG GSW Temp. Abd.	If yes, show depth set: Feet
CM (Coal Bed Methane)	If Alternate II completion, cement circulated from:
Cathodic Other (Core, Expl., etc.):	feet depth to:w/sx cmt
If Workover/Re-entry: Old Well Info as follows:	
Operator:	
Well Name:	Drilling Fluid Management Plan (Data must be collected from the Reserve Pit)
Original Comp. Date: Original Total Depth:	
Deepening Re-perf. Conv. to ENHR Conv. to SWD	Chloride content: ppm Fluid volume: bbls
	Dewatering method used:
Plug Back: Plug Back Total Depth	Location of fluid disposal if hauled offsite:
Commingled Permit #:	On and the Name
Dual Completion Permit #:	Operator Name:
□ SWD Permit #:	Lease Name: License #:
ENHR Permit #:	QuarterSecTwpS. R East West
GSW Permit #:	County: Permit #:
Spud Date or Recompletion Date Date Reached TD Completion Date or Recompletion Date	

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:					

	Side Two	
Operator Name:	Lease Name:	Well #:
Sec TwpS. 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 (Attach Additional Sheets)		Yes]No		g Formatio	n (Top), Depth an	d Datum	Sample
Samples Sent to Geolog	,	Yes] No	Name	9		Тор	Datum
Cores Taken Electric Log Run Electric Log Submitted E (If no, Submit Copy)	Electronically	☐ Yes ☐ ☐ Yes ☐ ☐ Yes ☐] No] No] No					
List All E. Logs Run:								
			ASING RE	ECORD Ne		on. etc.		
Purpose of String	Size Hole Drilled	Size Casing Set (In O.D.	3	Weight Lbs. / Ft.	Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives

ADDITIONAL CEMENTING / SQUEEZE RECORD

Purpose: Perforate	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
Protect Casing Plug Back TD				
Plug Off Zone				

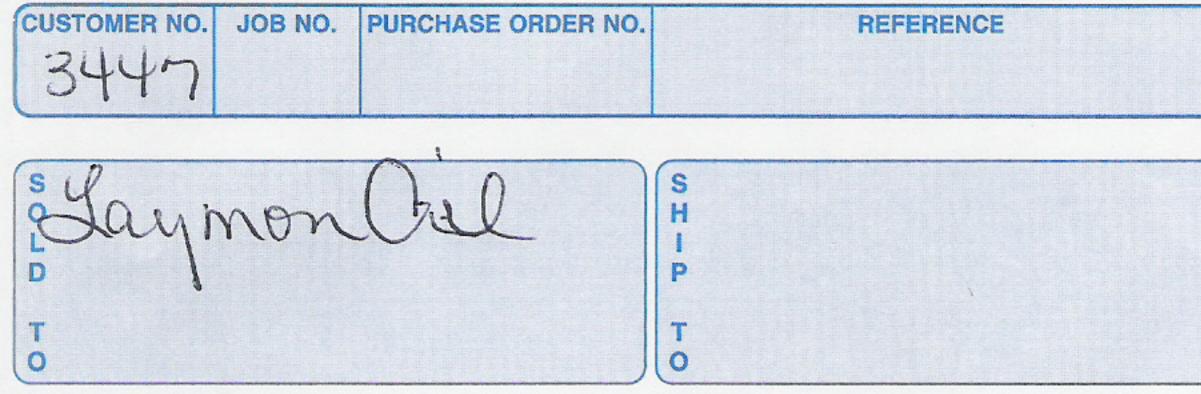
Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated			ļ		ement Squeeze Record I of Material Used)	Depth			
TUBING RECORD:	Siz	ze:	Set At:		Packer	r At:	Liner R	un:	No	
Date of First, Resumed F	Product	ion, SWD or ENH	۶.	Producing N	1ethod:	ping	Gas Lift	Other (Explain)		
Estimated Production Per 24 Hours		Oil Bb	ls.	Gas	Mcf	Wate	er	Bbls.	Gas-Oil Ratio	Gravity
									1	
DISPOSITION OF GAS: METHOD OF COM			OF COMPLE	TION:		PRODUCTION INTER	RVAL:			
Vented Sold		Jsed on Lease		Open Hole	Perf.	Dually (Submit /		Commingled (Submit ACO-4)		
(If vented, Subi	mit ACC)-18.)		Other (Specify)						

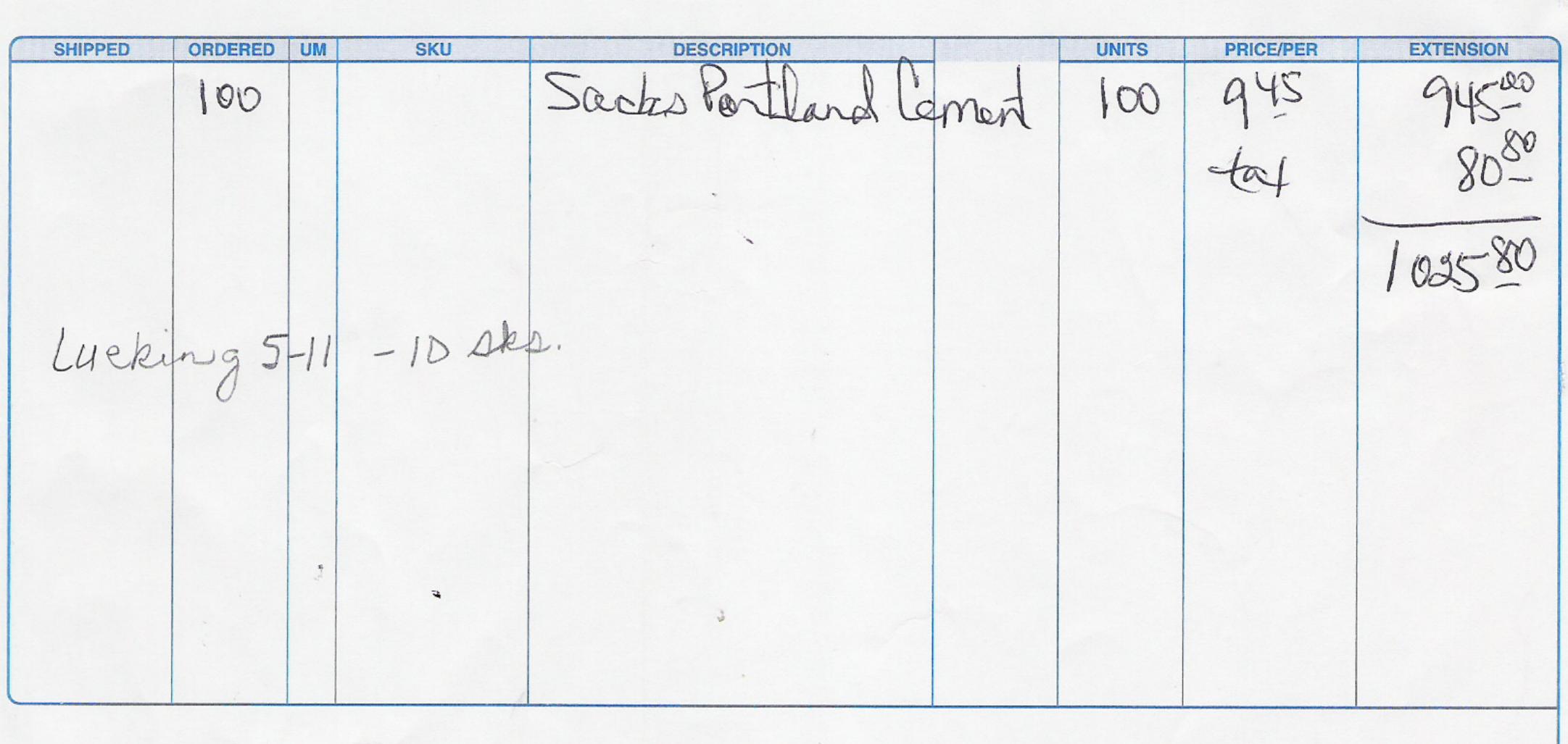
Form	ACO1 - Well Completion
Operator	Laymon, Michael
Well Name	Lueking 5-11
Doc ID	1071840

Tops

Name	Тор	Datum
Soil	0	18
Shale	18	120
Lime & Shale	120	480
Black Shale	480	485
Shale	485	515
Lime	515	600
Shale	600	780
Lime	780	800
Shale	800	830
Lime	830	885
Black Shale	885	900
Lime	900	935
Shale	935	945
Upper Squirrel Sand	945	955
Shale	955	985
Cap Rock	985	986
Shale	986	988
Cap Rock	988	989
Lower Squirrel Sand	989	1000
Shale	1000	1080

The New Klein Lumber





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TERMS	CLER	к Дате 11/30/	TIME
		r f	

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

MIKE LAYMON

LADOB

Payless Concrete Products, L.C.

1206 N.	GROVE			QUATL	RD S OF 160TI	H	
	YATI	ES CENTER KS			LUEKING 5/1 CENTER.KS 66	1 783	
TIME	FORMULA	LOAD SIZE	YARDS ORDERED		DRIVER/TRUCK		PLANT/TRANSACTION #
				% CAL	WK	* AIR	
08:19:16a	JELL	15.00 yd	15.00 Jud	0.00	35	6.00 .	
DATE		LOAD #	YARDS DEL.	BATCH#	WATER TRIM	SLUMP	TICKET NUMBER
	o Date	2.	30.00 Vd				
12-10-11	Today ·	1	15.00 Jd	19315	G/yd Ø.Ø	4.000 in -	30782
<section-header><section-header><text><text><text><text><text><text></text></text></text></text></text></text></section-header></section-header>			Dear Customer-The driver of this tr you for your signature is of the opin truck may possibly cause damage property if it places the material in our wish to help you in every way it the driver is requesting that you sign this supplier from any responsibility to the premises and/or adjacer driveways, curbs, etc., by the delive also agree to help him remove much that he will not litter the public stree tion, the undersigned agrees to inder of this truck and this supplier for a	O BE MADE INSIDE CURB LINE) uck in presenting this RELEASE to nion that the size and weight of his a to the premises and/or adjacent this load where you desire it. It is that we can, but in order to do this gn this RELEASE relieving him and o from any damage that may occur at property, buildings, sidewalks, very of this material, and that you d from the wheels of his vehicle so et. Further, as additional considera- emnify and hold harmless the driver	H ₂ 0 Ad GAL X WEIGHMASTER	OW INDICATES THAT I HAVE F LL NOT BE RESPONSIBLE F IRB LINE.	READ THE HEALTH WARNING
QUANTITY	CODE	DESCRIPTION		f.		UNIT PRICE	EXTENDED PRICE
15.00 2.00	WELL	WELL (10 SI TRUCKING CI			15.00 2.00	76.00 50.00	1140.00 100.00

		1			
RETURNED TO PLANT	LEFT JOB	FINISH UNLOADING	DELAY EXPLANATION/CYLINDER TEST TAKEN	TIME ALLOWED	
			1. JOB NOT READY 6. TRUCK BROKE DOWN	1 1 1 8	ubTotal \$ 1240.00
			2. SLOW POUR OR PUMP 7. ACCIDENT 3. TRUCK AHEAD ON JOB 8. CITATION	T.	ax % 7.300 90.52
LEFT PLANT	ARRIVED JOB	START UNLOADING	4. CONTRACTOR BROKE DOWN 9. OTHER 5. ADDED WATER	TIME DUE	otal \$ 1330.52
ann.	0'16			0	-der 4 1330.52
thest !	9-10				ADDITIONAL CHARGE 1
TOTAL ROUND TRIP	TOTAL AT JOB	UNLOADING TIME		DELAY TIME	ADDITIONAL CHARGE 2
				All a spectrum	
the man and the second s	A Part and			Marine .	GRAND TOTAL

CONDITIONS



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 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.

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Last the Area				
MIKE	LAYMO)N	~	
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13116313	and the first of the	a and a street	11-3/1	1 1-1
and some a straight			Con South Mary	

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