



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1072250
OIL & GAS CONSERVATION DIVISION

Form ACO-1

August 2013

Form must be Typed
Form must be Signed
All blanks must be Filled

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
- Plug Back Conv. to GSW Conv. to Producer
- 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

GPS Location: Lat: _____, Long: _____
(e.g. xx.xxxxx) (e.g. -xxx.xxxxx)

Datum: NAD27 NAD83 WGS84

County: _____

Lease Name: _____ Well #: _____

Field Name: _____

Producing Formation: _____

Elevation: Ground: _____ Kelly Bushing: _____

Total Vertical 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

- Confidentiality Requested
Date: _____
- Confidential Release Date: _____
- Wireline Log Received
- Geologist Report Received
- UIC Distribution
- ALT I II III Approved by: _____ Date: _____

1072250

Operator Name: _____ Lease Name: _____ Well #: _____

Sec. _____ Twp. _____ S. R. _____ East West County: _____

INSTRUCTIONS: Show important tops 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.

Final Radioactivity Log, Final Logs run to obtain Geophysical Data and Final Electric Logs must be emailed to kcc-well-logs@kcc.ks.gov. Digital electronic log files must be submitted in LAS version 2.0 or newer AND an image file (TIFF or PDF).

Drill Stem Tests Taken <i>(Attach Additional Sheets)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name	Top	Datum
Cores Taken	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Electric Log Run	<input type="checkbox"/> Yes <input type="checkbox"/> No			
List All E. Logs Run:				

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				

Did you perform a hydraulic fracturing treatment on this well? Yes No *(If No, skip questions 2 and 3)*

Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons? Yes No *(If No, skip question 3)*

Was the hydraulic fracturing treatment information submitted to the chemical disclosure registry? Yes No *(If No, fill out Page Three of the ACO-1)*

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

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 <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
--	---	---



CONSOLIDATED
Oil Well Services, LLC

ENTERED

TICKET NUMBER 33304
LOCATION Eureka
FOREMAN Steve Mead

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
10-19-11	4758	Meitzger 10-Q-34 WIW	34	30S	14E	Wilson
CUSTOMER			TRUCK #			
Layne Energy			DRIVER			
MAILING ADDRESS			TRUCK #			
P.O. Box 160			DRIVER			
CITY			STATE			
Sycamore			KS			
STATE			ZIP CODE			
KS			67367			

JOB TYPE Longstring 0 HOLE SIZE 6 3/4 HOLE DEPTH 1262 CASING SIZE & WEIGHT 4 1/2 1050
 CASING DEPTH 1234' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 13.4* SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT 20 1/2 bbls DISPLACEMENT PSI 750* ~~Mix~~ Bump Plug 1250* RATE _____

REMARKS: Safety Meeting: Rig up to 4 1/2 casing. Break circulation with 25 bbls Fresh water. Mix 500# Gel Flush with Hulls. 25 bbls Water Spacer. Mix 10 bbls Caustic Soda, 10 bbls Dye water. Mix 135 sks Thick set Cement with 8" Kol-Seal, 1/2" Phenaseal, 1/4" CFL-115 AT 13.4* per gal. Washout pump & lines. Release Latch down plug. Displace with 20 1/2 bbls Fresh water. Final pumping Pressure 750#. Bump Plug to 1250#. Wait 2 min Release Pressure. Plug held. Good Cement Returns to surface. 6 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	135 sks	Thick set Cement	18.30	2470.50
1110A	1080#	8" Kol-Seal	.44	475.20
1107A	172	1/2" Phenaseal	1.82	20.74
1135A	342	1/4" CFL-115	9.95	338.30
1118B	500#	Gel Flush	.20	100.00
1105	50#	Hull	.42	21.00
1103	100#	Caustic Soda	1.52	152.00
5407A	7.43	Fan Mileage Bulk Trucks	1.26	374.47
4453	1	4 1/2" Latch Down Plug	155.00	155.00
4156	1	4 1/2" Flapper Type Float Shoe	175.00	175.00
			SubTotal	5417.21
			SALES TAX	246.00
			ESTIMATED TOTAL	5663.41

Ravin 3737

AUTHORIZATION Steve Mead TITLE Drilling Foreman 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	10/14/2011
Date Completed	10/17/2011

Well No.	Operator	Lease	A.P.I #	County	State
10Q-34WIW	Layne Energy Operating	Metzger	15-205-27933-00-00	Wilson	Kansas

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

Driller	Type/Well	Cement Used	Casing Used	Depth	Size of Hole
Brantley	Oil	8	43.2' 8 5/8	1262	6 3/4

Formation Record

0-4	DIRT	863-890	LIME (PAWNEE)	1162-1166	SHALE
4-71	LIME	890-893	BLK SHALE (LEXINGTON)	1166-1172	WHITE SAND
71-175	SHALE	893-898	LIME	1172-1177	SANDY SHALE
175-300	LMY SHALE	898-912	BLACK SHALE	1177-1192	SHALE
300-410	SAND / DAMP	912-932	SAND	1192-1194	SAND
410-431	SHALE	932-947	SANDY SHALE	1194-1235	SHALE
431-446	LIME	947-976	LIME (OSWEGO)	1235-1237	COAL
446-452	SHALE	976-981	BLK SHALE (SUMMIT)	1237-1262	SANDY SHALE
452-541	LIME	981-995	LIME	1262	TD
536	WENT TO WATER	995-1000	BLACK SHALE		
541-569	SAND	1000-1001	COAL (MULKY)		
569-596	LIME	1001-1004	LIME		
596-608	SHALE	1004-1042	SHALE		
608-634	LIME	1042-1044	COAL		
634-661	BLACK SHALE	1044-1050	SHALE		
661-665	LIME	1050-1051	COAL		
665-695	SHALE	1051-1060	SHALE		
695-706	LIME	1060-1062	LIME		
706-713	SANDY LIME	1062-1064	SHALE		
713-731	SHALE	1064-1065	COAL (CROWBERG)		
731-733	LIME	1065-1072	SHALE		
733-734	SHALE	1072-1078	SAND		
734-744	LIME	1078-1087	SANDY SHALE		
744-749	BLACK SHALE	1087-1104	SHALE		
749-753	SANDY LIME	1104-1105	COAL (MINERAL)		
753-771	SAND / LITE ODOR	1105-1143	SHALE		
771-825	SANDY SHALE	1143-1144	COAL		
825-859	SHALE	1144-1152	SHALE		
837	G.T.-20#, 1/4"= 47.1 MCF	1152-1156	SAND		
859-863	COAL (MULBERRY)	1156-1162	BROWN SAND/OIL ODOR		

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

January 19, 2012

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

Re: ACO1
API 15-205-27973-00-00
Metzger 10Q-34 WIW
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