



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1072509
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
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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

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: _____

1072509

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 <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 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
<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> <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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MORNING COMPLETION REPORT

Report Called in by: JACOB

Report taken by: _____

LEASE NAME & #		AFE#	DATE	DAYS	CIBP	PBTD:
ZOOK 1H-3 WIW			10/18/2011	1	DEPTH	TYPE FLUID
PRESENT OPERATION: DRILL OUT FROM UNDER SURFACE					TYPE	
					WT	
					VIS	
DEEPEST CASING OD SHOE DEPTH	LINERS OD TOP & SHOE DEPTH	REPAIR DOWN TIME HRS		CONTRACTOR	MOKAT	
				RIG NO		
		TEST PERFS			TEST PERFS	
PACKER OR ANCHOR	FISHING T: OD ID				TO	
					TO	
					TO	
HRS	BRIEF DESCRIPTION OF OPERATION					
	MIRU THORNTON DRILLING, DRILLED 11" HOLE, 21.5' DEEP, RIH W/1 JT 8 5/8" SURFACE CASING,					
	MIXED 4 SX TYPE 1 CEMENT, DUMPED DOWN THE BACKSIDE. SDFN.					

DAILY COST ANALYSIS

RIG	<u>700</u>
SUPERVISION	_____
RENTALS	_____
SERVICES	<u>965</u>
MISC	_____

DETAILS OF RENTALS, SERVICES, & MISC

DRILLING	700
CEMENT	100
DIRTWORKS (LOC,RD, PIT)	600
SURFACE CASING	265
LAND/ LEGAL	
	1665

DAILY TOTALS 1665 PREVIOUS TCTD 0 TCTD 1665



CONSOLIDATED
Oil Well Services, LLC

ENTERED

TICKET NUMBER 33285
LOCATION Eureka
FOREMAN Rick Ledford

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

FIELD TICKET & TREATMENT REPORT
CEMENT *API # 15-125-32143*

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
10-21-11	4758	Zook 14-3 WNW	3	31S	14E	MG
CUSTOMER <u>Layne Energy</u>			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS <u>P.O. Box 160</u>			<u>520</u>	<u>John</u>		
CITY <u>Sycamore</u>			<u>479</u>	<u>Calin</u>		
STATE <u>KS</u>	ZIP CODE <u>67367</u>					

JOB TYPE L/S HOLE SIZE 6 3/4" HOLE DEPTH 1287' CASING SIZE & WEIGHT 4 1/2"
CASING DEPTH 1277.5 DRILL PIPE _____ TUBING _____ OTHER _____
SLURRY WEIGHT 13.4 # SLURRY VOL 42 Bbl WATER gal/sk 8.0 CEMENT LEFT in CASING 0'
DISPLACEMENT 20.3 DISPLACEMENT PSI 800 MAX PSI 1200 Pump plus RATE _____

REMARKS: Safety meeting- Rig up to 4 1/2" casing. Break circulation w/ 32 Bbl fresh water. Pump 10 sacks gel-flush w/ hulls, 10 Bbl water spacer, 20 Bbl caustic soda pre-flush, 5 Bbl water spacer, 10 Bbl dye water. Mixed 135 sacks thickset cement w/ 8" Kot-seal/sk, 1/2" phenoseal/sk + 1/4% CFL-115 @ 13.4 #/gal. washout pump + lines, release latch down plug. Displace w/ 20.3 Bbl fresh water. Final pump pressure 800 PSI. Pump plug to 1300 PSI. release pressure float + plug head. Good cement returns to surface = 5 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	975.00	975.00
5406	40	MILEAGE	4.00	160.00
1126A	135 sacks	thickset cement	18.30	2470.50
1110A	1080 #	8" Kot-seal/sk	.44	475.20
1102A	17 #	1/2" phenoseal/sk	1.22	20.74
1135A	34 #	1/4% CFL-115	9.95	338.30
1118B	500 #	gel-flush	.20	100.00
1105	50 #	hulls	.42	21.00
1103	100 #	caustic soda	1.52	152.00
5407A	7.43	ton mileage bulk trk	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	246.20
			ESTIMATED TOTAL	5663.41

Ravin 3737

AUTHORIZATION *Jacob Macdonald* 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	10/18/2011
Date Completed	10/19/2011

Well No.	Operator	Lease	A.P.I #	County	State
1H-3 WIW	Layne Energy Operating	Zook	15-125-32143-00-00	Montgomery	Kansas

1/4	1/4	1/4	Sec.	Twp.	Rge.
			3	31	14 E

Driller	Type/Well	Cement Used	Casing Used	Depth	Size of Hole
Brantley	Oil	4	21.8' 8 5/8	1287	6 3/4

Formation Record

0-6	DIRT	886-889	SHALE		
6-80	LIME	889-917	LIME (PAWNEE)		
80-180	SHALE	917-920	BLACK SHALE		
180-290	LMY SHALE	920-923	LIME		
290-426	SAND (DAMP)	923-928	BLK SHALE (LEXINGTON)		
336	WENT TO WATER	928-972	SHALE		
426-433	LIME	972-993	LIME (OSWEGO)		
433-441	SHALE	993-1000	BLACK SHALE		
441-460	LIME	1000-1018	LIME		
460-466	SHALE	1018-1020	SHALE (EXCELLO)		
466-476	LMY SHALE	1020-1025	LIME		
476-521	LIME	1025-1031	SANDY SHALE		
521-531	SAND	1031-1067	SHALE		
531-541	LIME	1067-1068	COAL		
541-564	LMY SHALE	1068-1083	SHALE		
564-593	SAND	1083-1085	LIME		
593-617	LIME	1085-1086	COAL (CROWBERG)		
617-623	SHALE	1086-1097	SHALE		
623-655	LIME	1097-1102	SAND		
655-684	SHALE	1102-1131	SHALE		
684-687	LIME	1131-1132	COAL (MINERAL)		
687-714	BLACK SHALE	1132-1180	SHALE		
714-741	LIME	1180-1185	SANDY SHALE		
741-759	SHALE	1185-1187	SAND /LITE ODOR		
759-769	LIME	1187-1205	BLK SAND / GOOD ODOR		
769-776	SHALE	1205-1208	COAL		
776-797	SAND (WIESER)	1208-1287	SHALE		
797-885	SHALE	1287	TD		
811	GAS TEST-SLIGHT BLOW				
885-886	COAL (MULBERRY)				

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 23, 2012

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

Re: ACO1
API 15-125-32143-00-00
Zook 1H-3 WIW
NE/4 Sec.03-31S-14E
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