



KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

1072765

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

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 (Attach Additional Sheets)	<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 ☐ New ☐ 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 (Amount and Kind of Material Used)	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:

☐ Vented ☐ Sold ☐ Used on Lease

(If vented, Submit ACO-18.)

METHOD OF COMPLETION:

☐ Open Hole ☐ Perf. ☐ Dually Comp. ☐ Commingled
(Submit ACO-5) (Submit ACO-4)
☐ Other (Specify) _____

PRODUCTION INTERVAL:

Summary of Changes

Lease Name and Number: Fowler 3-32

API/Permit #: 15-125-32130-00-00

Doc ID: 1072765

Correction Number: 1

Approved By: NAOMI JAMES

Field Name	Previous Value	New Value
Approved Date	12/19/2011	01/25/2012
Completion Or Recompletion Date	09/09/2011	01/10/2012
Date of First or Resumed Production or SWD or Enhr Disposition Of Gas - Sold	No	01/13/2012 Yes
Elogs_PDF	Compensated Density Neutron	Compensated Density Neutron Sent
Formation Top Source - Log	Yes	No
Liner Run?		No
Method Of Completion - Perf	No	Yes
Perf_Depth_1		1222.5'-1224'
Perf_Depth_2		1163.5'-1165'

Summary of changes for correction 1 continued

Field Name	Previous Value	New Value
Perf_Depth_3		1099'-1121'
Perf_Depth_4		1064'-1069'
Perf_Material_1		2400 lbs sand, 300 gallons 15% HCL, 253 BW
Perf_Material_2		2400 lbs sand, 300 gallons 15% HCL, 206 BW
Perf_Material_3		5400 lbs sand, 450 gallons 15% HCL, 406 BW
Perf_Material_4		4800 lbs sand, 450 gallons 15% HCL, 263 BW
Perf_Record_1		Bluejacket
Perf_Record_2		Mineral
Perf_Record_3		Croweburg\V-Shale & Bevier
Perf_Record_4		Excello\Mulky
Perf_Shots_1		4
Perf_Shots_2		4
Perf_Shots_3		4

Summary of changes for correction 1 continued

Field Name	Previous Value	New Value
Perf_Shots_4		4
Producing Method Pumping	No	Yes
Production - MCF Gas		0
Production Interval #1		1065' - 1224'
Save Link	../../../../kcc/detail/operatorEditDetail.cfm?docID=1070350	../../../../kcc/detail/operatorEditDetail.cfm?docID=1072765
Tubing Record - Set At		1308
Tubing Size		2.375



1070350

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 ☐ New ☐ 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 (Amount and Kind of Material Used)	Depth

TUBING RECORD:	Size:	Set At:	Packer At:	Liner Run: <input type="checkbox"/> Yes <input type="checkbox"/> No
Date of First, Resumed Production, SWD or ENHR.	Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> 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 (If vented, Submit ACO-18.)	METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled (Submit ACO-5) (Submit ACO-4) <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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Report taken by:

DAILY COST ANALYSIS

DETAILS OF RENTALS, SERVICES, & MISC

DAILY TOTALS	3160	PREVIOUS TCTD	0	TCTD	3160
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ENTERED

TICKET NUMBER 31527

LOCATION *Eureka*

FOREMAN Rick Ledford

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

FIELD TICKET & TREATMENT REPORT

CEMENT

AP I^W 15-125-32130

DATE		CUSTOMER #		WELL NAME & NUMBER		SECTION	TOWNSHIP	RANGE	COUNTY
9-2-11		4758		Fowler 3-32		32	31s	14E	MB
CUSTOMER									
Layne Energy									
MAILING ADDRESS									
P.O. Box 1160									
CITY		STATE		ZIP CODE					
Succumare		KS		67363					

TRUCK #	DRIVER	TRUCK #	DRIVER
520	Allen B.		
479	Chris M.		

JOB TYPE <u>L/S G</u>	HOLE SIZE <u>6.314"</u>	HOLE DEPTH <u>1513'</u>	CASING SIZE & WEIGHT <u>4 1/2" 10.5"</u>
CASING DEPTH <u>1489.55</u>	DRILL PIPE _____	TUBING _____	OTHER _____
SLURRY WEIGHT <u>13.4"</u>	SLURRY VOL <u>47 bbl</u>	WATER gal/sk <u>8.0</u>	CEMENT LEFT in CASING <u>0'</u>
DISPLACEMENT <u>23.7 bbl</u>	DISPLACEMENT PSI <u>900</u>	PSI <u>1400 Bump plus</u>	RATE _____

REMARKS: Safety meeting - Rig up to 4 1/2" casing. Break circulation w/ 27 Bbl fresh water. Pump 10 Bbl gel-flush w/ hulls, 5 Bbl water spacer, 15 Bbl caustic soda, 14 Bbl dye water. Mixed 150 lbs thickset cement w/ 8" Kel-seal/sk, 1/8" phenosan/sk + 74% CFX-115 @ 13.4 #/gal. Washout pump + lines, shut down, release latch down plug. Displace w/ 23.7 Bbl fresh water. Final pump pressure 900 PSI. Pump plug to 1400 PSI. wait 2 minutes. release pressure, float + plug held. Good cement returns to surface = 7 Bbl slurry to pit. Job complete. Rig down.

"Thank You"

[illegible]

Bayin 3737

AUTHORIZTION

TITLE

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	9/6/2011
Date Completed	9/8/2011

Well No.	Operator	Lease	A.P.I #	County	State
3-32	Layne Energy Operating	Fowler	15-125-32130-000	Montgomery	Kansas

1/4	1/4	1/4	Sec.	Twp.	Rge.
			32	31	14 E

Driller	Type/Well	Cement Used	Casing Used	Depth	Size of Hole
Billy	Gas	4	22.8' 8 5/8	1513	6 3/4

Formation Record

0-5	DIRT	877-891	SAND	1132	GAS TEST - SAME
5-17	CLAY	891-895	LIME	1164-1165	COAL (MINERAL)
17-38	SHALE	895-928	SHALE	1165-1190	SHALE
38-141	LIME	928-929	COAL (MULBERRY)	1190-1193	SAND
141-371	LMY SHALE	929-931	SHALE	1193-1198	BLK SAND / OIL ODOR
371-379	SAND	931-957	LIME (PAWNEE)	1198-1206	SHALE
379-420	SHALE	937	GAS TEST - NO GAS	1206-1207	COAL
420-471	LIME	957-963	BLK SHALE (LEXINGTON)	1207-1232	SHALE
471-478	LMY SHALE	963-970	SHALE	1212	G.T. - SLIGHT BLOW
478-548	LIME	970-977	SAND	1232-1233	BLK SHALE / COAL
548-553	SHALE	97-1017	SHALE	1233-1246	SHALE
553-596	SAND (DAMP)	987	GAS TEST - SAME	1246-1260	SANDY SHALE
596-620	SANDY SHALE	1017-1041	LIME (OSWEGO)	1260-1346	SHALE
620-624	BLK SHALE	1041-1052	BLK SHALE (SUMMIT)	1346-1347	COAL
624-680	LIME	1052-1064	LIME	1347-1377	SHALE
680-701	SHALE	1062	GAS TEST - SAME	1377-1378	COAL
701-706	BLK SHALE	1064-1069	BLK SHALE	1378-1406	SHALE
706-734	SHALE	1069-1070	COAL (MULKY)	1388	G.T. - SLIGHT BLOW
734-751	LIME	1070-1076	LIME	1406-1407	BLK SHALE / COAL?
736	GAS TEST - NO GAS	1076-1100	SHALE	1407-1428	SHALE
751-758	SAND	1087	GAS TEST - SAME	1428-1429	COAL
758-786	SANDY SHALE	1100-1101	COAL (BEVEIR)	1429-1432	LMY SHALE
786-796	LIME	1101-1116	SHALE	1432-1452	MISS. CHAT
796-805	SHALE	1112	GAS TEST - SAME	1438	GAS TEST - SAME
805-808	LIME	1116-1118	LIME (V-LIME)	1452-1493	LMY CHIRT/LITE OIL ODOR
808-832	SANDY SHALE	1118-1121	SHALE	1463	GAS TEST - SAME
832-843	SHALE	1121-1122	COAL (CROWBERG)	1488	GAS TEST - SAME
843-852	LIME	1122-1126	SANDY SHALE	1493-1513	BROWN LIME
852-877	SANDY SHALE	1126-1132	SAND	1513	TD
887	WENT TO WATER	1132-1164	SHALE		

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 15, 2011

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

Re: ACO1
API 15-125-32130-00-00
Fowler 3-32
NW/4 Sec.32-31S-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