



1075003

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 ☐ NoCores Taken ☐ Yes ☐ NoElectric Log Run ☐ Yes ☐ NoElectric Log Submitted Electronically ☐ Yes ☐ No
(If no, Submit Copy)

List All E. Logs Run:

☐ Log Formation (Top), Depth and Datum ☐ Sample
Name Top DatumCASING 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: ____ Perforate ____ Protect Casing ____ Plug Back TD ____ Plug Off Zone	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives

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 ☐ NoDate 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:

☐ 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:

Form	ACO1 - Well Completion
Operator	Laymon Oil II, LLC
Well Name	Shepard 25-12
Doc ID	1075003

Tops

Name	Top	Datum
Soil	0	9
Shale	9	190
Lime	190	280
Shale	280	300
Lime	300	460
Shale	460	480
Lime	480	700
Shale	700	780
Lime	780	820
Shale	820	824
Lime	824	860
Shale	860	900
Lime & Shale	900	990
Shale	990	994
5' Lime	994	1000
Shale	1000	1003
Upper Squirrel Sand	1003	1015
Shale	1015	1048
Cap Rock	1048	1049
Shale	1049	1050
cap Rock	1050	1051
Lower Squirrel Sand	1051	1058
Shale	1058	1100

Summary of Changes

Lease Name and Number: Shepard 25-12

API/Permit #: 15-207-28035-00-00

Doc ID: 1075003

Correction Number: 1

Approved By: Deanna Garrison

Field Name	Previous Value	New Value
Approved Date	02/22/2012	02/27/2012
Date Reached TD	01/27/2012	01/30/2012
Save Link	../kcc/detail/operatorEditDetail.cfm?docID=1074641	../kcc/detail/operatorEditDetail.cfm?docID=1075003
Spud Or Recompletion Date	01/26/2012	01/28/2012