



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1074356
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: _____

1074356

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: _____ _____
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CONSOLIDATED
ON Well Services, LLC



ENTERED

TICKET NUMBER 33351
LOCATION Eureka
FOREMAN Rick Ledford

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

FIELD TICKET & TREATMENT REPORT
CEMENT

API# 15-125-32139

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
10/28/11	4758	Oliver # 14-20	20	325	14E	MOG
CUSTOMER			TRUCK #			
Layne Energy			DRIVER			
MAILING ADDRESS			TRUCK #			
P.O. Box 1100			DRIVER			
CITY			TRUCK #			
STATE			DRIVER			
ZIP CODE			TRUCK #			
Syramore			DRIVER			
KS			TRUCK #			
67367			DRIVER			

JOB TYPE L/S G HOLE SIZE 6 3/4" HOLE DEPTH 1458' CASING SIZE & WEIGHT 4 1/2" 10.5"
CASING DEPTH 1448.45' DRILL PIPE _____ TUBING _____ OTHER _____
SLURRY WEIGHT 13.4# SLURRY VOL 47 Bbl WATER gal/sk 8.0 CEMENT LEFT in CASING 0'
DISPLACEMENT 23 Bbl DISPLACEMENT PSI 1000 MAX PSI 1500 Bump plus RATE _____

REMARKS: Safety meeting - Rig up to 4 1/2" casing. Break circulation w/ 26 Bbl fresh water. Pump 10 sks gel-flush w/ bulls, 10 Bbl water spacer, 20 Bbl caustic soda pre-flush, 13 Bbl dye water. Mixed 150 sks thickset cement w/ 8# Rot-seal/sk, 1/8" phenaxol/sk + 1/4" CFK-115 @ 13.4#/gal. washout pump + lines, release latch down plug. Displace w/ 23 Bbl fresh water. Final pump pressure 1000 PSI. Bump plug to 1500 PSI. wait 2 minutes. release pressure, float + plug held. Good cement returns to surface = 4 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	150 sks	thickset cement	18.30	2745.00
1110A	1200#	8# Rot-seal/sk	.44	528.00
1107A	19#	1/8" phenaxol/sk	1.22	23.18
1135A	38#	1/4" CFK-115	9.95	378.10
1118B	500#	gel-flush	.20	100.00
1105	50#	bulls	.42	21.00
1103	100#	caustic soda	1.52	152.00
5407A	8.25	tan mileage bulk trk	1.26	415.80
5501C	4 hrs	water transport	112.00	448.00
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
1123	5000 gals	city water	15.00/1000	78.00
			Subtotal	6354.08
			SALES TAX 6.3%	274.39
			ESTIMATED TOTAL	6628.47

Ravin 3737

AUTHORIZATION

[Signature]

TITLE

[Signature]

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	10/25/2011
Date Completed	10/27/2011

Well No.	Operator	Lease	A.P.I.#	County	State
14-20	Layne Energy Operating	Oliver	15-125-32139-00-00	Montgomery	Kansas

1/4	1/4	1/4	Sec.	Twp.	Rge.
			20	32	14 E

Driller	Type/Well	Cement Used	Casing Used	Depth	Size of Hole
Brantley		4	21.8' 8 5/8	1458	6 3/4

Formation Record

0-6	DIRT	884-886	BLACK SHALE	1287	GAS TEST - SAME
6-11	CLAY	886-908	LIME (PAWNEE)	1397-1400	SANDY LIME
11-23	SHALE	908-977	SHALE	1400-1430	CHAT (MISS.)
23-35	LIME	912	G.T.- SLIGHT BLOW	1430-1447	BROWN LIME/LOTS OF WATER
35-91	SHALE	977-1005	LIME (OSWEGO)	1447-1458	GRAY LIME
91-188	LMY SHALE	1005-1014	BLK SHALE (SUMMIT)	1458	GAS TEST-SAME 25 MCF
188-195	SAND (DAMP)	1012	G.T.- 7#, 1/4" = 25 MCF	1458	TD
195-318	LMY SHALE	1014-1033	LIME		
318-336	LIME / WET	1033-1037	BLK SHALE (EXCELLO)		
336	WENT TO WATER	1037-1039	COAL (MULKY)		
336-368	SAND	1039-1049	LIME		
368-405	SANDY SHALE	1049-1078	SHALE		
405-419	SHALE	1061	GAS TEST - SAME		
419-494	LIME	1078-1080	LIME (V-LIME)		
494-523	SHALE	1080-1082	SHALE		
523-536	SANDY SHALE	1082-1083	COAL (CROWBERG)		
536-566	SAND	1083-1125	SHALE		
566-671	SHALE	1087	GAS TEST - SAME		
671-700	LIME	1112	GAS TEST - SAME		
700-706	SHALE	1125-1126	COAL (MINERAL)		
706-730	SAND	1126-1130	SHALE		
730-742	SHALE	1130-1155	SAND		
742-753	LIME	1137	GAS TEST - SAME		
753-756	SHALE	1155-1156	COAL		
756-772	LIME	1156-1162	SANDY SHALE		
772-790	SHALE	1162-1252	SHALE		
790-806	SAND (WIESER) / LT ODOR	1252-1254	COAL		
806-830	GOOD ODOR	1254-1266	SHALE		
830-843	SAND / LT ODOR	1266-1267	COAL		
843-884	SHALE	1267-1397	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

February 16, 2012

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

Re: ACO1
API 15-125-32139-00-00
Oliver 14-20
SW/4 Sec.20-32S-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