



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1074448
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: _____

1074448

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



CONSOLIDATED
Oil Well Services, LLC

ENTERED

TICKET NUMBER 31644
LOCATION Eureka
FOREMAN Russell McElroy

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

FIELD TICKET & TREATMENT REPORT
CEMENT

API 15-125-32138-00-00

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
11-3-2011	4758	Simmons 9-19	19	32	14	m6
CUSTOMER			TRUCK #	DRIVER	TRUCK #	DRIVER
Layne Energy			445	Dave		
MAILING ADDRESS			479	Chris		
P.O. Box 160						
CITY	STATE	ZIP CODE				
Sycamore	KS	67567				

JOB TYPE 45 0 HOLE SIZE 6 3/4 HOLE DEPTH 1488 CASING SIZE & WEIGHT _____
 CASING DEPTH 1476 DRILL PIPE _____ TUBING _____ OTHER 4 1/2 10.5
 SLURRY WEIGHT 13.4 SLURRY VOL 48 WATER gal/sk _____ CEMENT LEFT IN CASING _____
 DISPLACEMENT 23.6 DISPLACEMENT PSI 850 MIX PSI 1350 BUMP RATE 4 BPM

REMARKS: Safety meeting Russell McElroy Dave Gardner Chris Bechtel Rig up
 To 4 1/2 casing load hole w/ 23 1/2 Bbl water. Pressure to 900# To unplug casing
 Pump 10 Bbl water w/ good circulation Mix 10 SK's Gel Flush w/ hulls 10 Bbl SPARKER
 20 Bbl CAUSTIC SODA PreFlush, 13 Bbl DYE water. Mix 150 SK's T.S. cement
 w/ 8# Kalscal 1/8# Phenocal 1/4# CFL 115 @ 13.4 # per gallon. WASH OUT Pump & Lines
 Release 4 1/2 Latch Down Plug Displace w/ 23.6 Bbl water Final Pump PSI 850#
 Bump Plug to 1350# good cement Returns to surface w/ Annulus staying Full
 Release Plug After 2 min. Float + Plug Held. 7 Bbl Slurry to pit.
 Job complete, Tear Down. THANKS
Russell McElroy

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
1126 A	150 SK's	Thick set cement	18.30	2745.00
1110 A	1200 #	8# Kalscal / SK	.44	528.00
1107 A	19 #	1/8# Phenocal per SK	1.22	23.18
1135 A	38 #	1/4 # CFL - 115	9.95	378.10
1118 B	500 #	gel - Flush	.20	100.00
1105	50 #	hulls	.42	21.00
1103	160 #	caustic soda	1.52	152.00
5407 A	8.85	Tow mileage Bulk Truck	1.26	415.80
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
Sub TOTAL				5,828.08
			SALES TAX	269.48
			ESTIMATED TOTAL	6097.56

Ravin 3737

245661

AUTHORIZATION *Judy McElroy* TITLE Drilling Forman DATE 11-3-2011

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	10/31/2011
Date Completed	11/2/2011

Well No.	Operator	Lease	A.P.I #	County	State
9-19	Layne Energy Operating	Simmons	15-125-32138-00-00	Montgomery	Kansas

			Sec.	Twp.	Rge.
1/4	1/4	1/4	19	32	14

Driller	Type/Well	Cement Used	Casing Used	Depth	Size of Hole
Brantley	Gas	4	21' 8" 8 5/8	1488	6 3/4

Formation Record

0-5	DIRT	829-866	GOOD OIL ODOR	1145-1146	COAL ?
5-18	CLAY	846	GOOD OIL SHOW IN PIT	1146-1160	SHALE
18-58	SHALE	866-874	GRAY SAND/ODOR DEMINISHING	1160-1161	COAL
58-100	LIME	874-897	SANDY SHALE	1161-1268	SHALE
100-225	LMY SHALE	897-920	SHALE	1162	GAS TEST - SAME
225-322	SHALE	920-921	BLK SHALE / COAL	1268-1278	SAND
322-398	SAND / DAMP	921-950	LIME (PAWNEE)	1278-1333	SHALE
336	WENT TO WATER	950-955	BLK SHALE (LEXINGTON)	1333-1338	RED SHALE
398-400	COAL	955-959	GRAY SHALE	1338-1384	SHALE
400-446	SHALE	959-972	SAND	1384-1388	SAND
446-461	SAND	962	G.T.- 2#, 1/4"= 12.7 MCF	1388-1396	SHALE
461-469	LIME	972-1011	SANDY SHALE	1396-1397	COAL
469-481	SHALE	1011-1041	LIME (OSWEGO)	1397-1437	SHALE
481-531	LIME	1041-1051	BLK SHALE (SUMMIT)	1437-1442	SANDY LIME
531-546	SHALE	1051-1069	LIME	1442-1473	MISS. CHAT (MISS.)
546-556	SAND	1062	G.T.-5#, 1/4"= 20.7 MCF	1473-1485	CHERT
556-573	SHALE	1069-1075	BLK SHALE (EXCELLO)	1485-1488	BROWN LIME
573-658	SANDY SHALE	1075-1077	COAL (MULKY)	1488	GAS TEST - SAME
658-660	LIME	1077-1090	LIME	1488	TD
660-670	LMY SHALE	1087	G.T.- 2#, 1/4"= 12.7 MCF		
670-676	BLACK SHALE	1090-1096	SHALE		
676-725	SHALE	1096-1097	COAL		
725-751	LIME	1097-1115	SHALE		
751-761	SAND / LIGHT ODOR	1112	GAS TEST - SAME		
761-776	SHALE	1115-1117	LIME (V-LIME)		
776-808	LIME (LENEPAH)	1117-1119	SHALE		
811	GAS TEST - NO GAS	1119-1120	COAL (CROWBERG)		
808-821	SHALE	1120-1140	SANDY SHALE		
821-824	SANDY SHALE/LT ODOR	1140-1145	SHALE		
824-829	BROWN SAND (WEISER)	1137	GAS TEST - SAME		

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 17, 2012

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

Re: ACO1
API 15-125-32138-00-00
Simmons 9-19
SE/4 Sec.19-32S-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