



Confidentiality Requested:

Yes No

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: _____

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
--	---

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: _____ _____
--	---	---

Summary of Changes

Lease Name and Number: Metzger 15R-34 WIW

API/Permit #: 15-205-27974-00-00

Doc ID: 1077380

Correction Number: 1

Approved By: NAOMI JAMES

Field Name	Previous Value	New Value
Approved Date	01/17/2012	03/28/2012
Perf_Material_1		200 gallons 15% HCL
Save Link	../..kcc/detail/operatorEditDetail.cfm?docID=1071867	../..kcc/detail/operatorEditDetail.cfm?docID=1077380
Tubing Packer At		1140
Tubing Size		2.375



CONFIDENTIAL

WELL COMPLETION FORM

Form Must Be Typed
Form must be Signed
All blanks must be Filled

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
- Conv. to GSW
- Plug Back: _____ Plug Back Total Depth _____
- 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

County: _____

Lease Name: _____ Well #: _____

Field Name: _____

Producing Formation: _____

Elevation: Ground: _____ Kelly Bushing: _____

Total 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

- Letter of Confidentiality Received
Date: _____
- Confidential Release Date: _____
- Wireline Log Received
- Geologist Report Received
- UIC Distribution
- ALT I II III Approved by: _____ Date: _____



1071867

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 <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 Electric Log Submitted Electronically <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If no, Submit Copy)</i> List All E. Logs Run:	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum
---	---

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
_____ Perforate _____ Protect Casing _____ Plug Back TD _____ Plug Off Zone				

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 Bbbs.	Gas Mcf	Water Bbbs.	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: _____ _____
---	--	--



CONSOLIDATED
Oil Well Services, LLC

LaFontaine
Waterflow
ENTERED

TICKET NUMBER 31641
LOCATION Eureka
FOREMAN Russell mcloy

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

FIELD TICKET & TREATMENT REPORT
CEMENT

API 15-20527974

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
9-27-2011	4758	Metzger 15 R 34 w/w	34	30	14	Wilson
CUSTOMER <u>LAYNE Energy</u>			TRUCK # DRIVER TRUCK # DRIVER			
MAILING ADDRESS <u>P.O. Box 160</u>			445 Cliff			
CITY STATE ZIP CODE <u>Sylamore KS</u>			611 Dan			

JOB TYPE Longstring O HOLE SIZE 6 3/4 HOLE DEPTH 1235 CASING SIZE & WEIGHT 4 1/2 10.5 #
CASING DEPTH 1252 DRILL PIPE _____ TUBING _____ OTHER _____
SLURRY WEIGHT 13.4 SLURRY VOL 44 861 WATER gal/sk 8.0 CEMENT LEFT in CASING 0
DISPLACEMENT 20 861 DISPLACEMENT PSI 750 MIX POT Bump Plug 1200 RATE 0

REMARKS: Safety meeting, Rig up 4 1/2 casing, Break circulation w/ 25 861 water wash down 3 ft of fill up. Mix 10 sks gel flush w/ hulls 20 861 water SPACER 15 861 caustic soda pre flush. 10 861 D/E water. Mix 135 sks Thickset cement w/ 8" Kolseal 1/8" Phenoseal 1/4" CFL 115 at 13.4 per/gallon wash out Pump + lines shut down, Release latch down plug, Displace w/ 20 861 fresh water. Final Pump PSE 750" Bump Plug to 1250" check float, float held. Good cement returns to surface = 8 861 slurry. Annulus stayed full job complete Tear down. Thank you
Russell

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	135 sks	Thickset cement	18.30	2470.50
1110 A	1080 #	8" Kolseal per/sk	.44	475.20
1107 A	17 #	1/8" Phenoseal per/sk	1.22	20.74
1135 A	34 #	1/4" CFL -115	9.95	338.30
1110 B	500 #	gel flush ahead	.20	100.00
1105	50 #	hulls	.42	21.00
1103	100 #	caustic soda	1.52	152.00
5407A	7.43	Tow mileage Bulk Truck	1.26	374.47
4453	1	4 1/2 hatch down plug	155.00	155.00
4156	1	4 1/2 Flapper TYPE FLOAT SHOE	175.00	175.00
				5,417.21
			SALES TAX	246.20
			ESTIMATED TOTAL	5,663.41

Ravin 3737 AUTHORIZATION *Jay Mark* 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	9/23/2011
Date Completed	9/26/2011

Well No.	Operator	Lease	A.P.I #	County	State
15 R-34 WIW	Layne Energy Operating	Metzger	15-205-27974-00-00	Montgomery	Kansas

1/4	1/4	1/4	Sec.	Twp.	Rge.
			34	30	14 E

Driller	Type/Well	Cement Used	Casing Used	Depth	Size of Hole
Billy	Oil	8	43' 8 5/8	1237	6 3/4

Formation Record

0-5	DIRT	937-963	SANDY SHALE		
5-80	LIME	963-986	LIME (OSWEGO)		
80-180	SHALE	986-995	BLK SHALE (SUMMIT)		
180-295	LMY SHALE	995-1004	LIME		
295-400	SAND (DAMP)	1004-1008	BLACK SHALE		
336	WENT TO WATER	1008-1009	COAL (MULKY)		
400-425	SANDY SHALE	1009-1010	SHALE		
425-431	LIME	1010-1014	LIME		
431-440	LMY SHALE	1014-1056	SHALE		
440-531	LIME	1056-1057	COAL		
531-538	BLACK SHALE	1057-1072	SHALE		
538-550	SHALE	1072-1074	LIME (V-LIME)		
550-560	LIME	1074-1077	SHALE		
560-583	SAND	1077-1078	COAL (CROWBERG)		
583-609	LIME	1078-1118	SHALE		
609-616	SHALE	1118-1119	COAL (MINERAL)		
616-651	LIME	1119-1168	SHALE		
651-709	SHALE	1168-1178	BLACK SAND/OIL ODOR		
709-727	LIME	1178-1220	SHALE		
727-730	SANDY SHALE	1212	G.T.- SLIGHT BLOW		
730-744	SHALE	1220-1228	SAND		
744-758	LIME	1228-1237	SHALE		
758-766	SHALE	1237	TD		
766-780	SAND				
780-873	SHALE				
873-874	COAL (MULBERRY)				
874-877	SHALE				
877-911	LIME (PAWNEE)				
911-918	BLK SHALE (LEXINGTON)				
918-937	SAND				

Air Drilling Specialist
Oil & Gas Wells

THORNTON AIR ROTARY, LLC
Office Phone: 620-879-2073

PO Box 449
Caney, KS 67333

Date Started	9/23/2011
Date Completed	9/26/2011

Well No.	Operator	Lease	A.P.I #	County	State
15 R-34 WIW	Layne Energy Operating	Metzger	15-205-27974-00-00	Montgomery	Kansas

1/4	1/4	1/4	Sec.	Twp.	Rge.
			34	30	14 E

Driller	Type/Well	Cement Used	Casing Used	Depth	Size of Hole
Billy	Oil	8	43' 8 5/8	1237	6 3/4

Formation Record

0-5	DIRT	937-963	SANDY SHALE		
5-80	LIME	963-986	LIME (OSWEGO)		
80-180	SHALE	986-995	BLK SHALE (SUMMIT)		
180-295	LMY SHALE	995-1004	LIME		
295-400	SAND (DAMP)	1004-1008	BLACK SHALE		
336	WENT TO WATER	1008-1009	COAL (MULKY)		
400-425	SANDY SHALE	1009-1010	SHALE		
425-431	LIME	1010-1014	LIME		
431-440	LMY SHALE	1014-1056	SHALE		
440-531	LIME	1056-1057	COAL		
531-538	BLACK SHALE	1057-1072	SHALE		
538-550	SHALE	1072-1074	LIME (V-LIME)		
550-560	LIME	1074-1077	SHALE		
560-583	SAND	1077-1078	COAL (CROWBERG)		
583-609	LIME	1078-1118	SHALE		
609-616	SHALE	1118-1119	COAL (MINERAL)		
616-651	LIME	1119-1168	SHALE		
651-709	SHALE	1168-1178	BLACK SAND/OIL ODOR		
709-727	LIME	1178-1220	SHALE		
727-730	SANDY SHALE	1212	G.T.- SLIGHT BLOW		
730-744	SHALE	1220-1228	SAND		
744-758	LIME	1228-1237	SHALE		
758-766	SHALE	1237	TD		
766-780	SAND				
780-873	SHALE				
873-874	COAL (MULBERRY)				
874-877	SHALE				
877-911	LIME (PAWNEE)				
911-918	BLK SHALE (LEXINGTON)				
918-937	SAND				

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 13, 2012

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

Re: ACO1
API 15-205-27974-00-00
Metzger 15R-34 WIW
SE/4 Sec.34-30S-14E
Wilson 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