



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1079687
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: _____

1079687

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
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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: <input type="checkbox"/> Yes <input type="checkbox"/> No
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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 <i>(Explain)</i> _____					
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: _____ _____
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Form	ACO1 - Well Completion
Operator	Layne Energy Operating, LLC
Well Name	Westfall 2G-12
Doc ID	1079687

All Electric Logs Run

Dual Induction
Compensated Density Neutron
CDL-SNL
CDL-CNL

Air Drilling Specialist
Oil & Gas Wells

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

PO Box 449
Caney, KS 67333

Date Started	1/16/2012
Date Completed	1/18/2012

Well No.	Operator	Lease	A.P.I #	County	State
2G-12	Layne Energy Operating	Westfall	15-125-32152-00-00	Montgomery	Kansas

1/4	1/4	1/4	Sec.	Twp.	Rge.
			12	31	13

Driller	Type/Well	Cement Used	Casing Used	Depth	Size of Hole
Chris		4	20' 8 5/8	1459	6 3/4

Formation Record

0-10	DIRT	946-965	SHALE	1270-1296	SHALE
10-15	LIME	965-975	SAND	1296-1300	SANDY SHALE
15-160	SHALE	975-977	SHALE	1300-1307	SHALE
160-184	SANDY SHALE	977-985	SAND	1307-1312	SAND / LITE ODOR
184-285	SHALE	985-996	SANDY SHALE	1312-1327	SHALE
285-300	LIME	996-1039	SHALE	1327-1330	SAND
300-315	SHALE	1039-1069	LIME (PAWNEE)	1330-1336	SHALE
315-325	LIME	1069-1071	SHALE	1336-1352	RED SHALE
325-376	SANDY SHALE	1071-1075	LIME	1337	GAS TEST - SAME
376-475	LMY SHALE	1075-1081	BLK SHALE (LEXINGTON)	1352-1404	SHALE
475-533	SHALE	1086	GAS TEST - NO GAS	1404-1405	COAL
533-552	SAND	1081-1124	SHALE	1405-1459	SHALE
552-553	COAL	1124-1144	LIME (OSWEGO)	1459	GAS TEST - SAME
553-580	SANDY SHALE	1144-1153	BLK SHALE (SUMMIT)	1459	TD
580-617	LIME	1153-1158	LIME		
617-620	LMY SHALE	1158-1162	BLK SHALE (EXCELLO)		
620-727	LIME	1162-1163	COAL (MULKY)		
710	WENT TO WATER	1163-1167	LIME		
727-728	COAL	1167-1178	SANDY SHALE		
728-757	SAND	1186	G.T.- SLIGHT BLOW		
757-760	SHALE	1178-1208	SHALE		
760-798	LIME	1208-1209	COAL (BEVIER)		
798-840	SHALE	1209-1225	SHALE		
840-870	LIME	1225-1226	LIME (VERDIGRIS)		
870-879	SHALE	1226-1229	SHALE		
879-901	SAND	1229-1230	COAL (CROWBERG)		
901-914	SHALE	1230-1251	SANDY SHALE		
912	GAS TEST - NO GAS	1236	GAS TEST - SAME		
912-930	LIME	1251-1268	SHALE		
930-946	SAND	1268-1270	COAL		

MORNING COMPLETION REPORT

Report Called in by: JM

Report taken by: KRD

LEASE NAME & #		AFE#	DATE	DAYS	CIBP	PBTD:
WESTFALL 2G-12			1/16/2012	1	DEPTH	TYPE FLUID
					TYPE	
PRESENT OPERATION:						WT
						VIS
DEEPEST CASING OD SHOE DEPTH	LINERS OD TOP & SHOE DEPTH		REPAIR DOWN TIME HRS		CONTRACTOR	
					RIG NO	
			TEST PERFS			
PACKER OR ANCHOR	FISHING TOOLS	OD	ID	TEST PERFS		
				TO		
				TO		
				TO		
HRS	BRIEF DESCRIPTION OF OPERATION					
	MIRU Thornton, drilled 11" hole 22' deep, RIH W/1 joint 8-5/8" surface casing. Mixed 4 sx type 1 cement, dumped down the backside. SDFN.					

DAILY COST ANALYSIS

RIG	<u>1400</u>
SUPERVISION	<u> </u>
RENTALS	<u> </u>
SERVICES	<u> </u>
MISC	<u>450</u>

DETAILS OF RENTALS, SERVICES, & MISC	
THORTON AIR ROTARY 4 HRS	1400
1 JT 8-5/8 SURFACE	350
4 SKS CEMENT	100
	1850

DAILY TOTALS 1850 *PREVIOUS TCTD* 0 *TCTD* 1850



CONSOLIDATED
Oil Well Services, LLC

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

TICKET NUMBER 33588

LOCATION Eureka

FOREMAN Rick Ledford



ENTERED

FIELD TICKET & TREATMENT REPORT

CEMENT

API # 15-125-32152

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
1/20/12	4758	Westfall 2G-12	12	315	13E	MG
CUSTOMER			Gus Jones			
Layne Energy						
MAILING ADDRESS						
P.O. Box 160						
CITY		STATE	ZIP CODE			
Sycamore		KS	67367			
TRUCK #			DRIVER		TRUCK #	
445			Dave			
515 L			Calin			
479 T			Merle R.			

JOB TYPE L/S 0 HOLE SIZE 6 3/4" HOLE DEPTH 1459' CASING SIZE & WEIGHT 4 1/2" 10.5# new
 CASING DEPTH 1449' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 12.8-13.4 SLURRY VOL 47 Bbl WATER gal/sk 8.0-9.0 CEMENT LEFT in CASING 0'
 DISPLACEMENT 23 Bbl DISPLACEMENT PSI 750 BUMP PSI 1250 Bump plus RATE _____

REMARKS: Safety meeting- Rig up to 4 1/2" casing. Pump 10 Bbl water ahead. Pumped 20 sacks gel flush w/ hulls, 20 Bbl water spacer, 15 Bbl metasilicate pre-flush, 5 Bbl water spacer. Mixed 105 sacks 60/40 Pozmix cement w/ 6% gel + 1/2" phenoseal/sk @ 12.8#/gal. Tail in w/ 60 sacks thickset cement w/ 8" Kol-seal/sk, 1/8" phenoseal/sk + 1/4" CFZ-115 @ 13.4#/gal. Washout pump + Inos, release rubber plug. Displace w/ 23 Bbl fresh water. Final pump pressure 750 PSI. Bump plug to 1250 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"

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	1030.00	1030.00
5406	40	MILEAGE	4.00	160.00
1131	105 sacks	60/40 Pozmix cement	12.55	1317.75
1118B	540#	6% gel	.21	113.40
1107A	52#	1/2" phenoseal/sk	1.29	67.08
1126A	60 sacks	thickset cement	19.20	1152.00
1110A	480#	8" Kol-seal/sk	.46	220.80
1102A	8#	1/8" phenoseal/sk	1.29	10.32
1135A	116#	1/4" CFZ-115	10.55	168.80
1118B	1000#	gel-flush	.21	210.00
1105	50#	hulls	.44	22.00
1103	100#	caustic soda	1.61	161.00
5407A	7.82	ten mileage bulk trucks X2	1.31	419.16
4404	1	4 1/2" top rubber plug	45.00	45.00
41161	1	4 1/2" AFU float shoe	175.00	175.00
			subtotal	5272.34
			SALES TAX	230.19
			ESTIMATED TOTAL	5503.10

Ravin 3737

AUTHORIZATION [Signature] TITLE Drilling Supervisor 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.

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

April 26, 2012

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

Re: ACO1
API 15-125-32152-00-00
Westfall 2G-12
NE/4 Sec.12-31S-13E
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