



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1081373
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: _____

1081373

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	Fuqua 9-36
Doc ID	1081373

All Electric Logs Run

Spectral GR
Comp Neutrol\PEL Density
Micro Log
Dual Induction - Resistivity



CONSOLIDATED
Oil Well Services, LLC

ENTERED

TICKET NUMBER 36255

LOCATION Eureka

FOREMAN Steve Neal

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

FIELD TICKET & TREATMENT REPORT

CEMENT APT 15-049-22559

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
2-17-12	4158	Fugua #9-36	36	28S	9E	EIK
CUSTOMER <u>Layne Energy</u>			TRUCK #			
MAILING ADDRESS <u>P.O. Box 160</u>			DRIVER			
CITY <u>Sycamore</u>			TRUCK #			
STATE <u>Ks</u>			DRIVER			
ZIP CODE <u>67363</u>			TRUCK #			
			DRIVER			

JOB TYPE Surface 0 HOLE SIZE 12 1/4 HOLE DEPTH 45' CASING SIZE & WEIGHT 8 5/8
 CASING DEPTH 40' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 14.5* SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT 2 1/2 bbls DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety Meeting. Rig up to 8 5/8 casing. Break circulation with fresh water. Mix 50 sks Class A cement w/ 3% CaCl2, 2% Gel & 1/2# Phenaseal per sks at 14.5* per gal. Displace with 2 1/2 bbls fresh water. Shut well in. Good cement return to surface 2 1/2 bbls to pit. Job complete Rig down.

Thank you

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
54615	1	PUMP CHARGE	825.00	825.00
5406	25	MILEAGE	4.00	100.00
11045	50 sks	Class A Cement	14.95	747.50
1102	140 #	CaCl2	.74	103.60
1118B	94*	Gel 2%	.21	19.74
1107A	25*	Phenaseal 1/2# per/sk	1.29	32.25
5407		Ton mileage Bulk Truck	m/c	350.00
			Sub Total	2178.09
			SALES TAX	65.92
			ESTIMATED TOTAL	2244.01

2479604

7.3%

Revin 3737

AUTHORIZATION

[Signature]

TITLE

Rolling for me

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



CONSOLIDATED
Oil Well Services, LLC



ENTERED

TICKET NUMBER 36286

LOCATION Eureka

FOREMAN Kevin McCoy
Shannon Feck

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

FIELD TICKET & TREATMENT REPORT

CEMENT API #15-049-22559

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY																				
2-25-12	4758	FUGUA 9-36	36	285	9E	ELK																				
CUSTOMER Layne Energy			<table border="1"> <thead> <tr> <th>TRUCK #</th> <th>DRIVER</th> <th>TRUCK #</th> <th>DRIVER</th> </tr> </thead> <tbody> <tr> <td>445</td> <td>DAVE G.</td> <td></td> <td></td> </tr> <tr> <td>479</td> <td>JOEY K.</td> <td></td> <td></td> </tr> <tr> <td>515</td> <td>CHRIS M.</td> <td></td> <td></td> </tr> <tr> <td>452 763</td> <td>CHRIS B.</td> <td></td> <td></td> </tr> </tbody> </table>				TRUCK #	DRIVER	TRUCK #	DRIVER	445	DAVE G.			479	JOEY K.			515	CHRIS M.			452 763	CHRIS B.		
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452 763	CHRIS B.																									
MAILING ADDRESS P.O. Box 160																										
CITY SYCAMORE	STATE KS	ZIP CODE 67363																								
DIXON DRY Rig 2																										

JOB TYPE Longstring 0 HOLE SIZE 7 7/8" HOLE DEPTH 2636' G.L. CASING SIZE & WEIGHT 5 1/2 17" New
 CASING DEPTH 2625.63' G.L. DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 13.7, 12.6* SLURRY VOL 41 BBL, 83 BBL WATER gal/sk 9.0 CEMENT LEFT in CASING 0'
 DISPLACEMENT 62 BBL, DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: SAFETY Meeting: Ran 2625.63 of 5 1/2 17" Csg = G.L. Measurement. DV Tool Set @ 1694' Below G.L. Rig up to 5 1/2 Csg. BREAK Circulation. Pump 10 BBL Caustic Soda Pre Flush, 5 BBL water spacer. Mixed 130 SKS Thick Set Cement w/ 5" Kol-Seal/sk, 1" PhenoSeal/sk, 1/8% CFL-115 @ 13.7*/gal, Yield 1.75 = 41 BBL slurry. Wash out Pump & Lines. Shut down. Release Latch down Flex Plug. Displace Plug to Seat w/ 62 BBL water. Final Pumping Pressure 600 PSI. Bump Plug to 1200 PSI. Wait 2 mins. Release Pressure. Float Hold. Drop Trip Bomb. Open DV Tool @ 1100 PSI. Circulate 7 BBL slurry off top of DV Tool to the pit. Circulate for 2 1/2 Hrs w/ mud Pump. Stage #1 Complete. Stage #2 Pump 5 BBL water, mixed 275 SKS 60/40 Pozmix Cement w/ 8% Gel, 1" PhenoSeal/sk @ 12.6*/gal, yield 1.70 = 83 BBL slurry. Wash out Pump & Lines. Shut down. Release Closing Plug. Displace Plug to Seat w/ 40 BBL water. Final Pumping Pressure 800 PSI. Close DV Tool @ 1100 PSI. Bump Plug to 1600 PSI. 12 BBL Slurry to pit.

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE Stage #1	1030.00	1030.00
5406	25	MILEAGE	4.00	100.00
5401	1	Pump charge Stage #2	1030.00	1030.00
1126 A	130 SKS	THICK Set Cement	19.20	2496.00
1110 A	650 *	KOL-SEAL 5"/sk	.46	299.00
1107 A	130 *	PhenoSeal 1"/sk	1.29	167.70
1135 A	16 *	CFL-115 1/8%	10.55	168.80
1131	275 SKS	60/40 Pozmix Cement	12.55	3451.25
1118 B	1900 *	Gel 8%	.21	399.00
1107 A	275 *	PhenoSeal 1"/sk	1.29	354.75
1103	100 *	Caustic Soda Pre flush	1.61	161.00
5407 A	18.97 TONS	25 miles BULK Delv.	1.34	635.50
5501 C	6 HRS	WATER TRANSPORT	112.00	672.00
1123	6000 gals	City water	16.50/1000	99.00
4159	1	5 1/2 AFU FLOAT Shoe	344.00	344.00
4104	2	5 1/2 Cement BASKETS	229.00	458.00
4130	2	5 1/2 X 7 7/8 CENTRALIZERS	48.00	96.00
4277	1	5 1/2 DV TOOL (stage collar) w/ Plugs	3220.00	3220.00
		7.3%	SALES TAX	855.16
			ESTIMATED TOTAL	16,037.16

Ravin 3737

AUTHORIZATION [Signature]

THANK YOU 248034
TITLE PI-

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

May 15, 2012

Michael J Murphy
Layne Energy Operating, LLC
PO BOX 160
SYCAMORE, KS 67363

Re: ACO1
API 15-049-22559-00-00
Fuqua 9-36
SE/4 Sec.36-28S-09E
Elk 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.

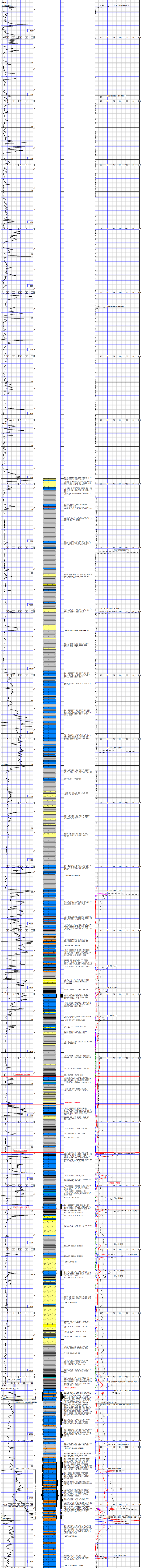
Should you have any questions or need additional information regarding subject well, please contact our office.

Respectfully,
Michael J Murphy



COMPANY: LAYNE ENERGY
WELL: FUQUA 9-36
LOCATION: 1852' FSL & 1320' FSL SEC.36-TWP.28-RNG.9
APR NO.: ELK Co., KANSAS
15-489 23558 00-00
DRI Rate Min/Ft

DATE(S) LOGGED: 21812 to 22512
DEPTS LOGGED: 60 to 2636'
GL: 1205'
WB: 1205'
UNIT No.: PWT
LOGGERS: PIKE WORD & TOM ROMANS
GEOLOGIST: JASON BURRS



TRIP GAS-2636 UNITS