



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1084217
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: _____

1084217

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> _____
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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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CONSOLIDATED
Oil Well Services, LLC



ENTERED

TICKET NUMBER 36290

LOCATION Eureka

FOREMAN Rick Ledford

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

FIELD TICKET & TREATMENT REPORT
CEMENT

API# 15-125-32161

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
3/6/12	4758	<u>Meitner 4L-30</u>	30	323	14E	MITG
CUSTOMER <u>Layne Energy</u>			Gus Jones			
MAILING ADDRESS <u>P.O. Box 160</u>						
CITY <u>Sycamore</u>	STATE <u>KS</u>	ZIP CODE <u>67367</u>				
JOB TYPE <u>L/S 0</u>						
HOLE SIZE <u>6 3/4"</u>			HOLE DEPTH <u>1312'</u>		CASING SIZE & WEIGHT <u>4 1/2"</u>	
CASING DEPTH <u>1303'</u>			DRILL PIPE		TUBING	
SLURRY WEIGHT <u>13.4#</u>			SLURRY VOL <u>42 Bbl</u>		WATER gal/sk <u>9.0</u>	
DISPLACEMENT <u>20.7</u>			DISPLACEMENT PSI <u>700</u>		BUMP PSI <u>1100 Bump plug</u>	
REMARKS: <u>Safety meeting. Rig up to 4 1/2" casing. Break circulation w/ 26 Bbl fresh water. Pump 10 SKS gel-flush w/ bulls, 5 Bbl water spacer, 20 Bbl caustic soda pre-flush, 11 Bbl dye water. Mixed 135 SKS thickset cement w/ 8" Kol-sol/sk, 1/8" phenaxol/sk + 1/4% CFL-115 @ 13.4#/gal. Washout pump + hrs, release 4 1/2" latch down plug. Displace w/ 20.7 Bbl fresh water. Final pump pressure 700 PSI. Bump plug to 1100 PSI. wait 2 minutes, release pressure, float + plug held. Good cement returns to surface = 4 Bbl slurry to pit. Job complete. Rig down.</u>						

"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
1176A	135 SKS	thickset cement	19.20	2592.00
116A	1080 #	8" Kol-sol/sk	.46	496.80
1107A	17 #	1/8" phenaxol/sk	1.29	21.93
1135A	34 #	1/4% CFL-115	10.55	358.70
1118B	500 #	gel-flush	.21	105.00
1105	50 #	bulls	.44	22.00
1103	100 #	caustic soda	1.61	161.00
5407A	7.43	km mileage bulk t/c	1.34	398.25
5502C	4 hrs	80 Bbl WAG. TRK	90.00	360.00
1123	3000 gals	city water	16.50/1000	49.50
4453	1	4 1/2" latch down plug	155.00	155.00
4156	1	4 1/2" flipper type float shoe	175.00	175.00
		Subtotal		6085.18
		SALES TAX	6.39%	260.65
		ESTIMATED TOTAL		6345.83

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	3/2/2012
Date Completed	3/5/2012

Well No.	Operator	Lease	A.P.I #	County	State
41-30	Layne Energy Operating	Meitner	15-125-32161-00-00	Montgomery	Kansas

1/4	1/4	1/4	Sec.	Twp.	Rge.
			30	32	14

Driller	Type/Well	Cement Used	Casing Used	Depth	Size of Hole
Brantley	Gas/Oil	4	21.5' 8 5/8	1312	6 3/4

Formation Record

0-6	DIRT	909-932	SAND / GOOD ODOR	1281-1312	SHALE
6-15	CLAY	932-949	SAND/ LIGHT ODOR	1312	TD
15-138	SHALE	949-951	SAND/GOOD ODOR		
138-148	LIME	951-958	SANDY SHALE		
148-153	SHALE	958-973	SAND		
153-161	LIME	973-987	SANDY SHALE		
161-240	SHALE	987-997	SHALE		
240-249	SAND / DAMP	997-1023	LIME (PAWNEE)		
249-436	SHALE	1023-1028	BLACK SHALE		
460	WENT TO WATER	1028-1037	SAND		
436-450	SAND	1037-1082	SHALE		
450-452	COAL	1082-1111	LIME (OSWEGO)		
452-473	SAND	1111-1121	BLK SHALE (SUMMIT)		
473-475	COAL	1121-1140	LIME		
475-521	SANDY SHALE	1137	GAS TEST - SLIGHT BLOW		
511	GAS TEST - NO GAS	1140-1144	BLK SHALE (MULKY)		
521-526	LIME	1144-1157	LIME		
526-541	SANDY SHALE	1157-1169	SHALE		
541-596	LIME	1169-1171	COAL		
596-727	SHALE	1171-1183	SHALE		
727-733	LIME	1183-1184	LIME		
733-793	SHALE	1184-1186	SHALE		
793-808	LIME	1186-1187	COAL (CROWBERG)		
808-849	SANDY SHALE	1187-1192	SAND		
849-877	LIME	1212	GAS TEST- SLIGHT BLOW		
877-882	SANDY SHALE	1192-1234	SHALE		
882-891	SAND / LIGHT ODOR	1234-1235	COAL (MINERAL)		
891-899	SANDY SHALE	1235-1270	SANDY SHALE		
899-907	SAND / LIGHT ODOR	1270-1271	COAL		
907-909	COAL/ OIL SHOW	1271-1281	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

June 12, 2012

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

Re: ACO1
API 15-125-32161-00-00
Meitner 4L-30
NW/4 Sec.30-32S-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