



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1084267
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: _____

1084267

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 36390

LOCATION Eureka, KS

FOREMAN Shannon Felt

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

FIELD TICKET & TREATMENT REPORT

CEMENT API # 15-125-32162

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
3-14-12	4158	Gartner 12-H 30	30	325	14E	M6
CUSTOMER Layne Energy			Gus Jones			
MAILING ADDRESS P.O. Box 160			TRUCK #	DRIVER	TRUCK #	DRIVER
CITY Sycamore			445	Dave G		
STATE KS			479	Joey K		
ZIP CODE 67367			637	Calin H		

JOB TYPE Longstring HOLE SIZE 6 3/4" HOLE DEPTH 1787 CASING SIZE & WEIGHT 4 1/2" @
 CASING DEPTH 1178.2 DRILL PIPE --- TUBING --- OTHER ---
 SLURRY WEIGHT 13.4 # SLURRY VOL 46 WATER gal/sk 9.0 CEMENT LEFT in CASING none
 DISPLACEMENT 19 1/4 DISPLACEMENT PSI 600 MAX PSI 1200 RATE 5 BPM

REMARKS: Rig up to 4 1/2 casing with washhead. Wash 10' to Bottom, mixed 15 SKS gel w/ Hulls. Brought gel & hulls all the way to surface. Rig up head & manifold, mix 20 Bbl Caustic Soda pre flush, followed by 10 Bbl dye water, mixed 125 SKS Thickset cement with 8# kolseal/sk, 1/8# phenoseal 1SK & 1/4% CF1-115. Shut down wash out pump & lines & displace 4 1/2 latch down plug with 19 1/4 Bbl water. Plug & float hold good. Good Circulation @ all times 4 Bbl slurry to pit. Final pumping pressure of 600psi, Bumped Plug @ 1200psi. Job complete

Thanks Shannon & crew!!

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
1126A	125 SKS	Thickset Cement	19.20	2400.00
1110 A	1000 #	Kol-Seal @ 8#/sk	.46	460.00
1107A	15 #	Phenoseal @ 1/8#/sk	1.29	19.35
1135 A	34 #	CF1-115 @ 1/4%	10.55	358.70
1118 B	750 #	Gel Flush	.21	157.50
1105	50 #	Hulls	.44	22.00
1103	100 #	Caustic Soda	1.61	161.00
5407A	6.9 Tons	Ton mileage bulk truck	1.34	369.84
5502C	4 HRS	80 Bbl Vac Truck	90.00/HR	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 Flapper Type float shoe	175.00	175.00
			Sub Total	6811.89
			SALES TAX 6.3%	249.31
			ESTIMATED TOTAL	6121.26

Ravin 3737

AUTHORIZATION Jacob McV... TITLE Drilling Forman 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	3/6/2012
Date Completed	3/7/2012

Well No.	Operator	Lease	A.P.I #	County	State
12H-30	Layne Energy Operating	Gartner	15-125-32162-00-00	Montgomery	Kansas

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

Driller	Type/Well	Cement Used	Casing Used	Depth	Size of Hole
Brantley	Oil/ Gas	4	21'8" 8 5/8	1181	6 3/4

Formation Record

0-4	DIRT	896-912	SANDY SHALE		
4-20	CLAY	912	GAS TEST - SAME		
20-80	SHALE	912-934	SHALE		
80-83	LIME	934-959	LIME		
83-154	SHALE	959-963	BLK SHALE (LEXINGTON)		
154-157	LIME	963-970	LIME		
157-171	SHALE	970-983	SAND		
171-240	SAND / DAMP, WET	983-1023	SANDY SHALE		
240-280	SANDY SHALE	1023-1051	LIME (OSWEGO)		
211	WENT TO WATER	1051-1062	BLK SHALE (SUMMIT)		
280-430	SHALE	1062-1080	LIME		
430-444	SAND	1080-1084	SHALE (EXCELLO)		
444-451	LIME	1084-1099	LIME		
451-482	SHALE	1099-1120	SHALE		
482-534	LIME	1120-1121	COAL		
534-663	SHALE	1121-1126	SHALE		
663-671	LIME	1126-1128	LIME		
671-721	SHALE	1128-1130	SHALE		
721-740	LIME	1130-1131	COAL (CROWBERG)		
740-766	SAND	1131-1175	SHALE		
766-783	SHALE	1175-1176	COAL		
783-795	LIME	1176-1187	SHALE		
795-814	LMY SHALE	1187	TD		
814-824	SANDY SHALE/ LT ODOR				
824-870	SAND/ LT ODOR				
862	G.T.- 2#, 1/4"= 12.7 MCF				
870-890	SAND, OIL SHOW, ODOR				
886	G.T.- 7#, 1/4"= 25 MCF				
890-894	BLK SAND /GOOD ODOR				
894-896	TAR 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 15-125-32162-00-00
Gartner 12H-30
SW/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