

1085347

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 <i>(Attach Additional Sheets)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name	Top	Datum
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:				

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)*

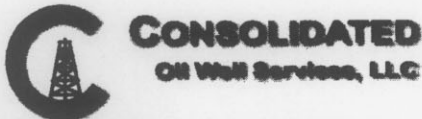
Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>	Depth

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> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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PO Box 884, Chanute, KS 66720
620-431-9210 or 800-467-8676

ENTERED

TICKET NUMBER 34560

LOCATION Europe

FOREMAN Rick Ledford

**FIELD TICKET & TREATMENT REPORT
CEMENT**

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY																
4/16/12	4758	Oliver 146-20				MG																
CUSTOMER <u>Layne Energy</u>			<table border="1"> <thead> <tr> <th>TRUCK #</th> <th>DRIVER</th> <th>TRUCK #</th> <th>DRIVER</th> </tr> </thead> <tbody> <tr> <td>520</td> <td>John</td> <td></td> <td></td> </tr> <tr> <td>611</td> <td>Joey</td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				TRUCK #	DRIVER	TRUCK #	DRIVER	520	John			611	Joey						
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520	John																					
611	Joey																					
MAILING ADDRESS <u>P.O. Box 160</u>																						
CITY <u>Sycamore</u>	STATE <u>KS</u>	ZIP CODE <u>67367</u>																				

JOB TYPE L/S 0 HOLE SIZE 6 3/4" HOLE DEPTH 945 CASING SIZE & WEIGHT 4 1/2"
 CASING DEPTH 939' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 13.4# SLURRY VOL 32 Bbl WATER gal/sk 9.0 CEMENT LEFT in CASING 0'
 DISPLACEMENT 15 Bbl DISPLACEMENT PSI 400 ~~MARK~~ PSI 900 Bump plug RATE _____

REMARKS: Safety meeting- Rig up to 4 1/2" casing w/ wash head. Washdown 15' ft to POTD. Pump 10 SKS gel-flush w/ hulls, 20 Bbl caustic soda pre-flush, 8 Bbl dye water. Mixed 100 SKS thickset cement w/ 8" Kol-sed/sk, 1/8" phenoseal/sk + 1/4" CEL-115 @ 13.4#/gal. Washout pump + lines, release latch down plug. Displace w/ 15 Bbl fresh water. Final pump pressure 400 PSI. Bump plug to 900 PSI. wait 2 mins. 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
1126A	100 SKS	thickset cement	19.20	1920.00
1110A	800 #	8" Kol-sed/sk	.46	368.00
1102A	12 #	1/8" phenoseal/sk	1.29	15.48
1135A	25 #	1/4" CEL-115	10.55	263.75
1118B	500 #	gel-flush	.21	105.00
1105	50 #	hulls	.44	22.00
1103	100 #	caustic soda pre-flush	1.61	161.00
5407	5.5	tan mileage truck tax	m/l	350.00
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
			Subtotal	4725.23
			SALES TAX	200.69
			ESTIMATED TOTAL	4925.92

Ravin 3737

[Signature] TITLE PF.

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	4/11/2012
Date Completed	4/12/2012

Well No.	Operator	Lease	A.P.I #	County	State
14G-20	Layne Energy Operating	Oliver	15-125-32186-00-00	Montgomery	Kansas

1/4	1/4	1/4	Sec.	Twp.	Rge.
			20	32	14

Driller	Type/Well	Cement Used	Casing Used	Depth	Size of Hole
Brantley		4	22' 7" 8 5/8	945	6 3/4

Formation Record

0-41	SHALE	837-862	SANDY SHALE / LIGHT ODOR		
41-51	LIME	862-900	SHALE		
51-105	SHALE	900-920	LIME		
105-126	LIME	920-925	SHALE		
126-212	SHALE	925-926	COAL		
212-250	SAND	926-945	SHALE		
250-330	SHALE	945	TD		
330-340	LIME				
340-360	SHALE				
360-365	SAND				
365-370	SHALE				
370-380	SAND				
380-420	SHALE				
420-441	LIME				
441-450	SHALE				
450-460	LIME				
460-500	SAND				
500-526	SHALE				
526-527	COAL				
527-697	SHALE				
697-712	LIME				
712-759	SANDY SHALE				
759-772	LIME				
772-779	SANDY SHALE				
779-783	LIME				
783-795	SANDY SHALE				
795-820	SAND / LIGHT ODOR				
	WENT TO WATER				
820-837	DARK SAND / GOOD ODOR				
827	OIL SHOW IN PIT				

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 21, 2012

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

Re: ACO1
API 15-125-32186-00-00
Oliver 14G-20
SW/4 Sec.20-32S-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