



KANSAS CORPORATION COMMISSION 1150208
OIL & GAS CONSERVATION DIVISION

Form ACO-1

June 2009

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
- Conv. to GSW
- Plug Back: _____ Plug Back Total Depth _____
- Commingled Permit #: _____
- Dual Completion Permit #: _____
- SWD Permit #: _____
- ENHR Permit #: _____
- GSW Permit #: _____

Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

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

County: _____

Lease Name: _____ Well #: _____

Field Name: _____

Producing Formation: _____

Elevation: Ground: _____ Kelly Bushing: _____

Total 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

- Letter of Confidentiality Received
Date: _____
- Confidential Release Date: _____
- Wireline Log Received
- Geologist Report Received
- UIC Distribution
- ALT I II III Approved by: _____ Date: _____



1150208

Operator Name: _____ Lease Name: _____ Well #: _____

Sec. _____ Twp. _____ S. R. _____ East West County: _____

INSTRUCTIONS: Show important tops and base 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. Attach complete copy of all Electric Wire-line Logs surveyed. Attach final geological well site report.

| | |
|---|---|
| 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 Electric Log Submitted Electronically <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If no, Submit Copy)</i> List All E. Logs Run: _____ | <input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum |
|---|---|

| 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 |
| _____ Perforate _____ Protect Casing _____ Plug Back TD _____ Plug Off Zone | | | | |
| | | | | |

| 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> <input type="checkbox"/> Other <i>(Specify)</i> _____ <i>(Submit ACO-4)</i> | PRODUCTION INTERVAL: _____ _____ |
|--|---|---|

| | |
|-----------|------------------------|
| Form | ACO1 - Well Completion |
| Operator | Laymon Oil II, LLC |
| Well Name | Section 35 101-13 |
| Doc ID | 1150208 |

Tops

| Name | Top | Datum |
|---------------------|------|-------|
| Soil | 0 | 12 |
| Lime | 12 | 24 |
| Shale | 24 | 110 |
| Lime | 110 | 190 |
| Shale & Lime | 190 | 363 |
| Lime | 363 | 443 |
| Shale & Lime | 443 | 480 |
| Lime | 480 | 568 |
| Shale & Lime | 568 | 625 |
| Shale | 625 | 740 |
| Lime | 740 | 884 |
| Shale | 884 | 887 |
| Lime | 887 | 963 |
| Shale | 963 | 965 |
| Lime | 965 | 1005 |
| Cap Rock | 1005 | 1006 |
| Shale | 1006 | 1009 |
| Cap Rock | 1009 | 1010 |
| Lower Squirrel Sand | 1010 | 1018 |
| Shale | 1018 | 1337 |
| Lime | 1337 | 1440 |

THE NEW KLEIN LUMBER COMPANY
 281 W. MADISON
 P.O. BOX 885
 IOLA, KS 66749
 PHONE: (620) 365-2281

PAGE NO 1

| CUSTOMER NO. | JOB NO. | PURCHASE ORDER NO. | REFERENCE | TERMS | CLERK | DATE | TIME |
|--------------|---------|--------------------|-----------|-------------------|-------|---------|------|
| 3447 | | | | NET 10TH OF MONTH | SE | 1/29/13 | 4:32 |

| | | |
|---------|----------------------|----------------------------|
| C O P Y | LAYMON OIL II | S H I P T O |
| | 1998 SQUIRREL RD | |
| | WESHO FALLS KS 66758 | |

DEL. DATE: 1/29/13 TERM#552
 TAX : 001 IOLA IOLA
 DOCH 269380

 * ORDER *

 ORDR 269380

| SHIPPED | ORDERED | UM | SKU | DESCRIPTION | LOCATION | UNITS | PRICE/PER | EXTENSION |
|---------|---------|----|-----|-----------------|----------|-------|-----------|-----------|
| | 300 | EA | PC | PORTLAND CEMENT | | 300 | 9.45 /EA | 2,835.00 |
| | | | | McHone 5-12 | | | | 10 SKS |
| | | | | Newby 2-13 | | | | 10 SKS |
| | | | | Newby 3-13 | | | | 10 SKS |
| | | | | Keske 20-13 | | | | 10 SKS |
| | | | | Keske 21-13 | | | | 10 SKS |
| | | | | Dec 35-98-13 | | | | 10 SKS |
| | | | | Dec 35-100-13 | | | | 10 SKS |
| | | | | Dec 35-101-13 | | | | 10 SKS |

** ORDER ** ORDER ** ORDER ** ORDER ** ORDER ** ORDER *
 TAXABLE 2835.00
 ** DEPOSIT AMOUNT ** 0.00 NON-TAXABLE 0.00
 ** BALANCE DUE ** 3,077.39 SUBTOTAL 2835.00
 ** PAYMENT RECEIVED ** 0.00
 TAX AMOUNT 242.39
 TOTAL AMOUNT 3077.39

RECEIVED BY

X

802 N. Industrial Rd.
P.O. Box 664
Iola, Kansas 66749
Phone: (620) 365-5588

Payless Concrete Products, Inc.



CONDITIONS

Concrete to be delivered to the nearest accessible point over passable road, under truck's own power. Due to delivery at owner's or intermediary's direction, seller assumes no responsibility for damages in any manner to sidewalks, roadways, driveways, buildings, trees, shrubbery, etc., which are at customer's risk. The maximum allotted time for unloading trucks is 5 minutes per yard. A charge will be made for holding trucks longer. This concrete contains correct water contents for strength or mix indicated. We do not assume responsibility for strength test when water is added at customer's request.

NOTICE TO OWNER
Failure of this contractor to pay those persons supplying material or services to complete this contract can result in the filing of a mechanic's lien on the property which is the subject of this contract.

SOLD TO
LA005
LAYMON OIL II, L.L.C.
1998 SQUIRREL RD.

LA/SECT 35
LAYMON OIL
54 W TO WILLOW N TO 200TH RD
W TO 1/4 MI BEFORE SQUIRREL RD
ALEXANDER SEC. 35 WELL# 101-13
NEOSHO FALLS, KS 66758

NEOSHO FALLS KS
66758

| TIME | FORMULA | LOAD SIZE | YARDS ORDERED | % GAL | DRIVER/TRUCK | % AIR | PLANT/TRANSACTION # |
|-----------|---------|-----------|---------------|------------|--------------|---------------|---------------------|
| 12:29:49p | WELL | 14.00 yd | 28.00 yd | 0.00 | 34 | 0.00 | W0000 |
| DATE | LOAD # | YARDS DEL | BATCH# | WATER TRIM | SLUMP | TICKET NUMBER | |
| 06-07-13 | 2 | 28.00 yd | 24245 | 6/yd 0.0 | 4.00 in | 34290 | |

WARNING
IRRITATING TO THE SKIN AND EYES
Contains Portland Cement. Wear Rubber Boots and Gloves. PROLONGED CONTACT MAY CAUSE BURNS. Avoid Contact With Eyes and Prolonged Contact With Skin. In Case of Contact With Skin or Eyes, Flush Thoroughly With Water, If Irritation Persists, Get Medical Attention. KEEP CHILDREN AWAY.

CONCRETE is a PERISHABLE COMMODITY and BECOMES the PROPERTY of the PURCHASER UPON LEAVING the PLANT. ANY CHANGES OR CANCELLATION of ORIGINAL INSTRUCTIONS MUST be TELEPHONED to the OFFICE BEFORE LOADING STARTS.

The undersigned promises to pay all costs, including reasonable attorneys' fees, incurred in collecting any sums owed.

All accounts not paid within 30 days of delivery will bear interest at the rate of 24% per annum.

Not Responsible for Reactive Aggregate or Color Quality. No Claim Allowed Unless Made at Time Material is Delivered.

A \$25 Service Charge and Loss of the Cash Discount will be collected on all Returned Checks.

Excess Delay Time Charged @ \$50/HR.

PROPERTY DAMAGE RELEASE
(TO BE SIGNED IF DELIVERY TO BE MADE INSIDE CURB LINE)

Dear Customer-The driver of this truck in presenting this RELEASE to you for your signature is of the opinion that the size and weight of his truck may possibly cause damage to the premises and/or adjacent property if it places the material in this load where you desire it. It is our wish to help you in every way that we can, but in order to do this the driver is requesting that you sign this RELEASE relieving him and this supplier from any responsibility from any damage that may occur to the premises and/or adjacent property, buildings, sidewalks, driveways, curbs, etc., by the delivery of this material, and that you also agree to help him remove mud from the wheels of his vehicle so that he will not litter the public street. Further, as additional consideration, the undersigned agrees to indemnify and hold harmless the driver of this truck and this supplier for any and all damage to the premises and/or adjacent property which may be claimed by anyone to have arisen out of delivery of this order.

SIGNED _____
X _____

Excessive Water is Detrimental to Concrete Performance
H₂O Added By Request/Authorized By
_____ GAL X _____

WEIGHMASTER _____

NOTICE: MY SIGNATURE BELOW INDICATES THAT I HAVE READ THE HEALTH WARNING NOTICE AND SUPPLIER WILL NOT BE RESPONSIBLE FOR ANY DAMAGE CAUSED WHEN DELIVERING INSIDE CURB LINE.

LOAD RECEIVED BY:
X Mike

| QUANTITY | CODE | DESCRIPTION | UNIT PRICE | EXTENDED PRICE |
|----------|----------|--------------------------|------------|----------------|
| 14.00 | WELL | WELL (10 SACKS PER UNIT) | 28.00 | |
| 2.00 | TRUCKING | TRUCKING CHARGE | 4.00 | |
| 14.00 | MIX&HAUL | MIXING & HAULING | 28.00 | |

| RETURNED TO PLANT | LEFT JOB | FINISH UNLOADING | DELAY EXPLANATION/CYLINDER TEST TAKEN | TIME ALLOWED |
|-------------------|--------------|------------------|--|--------------|
| | | | 1. JOB NOT READY 2. SLOW POUR OR PUMP 3. TRUCK AHEAD ON JOB 4. CONTRACTOR BROKE DOWN 5. ADDED WATER 6. TRUCK BROKE DOWN 7. ACCIDENT 8. CITATION 9. OTHER | |
| LEFT PLANT | ARRIVED JOB | START UNLOADING | | TIME DUE |
| 12:47 | 1:21 | | | |
| TOTAL ROUND TRIP | TOTAL AT JOB | UNLOADING TIME | | DELAY TIME |
| | | | | |

ADDITIONAL CHARGE 1 _____
ADDITIONAL CHARGE 2 _____
GRAND TOTAL ▶ _____

802 N. Industrial Rd.
P.O. Box 664
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Phone: (620) 365-5588

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LAYMON OIL II, L.L.C.
1998 SQUIRREL RD.

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LAYMON OIL
54 W TO WILLOW N TO 200TH RD
W TO 1/4 MI BEFORE SQUIRREL RD
ALEXANDER SEC. 35 WELL# 101-13
NEOSHO FALLS, KS 66758

NEOSHO FALLS KS
66758

| TIME | FORMULA | LOAD SIZE | YARDS ORDERED | % CAL | DRIVER/TRUCK | % AIR | PLANT/TRANSACTION # |
|-----------|---------|------------|---------------|------------|--------------|---------------|---------------------|
| 12:15:46p | WELL | 14.00 yd | 28.00 yd | 0.00 | 32 | 0.00 | WOODCO |
| DATE | LOAD # | YARDS DEL. | BATCH# | WATER TRIM | SLUMP | TICKET NUMBER | |
| 06-07-13 | 1 | 14.00 yd | 24243 | 6/yd | 4.00 in | 34289 | |

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SIGNED _____

X _____

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H₂O Added By Request/Authorized By

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X _____

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| LEFT PLANT | ARRIVED JOB | START UNLOADING | | TIME DUE |
| TOTAL ROUND TRIP | TOTAL AT JOB | UNLOADING TIME | | DELAY TIME |

ADDITIONAL CHARGE 1 _____

ADDITIONAL CHARGE 2 _____

GRAND TOTAL ▶ _____