



KANSAS CORPORATION COMMISSION 1163219
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 Recompletion Date Date Reached TD Completion Date or 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: _____



1163219

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
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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
_____ 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
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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 (Specify) _____	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	Laymon Oil II, LLC
Well Name	GW Weston 9-13
Doc ID	1163219

Tops

Name	Top	Datum
Soil	0	14
Lime	14	20
Shale	20	100
Lime	100	120
Shale	120	420
Lime	420	640
Shale	640	680
Lime & Shale	680	715
Lime	715	870
Shale	870	904
Lime & Shale	904	1182
Shale	1182	1185
5' Lime	1185	1190
Shale	1190	1197
Upper Squirrel Sand	1197	1205
Shale	1205	1445
Bartsville Sand	1445	1460
Shale	1460	1575
Mississippi Lime	1575	1595
1st break	1595	1619
Lime	1619	1690

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

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

C U S T O M E R	LAYMON OIL II 1998 SQUIRREL RD WEDSHO FALLS KS 66758	S H I P T O
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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
				Keske 24-13 10 pks				
				Kaymon 80 24-13 10 pks				
				Kaymon 80 3-13 10 pks				
				GW Weston 7-13 10 pks				
				GW Weston 4-13 10 pks				
				GW Weston 5-13 10 pks				
				DGlene 16-13 10 pks				
				Keske 25-13 10 pks				
				Keske 26-13 10 pks				
				Keske 27-13 10 pks				
				Keske 28-13 10 pks				
				GW Weston 6-13 10 pks				
				GW Weston 7-13 10 pks				
				GW Weston 8-13 10 pks				
				GW Weston 9-13 10 pks				

** 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





CONSOLIDATED
Oil Well Services, LLC

REMIT TO
Consolidated Oil Well Services, LLC
Dept. 970
P.O. Box 4346
Houston, TX 77210-4346

MAIN OFFICE
P.O. Box 884
Chanute, KS 66720
620/431-9210 • 1-800/467-8676
Fax 620/431-0012

INVOICE

Invoice # 261670

Invoice Date: 08/27/2013 Terms: 0/0/30,n/30

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LAYMON OIL % K. LAYMON
1998 SQUIRREL ROAD
NEOSHO FALLS KS 66758
(620)963-2495

WESTIN 9-13
43454
08-22-13
KS

Part Number	Description	Qty	Unit Price	Total
1131	60/40 POZ MIX	150.00	13.1800	1977.00
1118B	PREMIUM GEL / BENTONITE	1030.00	.2200	226.60
1107	FLO-SEAL (25#)	150.00	2.4700	370.50
1126A	THICK SET CEMENT	50.00	20.1600	1008.00
1110A	KOL SEAL (50# BAG)	250.00	.4600	115.00
1107A	PHENOSEAL (M) 40# BAG)	100.00	1.3500	135.00
1118B	PREMIUM GEL / BENTONITE	500.00	.2200	110.00
4404	4 1/2" RUBBER PLUG	1.00	.0000	.00
1123	CITY WATER	3300.00	.0173	57.00

Description	Hours	Unit Price	Total
479 TON MILEAGE DELIVERY	184.00	1.41	259.44
515 TON MILEAGE DELIVERY	184.00	1.41	259.44
McCoy 80 BBL VACUUM TRUCK (CEMENT)	5.00	90.00	450.00
57 CEMENT PUMP	1.00	1085.00	1085.00
57 EQUIPMENT MILEAGE (ONE WAY)	40.00	4.20	168.00

Parts:	3999.19	Freight:	.00	Tax:	285.94	AR	6507.00
Labor:	.00	Misc:	.00	Total:	6507.01		325.33
Sublt:	.00	Supplies:	.00	Change:	.00		6181.66

Signed _____

Date _____

BARTLESVILLE, OK
918/338-0808

EL DORADO, KS
316/322-7022

EUREKA, KS
620/583-7664

PONCA CITY, OK
580/762-2303

OAKLEY, KS
785/672-8822

OTTAWA, KS
785/242-4044

THAYER, KS
620/839-5269

GILLETTE, WY
307/686-4914

CUSHING, OK
918/225-2655