



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1184181
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: _____

1184181

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> <input type="checkbox"/> Other <i>(Specify)</i> _____ <input type="checkbox"/> Commingled <i>(Submit ACO-4)</i>	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	Laymon Oil II, LLC
Well Name	Dean Rich 2-13
Doc ID	1184181

Tops

Name	Top	Datum
soil	0	13
Shale	13	43
Lime	43	114
Shale	114	122
Lime & Shale	122	315
Lime	315	482
Shale	482	528
Lime	528	1048
Shale	1048	1203
Lime	1203	1348
Shale	1348	1619
Mississippi lime	1619	1621
Lime	1621	1936
Shale	1936	1980
Lime	1980	1982

RIG 6 DRILLING CO. INC

P O BOX # 227
IOLA, KS 66749

R.K. (Bud) Sifers
(620) 365-6294

John J. Barker
(620) 365-7806

COMPANY Laymon Oil II, LLC.
ADDRESS: 1998 Squirrel Rd.
Neosho Falls, KS 66758

LEASE: Dean Rich
COUNTY: Woodson
LOCATION 825'FSL/1980'FEL
26/23/14e

COMMENCED: 10/10 13
COMPLETED: 10/17/13 #####
WELL #: 2-13
API#: 15-207-28,689
STATUS: Oil Well
TOTAL DEPTH: 1982'-6 3/4"
CASING: 40'-8 5/8" cmt w/ 20 sx
1980'-4 1/2" Consol. Cmt.

DRILLER'S LOG

3	soil & clay	1704	LS hard white
13	Sh (Shale)	1767	LS w/ chert (osage)
10	Sa (sandstone)	1936	LS
40	Sh w/ ls strks	1980	Sh (Kinder.)
43	Ls	1982	LS good odor
114	Sh		T.D.
122	Ls w/ sh brks		
145	Sh w/ ls brks		
163	LS w/ sa ls		
303	Sh w/ ls brks		
315	LS		
482	Sh		
528	Ls		
547	LS sandy		
931	Ls w/ sa ls		
1048	Sh		
1203	Ls		
1348	Sh		
1476	Sh w/ sa sh		
1617	Sh		
1619	LS Miss		
1621	Sa Ls good odor		
1626	LS		
1628	Sa Ls good odor		



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 Date: 10/22/2013 Terms: 0/0/30,n/30

Invoice # 263304

Page 1

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

DEAN RICH 2-13
45073
26-23S-14E
10-17-13
KS

Part Number	Description	Qty	Unit	Price	Total
1131	60/40 POZ MIX	165.00		13.1800	2174.70
1118B	PREMIUM GEL / BENTONITTE	1135.00		.2200	249.70
1107A	PHENOSEAL (M) 40# BAG)	330.00		1.3500	445.50
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
4404	4 1/2" RUBBER PLDG	1.00		47.2500	47.25
1118B	PREMIUM GEL / BENTONITTE	2800.00		.2200	616.00
1103	CAUSTIC SODA	100.00		1.6900	169.00
1121	SODA ASH	100.00		.8900	89.00
445	CEMENT PUMP	1.00	Hours	1085.00	1085.00
445	EQUIPMENT MILEAGE (ONE WAY)	40.00	Unit	4.20	168.00
479	TON MILEAGE DELIVERY	197.00	Price	1.41	277.77
515	TON MILEAGE DELIVERY	197.00	Price	1.41	277.77