



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1190494
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: _____

1190494

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)*

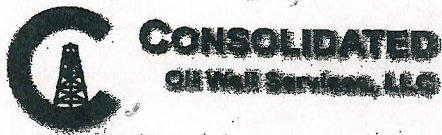
Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>	Depth

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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265613

TICKET NUMBER 45836
 LOCATION Eureka 170
 FOREMAN Don Butler

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

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY	
1-24-14	4709	Roberts 16-13' Miss <i>oil</i>				<i>KS</i> Woodsboro	
CUSTOMER		SAFETY MEETING		TRUCK #	DRIVER	TRUCK #	DRIVER
Mailing Address				443	Merle		
1998 Squirrel Rd				637	Jim		
CITY	STATE	ZIP CODE			"helpers"	Chris M + Seth	
Neosho	Ks	66758					

JOB TYPE pump HOLE SIZE _____ HOLE DEPTH _____ CASING SIZE & WEIGHT 4 1/2 9.5#
 CASING DEPTH _____ DRILL PIPE _____ TUBING 2 3/8 OTHER perfs 1404-1408
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 9 shots
 DISPLACEMENT 40 bbls DISPLACEMENT PSI 350# MIX PSI _____ RATE 5 bpm

REMARKS: rig up on casing pumped 10 bbls loaded well, Sealing at 500# new acid on perfs well broke to 350# let soak 15 mins resume pumping lease water flush at 5 bpm @ 350# ISDP 250# 5 min test 100#, 10 min well on vacuum rig down job complete

Thank you

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5303	1	PUMP CHARGE <i>2nd well</i>	690.00	690.00 ✓
5306	10	MILEAGE	4.00	40.00 ✓
3107	700 gals	15% HCL acid	1.75	1225.00 ✓
3166	1 1/2 gals	Inhibitor	50.00	75.00 ✓
3175 B	3 gals	Stim Oil	65.00	195.00 ✓
3171	2 gals	Iron Control	40.00	80.00 ✓
5502A	3hr	80 bbl water truck	90.00	270.00 ✓
			sub total	2575.00
			SALES TAX	
			ESTIMATED TOTAL	2575.00 ✓

completed

Authorization by Mike Layman TITLE _____ 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, are as stated on the back of this form and in effect for services identified on this form.

Phone 365-2201

Locally Owned and Operated

"Courtesy" - "Quality" - "Service"

Since 1903

THE NEW KLEIN LUMBER CO., INC.

MADISON & WALNUT

IOLA, KANSAS, 10 - 10, 2013

P.O. No.

SOLD TO Sammon Oil Billing Address _____

Delivered To 1998 Aqueduct Rd N.E. Loaded By _____ Hauled By _____

QUANTITY	DESCRIPTION	FEET	PRICE	TOTAL
200	Sacks P Cement	200	8.99	1798.00
		tax		131.54
10	pkts - Roberts 16-14			1929.54

NOTICE: ACCOUNTS ARE DUE BY THE 10th OF THE MONTH. PAST DUE ACCOUNTS ARE SUBJECT TO FINANCE CHARGE COMPUTED AT 1-1/2% PER MONTH ON THE BALANCE. ANNUAL PERCENTAGE RATE OF 18%.

X RECEIVED ABOVE IN GOOD ORDER

No. 115022



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 # 265411

Invoice Date: 01/17/2014 Terms: 0/0/30,n/30

Page 1

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

ROBERTS 16-^{nt}~~13~~ MISS.
 45196
 01-16-2014
 KS

Part Number	Description	Qty	Unit Price	Total
1131	60/40 POZ MIX	190.00	13.1800	2504.20
1118B	PREMIUM GEL / BENTONITE	650.00	.2200	143.00
1107A	PHENOSEAL (M) 40# BAG)	190.00	1.3500	256.50
1118B	PREMIUM GEL / BENTONITE	1200.00	.2200	264.00
4404	4 1/2" RUBBER PLUG	1.00	47.2500	47.25

Description	Hours	Unit Price	Total
485 CEMENT PUMP	1.00	1085.00	1085.00
485 EQUIPMENT MILEAGE (ONE WAY)	.00	4.20	.00
667 TON MILEAGE DELIVERY	1.00	460.79	460.79

Parts:	3214.95	Freight:	.00	Tax:	229.87	AR	4990.61
Labor:	.00	Misc:	.00	Total:	4990.61		249.53
Sublt:	.00	Supplies:	.00	Change:	.00		4741.08

Signed _____

Date _____



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

265411

TICKET NUMBER 45196

LOCATION Eureka

FOREMAN Stevemead

**FIELD TICKET & TREATMENT REPORT
CEMENT**

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
1.16.14	4709	Roberts 16- 23 Miss. 14				Woodson
CUSTOMER Layman Oil						
MAILING ADDRESS 1928 Squirrel Rd						
CITY Neosho		STATE KS	ZIP CODE 66758			
			TRUCK #	DRIVER	TRUCK #	DRIVER
			485	Alan		
			667	Zevi-Seth		

JOB TYPE 4/5 0 HOLE SIZE 6 1/2 HOLE DEPTH 1460' CASING SIZE & WEIGHT 4 1/2
 CASING DEPTH 1433' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT 23 1/2 DISPLACEMENT PSI 700* ^{Bump} MIX PSI plug 1300* RATE _____

REMARKS: Safety Meeting: Rig up to 4 1/2 casing. Break circulation w/ fresh water mix 750# Gel + 5 bbl water spacer. Well started to bridge off. Mix 450# Gel w/ Hulls. Mix 190 SKs 60/40 Pozmix cement w/ 4% Gel, 1# Pheno-Seal per/sk washout pump lines. Shut down Release Plug. Displace w/ 23 1/2 bbls fresh water. Final Pumping Pressure 750# Bump Plug 1300# Shut Well in w/ 500#. Good cement Return to surface. 10 bbls slurry to pit. Job Complete Rig down

Thank you

Note: well was trying Bridge off during Job

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	1085.00	1085.00 ✓
5406	-	MILEAGE N/C		0.00 ✓
1131	190 SKs	60/40 Pozmix cement	13.18	2504.20 ✓
11813	650#	Gel 4%	.22	143.00 ✓
1107A	190#	Phenoseal 1# per/sk	1.35	256.50 ✓
5407	8.17 Ton	Ten mileage Bulk Truck	1.41	460.79 ✓
11813	1200#	Gel Gel up hole	.22	264.00 ✓
4464	1	4 1/2 Rubber Plug	47.25	47.25 ✓
			Sub Total	4760.74 ✓
			SALES TAX 7.15%	289.87 ✓
			ESTIMATED TOTAL	4990.61 ✓

completed

AUTHORIZATION [Signature]

TITLE _____

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