



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1190495
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: _____

1190495

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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Phone 365-2201

Locally Owned and Operated

"Courtesy" - "Quality" - "Service"

Since 19

P.O. No.

THE NEW KLEIN LUMBER CO., INC.

MADISON & WALNUT

IOLA, KANSAS, _____

10 - 10 , 20 /

SOLD TO Laymon Oil

Billing Address _____

Delivered To 1978 Aqueduct Rd N.E.

Loaded By _____

Hauled By _____

QUANTITY	DESCRIPTION	FEET	PRICE	TOTAL
200	Sacks P Cement	200	8.75	1750.00
		tax		131.50
10 sbs	Rebar 10-14			1937.50
10 sbs	Studs 10-14			

NOTICE: ACCOUNTS ARE DUE BY THE 10TH OF THE MONTH. ACCOUNTS ARE SUBJECT TO FINANCE CHARGE COMPUTED PER MONTH ON THE BALANCE. ANNUAL PERCENTAGE RATE OF 15%.

X
RECEIVED ABOVE IN GOOD ORDER

No. 115022

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

~~LAWREN OIL CO., INC.~~
1998 SQUIRREL RD.

NEOSHO FALLS

KS 66758

SHIP TO:

Standard 10-14

54W TO QUAIL, N. 6M TO 160 E 1M TO
ROCK N 1/2

TIME	FORMULA	LOAD SIZE	YARDS ORDERED		DRIVER/TRUCK	% Air	PLANT/TRANSACTION #
3:48 PM	WELL	16.00	16.00		JD 32		W000
DATE	PO/NUMBER	LOAD #	YARDS DEL.	BATCH#	WATER TRIM	SLUMP	TICKET NUMBER
1/30/14	STURDIVAN	1	16.00	9	0.00	4.00 in	35985

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.

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 _____

QUANTITY	CODE	DESCRIPTION	UNIT PRICE	EXTENDED PRICE
16.00	WELL	WELL (10 SACKS PER UNIT)	16.00	880.00
16.00	MIX&HAUL	MIXING AND HAULING	16.00	440.00
1.50	TRUCKING	TRUCKING CHARGE	2.00	82.50
1.00	WC	WINTER CHARGE	1.00	30.00

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	% TAX 7.15
			6. TRUCK BROKE DOWN 7. ACCIDENT 8. CITATION 9. OTHER	TIME DUE
LEFT PLANT	ARRIVED JOB	START UNLOADING		ADDITIONAL CHARGE 1
4:06	5:30	5:05		ADDITIONAL CHARGE 2
TOTAL ROUND TRIP	TOTAL AT JOB	UNLOADING TIME		GRAND TOTAL
1.5	4:30	4:40		7199.96

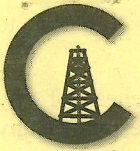
Kelly Down Drilling Co., Inc
1998 Squirrel Road
Neosho Falls, KS 66758

Kenneth & Regina Laymon, LLC
1998 Squirrel Road
Neosho Falls, KS 66758

Sturdivan #10-14
API 15207288190000
Spud: 01/18/2014
Comp: 01/30/2014
10/24/16 Wo Co

Soil & Clay	0	14
Shale	14	130
Lime	130	340
Shale & Lime	340	660
Big Shale	660	700
Shale & Lime	700	940
Black Shale	940	943
Lime 5'	943	948
Black Shale	948	950
Mucky Shale	950	952
Upper Squirrel	952	957
Shale	957	990
Cap Rock	990	991
Shale	991	993
Cap Rock	993	994
Lower Squirrel	994	1000
Shale	1000	1120
Total Depth	1120	

Set 40' 8 5/8" surface.
Ran 1110' 2 7/8" pipe.



CONSOLIDATED
Oil Well Services, LLC

265947

TICKET NUMBER **48994**

PO BOX 884 STREET, CHANUTE, KS 66720
620-431-9210 OR 800-467-8676

LOCATION Thayer

#10-14 FIELD TICKET

DATE	CUSTOMER ACCT #	WELL NAME	QTR/QTR	SECTION	TWP	RGE	COUNTY	FORMATION
2-10-14	4709	Sturdivan		10	24	16	WO	Squiceel(S)
CHARGE TO <u>Laymon Oil LLC</u>				OWNER				
MAILING ADDRESS				OPERATOR				
CITY & STATE				CONTRACTOR				

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION OF SERVICES OR PRODUCT	UNIT PRICE	TOTAL AMOUNT	
5102B	1	PUMP CHARGE 1300 Combo	2730 ⁰⁰	2730 ⁻	
5302 1275	100 gal	15% HCL acid		175 ⁻	
5302	1	Acid spotter		375 ⁻	
1202	1/4	Inhibitor		12.50	
1219B	1/2	StimOil		32.50	
1268	customer formation				
1231	165#	frac gel		1485 ⁻	
1205A	4#	Biocide		120 ⁻	
1208	1/4 gal	Breaker		50 ⁻	
5604	1	frac valve	NC	100 ⁻	
5115	1	Ball injector	NIC	160 ⁻	
4327	20	1.35G 7/8" Bio-balls		160 ⁻	
BLENDING & HANDLING					
5109	50	TON-MILES		315 ⁻	
		STAND BY TIME		300 ⁻	
5108	50	MILEAGE Mobilization X3 P,S,I	Reduced	600 ⁻	
5501F	4 hrs	WATER TRANSPORTS - 2	REDUCED	480 ⁻	
VACUUM TRUCKS					
2104	100#	FRAC SAND 16-30 bagged		25 ⁻	
2102	2400 #	12-20		648 ⁻	
2103	1500 #	8-12		420 ⁻	
				SALES TAX	11.44
Additional 5% discount available if paid within 10 days of invoice date WAC					1848.00

Ravin 2790

ESTIMATED TOTAL 6909.44

CUSTOMER or AGENTS SIGNATURE customer not present COWS FOREMAN Brett Busby

CUSTOMER or AGENT (PLEASE PRINT) _____ DATE 2-10-14

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 services on the back of this form are in effect for services identified on this form.