



Confidentiality Requested:

Yes  No

KANSAS CORPORATION COMMISSION 1192849  
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<br>Recompletion Date | Date Reached TD | Completion Date or<br>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

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: \_\_\_\_\_

1192849

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<br><i>(Attach Additional Sheets)</i><br><br>Samples Sent to Geological Survey <input type="checkbox"/> Yes <input type="checkbox"/> No<br><br>Cores Taken <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Electric Log Run <input type="checkbox"/> Yes <input type="checkbox"/> No<br><br>List All E. Logs Run: _____ | <input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample<br><br>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 |
| <input type="checkbox"/> Perforate<br><input type="checkbox"/> Protect Casing<br><input type="checkbox"/> Plug Back TD<br><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<br>Specify Footage of Each Interval Perforated | Acid, Fracture, Shot, Cement Squeeze Record<br><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 |
|----------------|-------|---------|------------|---|

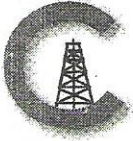
|   |  |         |             |               |         |  |
|---|--|---------|-------------|---------------|---------|--|
| Date of First, Resumed Production, SWD or ENHR. | Producing Method:<br><input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other <i>(Explain)</i> _____ |         |             |               |         |  |
| Estimated Production Per 24 Hours               | Oil Bbls.  | Gas Mcf | Water Bbls. | Gas-Oil Ratio | Gravity |  |

|  |  |   |
|--|--|---|
| <b>DISPOSITION OF GAS:</b><br><input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease<br><i>(If vented, Submit ACO-18.)</i> | <b>METHOD OF COMPLETION:</b><br><input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled<br><i>(Submit ACO-5)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____ | <b>PRODUCTION INTERVAL:</b><br>_____<br>_____ |
|--|--|---|

|           |                        |
|-----------|------------------------|
| Form      | ACO1 - Well Completion |
| Operator  | Laymon Oil II, LLC     |
| Well Name | GW Weston 10-13        |
| Doc ID    | 1192849                |

Tops

| Name             | Top  | Datum |
|------------------|------|-------|
| Soil -Clay       | 0    | 9     |
| Shale            | 9    | 38    |
| Lime             | 38   | 43    |
| Shale            | 43   | 60    |
| Lime             | 60   | 62    |
| Shale & Lime     | 62   | 354   |
| Lime             | 354  | 699   |
| Shale            | 699  | 801   |
| Lime & Shale     | 801  | 880   |
| Shale            | 880  | 1120  |
| Lime & Shale     | 1120 | 1211  |
| Shale            | 1211 | 1535  |
| Coal             | 1535 | 1536  |
| Shale            | 1536 | 1581  |
| Mississippi Lime | 1581 | 1925  |
| Shale            | 1925 | 1969  |
| Lime             | 1969 | 1972  |



**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 # 265409

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

GW WESTON 10-13  
45122  
01-16-2014  
KS

| Part Number | Description             | Qty     | Unit Price | Total   |
|-------------|-------------------------|---------|------------|---------|
| 1131        | 60/40 POZ MIX           | 175.00  | 13.1800    | 2306.50 |
| 1118B       | PREMIUM GEL / BENTONITE | 1200.00 | .2200      | 264.00  |
| 1107A       | PHENOSEAL (M) 40# BAG)  | 350.00  | 1.3500     | 472.50  |
| 1126A       | THICK SET CEMENT        | 50.00   | 20.1600    | 1008.00 |
| 1107A       | PHENOSEAL (M) 40# BAG)  | 100.00  | 1.3500     | 135.00  |
| 1118B       | PREMIUM GEL / BENTONITE | 4650.00 | .2200      | 1023.00 |
| 1103        | CAUSTIC SODA            | 100.00  | 1.6900     | 169.00  |
| 1121        | SODA ASH                | 100.00  | .8900      | 89.00   |

| Description                     | Hours | Unit Price | Total   |
|---------------------------------|-------|------------|---------|
| 485 CEMENT PUMP                 | 1.00  | 1085.00    | 1085.00 |
| 485 EQUIPMENT MILEAGE (ONE WAY) | 40.00 | 4.20       | 168.00  |
| 515 MIN. BULK DELIVERY          | 1.00  | 368.00     | 368.00  |
| 667 MIN. BULK DELIVERY          | 1.00  | 368.00     | 368.00  |

|        |         |           |     |         |         |    |         |
|--------|---------|-----------|-----|---------|---------|----|---------|
| Parts: | 5467.00 | Freight:  | .00 | Tax:    | 390.87  | AR | 7846.87 |
| Labor: | .00     | Misc:     | .00 | Total:  | 7846.87 |    | 392.35  |
| Sublt: | .00     | Supplies: | .00 | Change: | .00     |    | 7454.52 |

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 307/636-4914    CUSHING, OK 918/225-2650



# RIG 6 DRILLING CO. INC

R.K. 'BUD' SIFERS  
620 365 6294

PO BOX # 227  
IOLA, KS  
66749

JOHN BARKER  
620 365 7806

INVOICE #: 30612  
COMPANY Laymon Oil II, LLC  
ADDRESS: 1998 Squirrel Rd.  
Neosho Falls, Ks 66758

DATE: 1-22-2014  
LEASEG.W. Weston  
COUN Woodson  
WELL 10-13  
API #: 15-207-28,724

ORDERED BY: Mike

## SERVICE

Location Pit Charge  
Set Surface Csg.  
Cement Surface/W.O  
Drilling Charge  
Circulating  
Drill Stem Test  
Logging  
Core Samples  
Water Hauling  
Bit Charge (Lime W/C  
Drill Stem Lost  
Trucking  
Roustabout  
Running Casing  
Rigging Up  
Rigging Down  
Other Ls Drg.  
Fuel Assess.  
Move Rig

## Material Provided:

|             |         |         |    |          |
|-------------|---------|---------|----|----------|
| Cement      | \$10.00 | Per Sx  | 15 | \$150.00 |
| Sample Bags | \$28.00 | Per Box |    | N/C      |

## TOTAL AMOUNT

REMIT TO: RIG 6 DRILLING, INC  
PO BOX 227  
IOLA, KS 66749

**THANK YOU !!! WE APPRECIATE YOUR BUSINESS !!!**