



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1192855
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: _____

1192855

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"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	Laymon Oil II, LLC
Well Name	GW Weston #2 1-14
Doc ID	1192855

Tops

Name	Top	Datum
Soil & Clay	0	19
Shale	19	55
Lime	55	69
Shale	69	149
Lime & shale	149	648
Shale	648	660
Lime	660	809
Shale	809	1020
Lime & Shale	1020	1030
Shale	1030	1058
Lime	1058	1074
Shale	1074	1098
Lime & Shale	1098	1115
Shale	1115	1118
Lime	1118	1124
Shale	1124	1425
Lime	1425	1430
Shale	1430	1468
Coal	1468	1469
Shale	1469	1504
Mississippi Lime	1504	1521
Shale	1521	1526
Lime	1526	1530
Shale	1530	1540

Form	ACO1 - Well Completion
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Tops

Name	Top	Datum
Mississippi Lime	1540	1543
Sand	1543	1560
Lime	1560	1905
Kinderhook	1905	1908
Lime	1908	1991



RIG & DRILLING CO. INC

PO Box 227
Iola, KS 66749
Bud Sifers
620 365 9897

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

LEASE: G.W. Weston #2
COUNTY: Woodson
LOCATION: 660'FSL/3380'FEL
5-24-15e

COMMENCED: 1/25/2014
COMPLETED: 2/12/2014
WELL #: 1-14
API#: 15-207-28,833
STATUS: Oil Well
TOTAL DEPTH: 1991 TD
CASING: 40'-8 5/8" cmt w/ 20 sx
Ran 1970.55' 4 1/2" casing



CONSOLIDATED
Oil Well Services, LLC

265976

TICKET NUMBER 45205

LOCATION Eureka

FOREMAN Steve Reed

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

FIELD TICKET & TREATMENT REPORT

CEMENT APR 15-2017-28833

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
2-13-14	4709	G.W. Weston #2 - 124	5	24S	15E	Woodson
CUSTOMER			TRUCK #			
Layman Oil			445	Chris B		
MAILING ADDRESS			479	Seih		
1998 Squirrel RD			515	Calby		
CITY	STATE	ZIP CODE	432/103	Jim		
Neosho	KS	66758				

JOB TYPE <u>W/S O</u>	HOLE SIZE <u>6 3/4</u>	HOLE DEPTH <u>1971'</u>	CASING SIZE & WEIGHT <u>4 1/2 11.6#</u>
CASING DEPTH <u>1970</u>	DRILL PIPE	TUBING	OTHER
SLURRY WEIGHT <u>124 13.5</u>	SLURRY VOL	WATER gal/sk	CEMENT LEFT In CASING
DISPLACEMENT <u>31665</u>	DISPLACEMENT PSI <u>700#</u>	Bump Plug <u>1200#</u>	RATE

REMARKS: Safety Meeting: Rig up to 4 1/2 casing. Break circulation w/ Fresh water Pump 566's ahead. Mix 300# Gel. Mix 175 SKS 60/40 por mix Cement w/ 8% Gel + 1" Phenoseal per/sk. Tail in w/ 65 SKS OWC Cement w/ 1" phenoseal per/sk. Washout pump lines, shut down. Release Plug. Displace w/ 31665 Fresh water. Final pumping pressure 700# Bump Plug 1200#. Shut well in w/ 500#. Good Cement Return to Surface 1566's Tap in.

Job complete Rig down

Thank you

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	1085.00	1085.00
5406	40	MILEAGE	4.20	168.00
1131	175 SKS	60/40 Por mix Cement	13.18	2306.50
1118B	1200#	Gel 8%	.22	264.00
1107A	175"	Phenoseal 1" per/sk	1.35	236.25
1186	65 SKS	OWC Cement	19.75	1283.75
1107A	65"	Phenoseal 1" per/sk	1.35	87.75
1118B	300#	Gel Flush	.22	66.00
5407	10.91 Ton	Ton Mileage Bulk Truck #479-515	MX2	736.00
5501C	4 hrs	Water Transport	120.00	480.00
1133	6000 gallons	CITY Water	17.30/1000	103.80
4404	1	4 1/2 Rubber Plug	47.25	47.25
1118B	3950#	Gel (Delivered to Rig)	.22	869.00
1103	50#	Caustic Soda	1.69	84.50
1121	50#	Soda Ash	.89	44.50
1105	225#	Cotton Seed Hulls	.46	103.50
			Sub Total	7965.80
			SALES TAX	393.01

completed 715%

ESTIMATED TOTAL 8358.81

AUTHORIZATION Called by Mike Layman TITLE Owner DATE 2-13-14

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