



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1198747
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
-----------------------------------	-----------------	---

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: _____

1198747

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> _____	PRODUCTION INTERVAL: _____ _____
--	--	---

Form	ACO1 - Well Completion
Operator	Laymon Oil II, LLC
Well Name	GW Weston 12-14
Doc ID	1198747

Tops

Name	Top	Datum
Soil/Clay	0	11
Sandstone	11	12
Shale	12	14
Sandstone	14	20
Shale	20	46
Limestone	46	58
Shale	58	62
Lime	62	64
Shale & Lime	64	444
Lime	444	504
Shale	504	522
Lime	522	647
Shale	647	662
Lime	662	679
Sand & Lime	679	716
Lime	716	790
Lime & Shale	790	975
Shale	975	1201
Lime	1201	1212
Shale	1212	1220
Coal	1220	1224
Shale	1224	1588
Coal	1588	1589
Shale	1589	1610

Form	ACO1 - Well Completion
Operator	Laymon Oil II, LLC
Well Name	GW Weston 12-14
Doc ID	1198747

Tops

Name	Top	Datum
Mississippi Lime	1610	1633
Lime	1633	1653
Mississippi Lime	1653	1893
Shale	1893	1899
Lime	1899	1955
Kinderhook Sh	1955	1994
Viola	1994	



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 - 1
 COUNTY: Woodson
 LOCATION 1985' FSL/2805' FEL
 5-24-15e

COMMENCED: 2/18/2014
 COMPLETED: 2/25/2014
 WELL #: 12-14
 API#: 15-207-28,848
 STATUS: Oil Well
 TOTAL DEPTH: 1994' TD
 CASING: 40'-8 5/8" cmt w/ 20 sx
 Ran 1992' 4 1/2" casing

DRILLER'S LOG

4	Soil	1589	Co
11	Clay	1610	Sh
12	Sandstone	1633	Ls (Mississippi)
14	Shale (Sh)	1635	Sa (odor)
20	Sandstone	1637	Ls
46	Sh	1639	Sa
58	Limestone (Ls)	1646	Ls (fair odor)
62	Sh	1653	Sa
64	Ls	1893	LS (Mississippi)
444	Sh w/Ls Brks	1899	Sh w/Sa
504	Ls	1955	Ls
522	Sh	1994	Sh (Kinderhook)
647	Ls	1994	Viola
662	Sh		
679	Ls		
716	Sand (Sa) w/ Ls	1994	T. D.
790	Ls		
975	Ls w/Sh Brks		
1201	Sh		
1212	Ls		
1220	Sh		
1224	Coal (Co)		
1236	Sa Sh		
1241	Sa Sh (lite odor)		
1291	Sh		
1296	Sa (G.O. G.S.)		
1588	Sh		



CONSOLIDATED
OIL WELL SERVICES, LLC

266161

TICKET NUMBER 45855

LOCATION Eureka

FOREMAN STEWART

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

FIELD TICKET & TREATMENT REPORT

CEMENT APT 15-207-28848

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
2-25-14	4209	GW Weston 12-14	1	24S	14E	Woodson
CUSTOMER <u>Larman Oil</u>			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS <u>1998 Squirrel Rd</u>			485	Chris M		
CITY <u>Neasha</u>			515	Calby		
STATE <u>KS</u>			611	Josey		
ZIP CODE <u>66758</u>			452/1103	Jim Morle		
JOB TYPE <u>45 G</u>	HOLE SIZE <u>6 3/4</u>	HOLE DEPTH <u>1994'</u>	CASING SIZE & WEIGHT <u>4 1/2 10.5"</u>			
CASING DEPTH <u>1991'</u>	DRILL PIPE	TUBING	OTHER			
SLURRY WEIGHT	SLURRY VOL	WATER gal/sk	CEMENT LEFT in CASING			
DISPLACEMENT <u>31 1/2 bbls</u>	DISPLACEMENT PSI <u>700#</u>	Bump MIX PSI <u>plus 1100#</u>	RATE			

REMARKS: SAFETY Meeting! Rig up to 4 1/2 casing. Break circulation w/ 5 bbls
Fresh water. Pump 300# Gel Flush. Mix 175 sks 60/40 Poz mix Cement
w/ 8% Gel - 1# Phenoseal 200# Tailin w/ 65 sks OWC Cement w/ 1#
Phenoseal per/sk. Washout Pump & Lines. Shut down Release Plug. Displace
w/ 31 1/2 bbls Fresh water. Final pumping Pressure 700#. Bump plug
1100#. Shut well in 500#. Good cement Returns to surface
15 bbls to PIT. Job Complete Rig down

Thank you

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE		
5406	40	MILEAGE	1085.00	1085.00
			4.20	168.00
1131	175 sks	60/40 Poz mix Cement		
1118B	1300#	Gel 8%	131.8	2306.50
1107A	175#	Phenoseal 1# per/sk	.22	264.00
1126	65 sks	OWC Cement	1.35	236.25
1107A	65 sks	Phenoseal 1# per/sk	19.75	1283.75
1118B	300#	Gel Flush	1.35	87.75
5407	10.91 Ton	Ten Mileage Bulk Truck 515-617#	.22	66.00
5501C	4 hrs	Water Transport	NYC x2	736.00
1123	6000 gallons	City water	129.00	480.00
4404	1	4 1/2 Rubber Plug	17.34/1000	103.80
1118B	3950#	Gel	47.25	47.25
1103	100#	Caustic Soda	.22	869.00
1121	100#	Soda Ash	1.69	169.00
1105	405#	Carborundum	.89	89.00
			14.6	186.30
		Sub Total		8177.60
		SALES TAX		408.15
		ESTIMATED TOTAL		8585.75

Ravin 3737

AUTHORIZATION

Ron Pfeiffer TITLE Driller

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.