Confidentiality Requested: Yes No

# KANSAS CORPORATION COMMISSION **OIL & GAS CONSERVATION DIVISION**

1262315

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 #		API No. 15				
Name:		Spot Description:				
Address 1:						
Address 2:		Feet from North / South Line of Section				
City: State: Zi	p:+	Feet from East / West Line of Section				
Contact Person:		Footages Calculated from Nearest Outside Section Corner:				
Phone: ()						
CONTRACTOR: License #		GPS Location: Lat:, Long:				
Name:		(e.g. xx.xxxx) (e.gxxx.xxxxx)				
Wellsite Geologist:		Datum: NAD27 NAD83 WGS84				
Purchaser:		County:				
Designate Type of Completion:		Lease Name: Well #:				
New Well Re-Entry	Workover	Field Name:				
		Producing Formation:				
	SIGW	Elevation: Ground: Kelly Bushing:				
		Total Vertical Depth: Plug Back Total Depth:				
CM (Coal Bed Methane)		Amount of Surface Pipe Set and Cemented at: Feet				
Cathodic Other (Core, Expl., etc.):		Multiple Stage Cementing Collar Used?				
If Workover/Re-entry: Old Well Info as follows:		If yes, show depth set: Feet				
Operator:		If Alternate II completion, cement circulated from:				
Well Name:		feet depth to:w/sx cmt.				
Original Comp. Date: Original T	otal Depth:					
Deepening Re-perf. Conv. to E	NHR Conv. to SWD	Drilling Fluid Management Plan				
Plug Back Conv. to G	SW Conv. to Producer	(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 #:				
Spud Date or Date Reached TD	Completion Date or	Quarter Sec TwpS. R East _ West				
Recompletion Date	Recompletion Date	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:

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Operator Name:	Lease Name:	Well #:
Sec TwpS. 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 (Attach Additional Sheets)		Yes No		-	Formation (Top), Depth and Datum		
Samples Sent to Geolog	ical Survey	Yes No	Nam	e		Тор	Datum
Cores Taken Electric Log Run		☐ Yes ☐ No ☐ Yes ☐ No					
List All E. Logs Run:							
		Report all strings set-	conductor, surface, inte	rmediate, product	ion, 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	L CEMENTING / SQL	EEZE RECORD			
Purpose: Perforate	Depth Top Bottom	Type of Cement	# Sacks Used		Type and P	ercent Additives	
Protect Casing Plug Back TD							

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)

Plug Off Zone

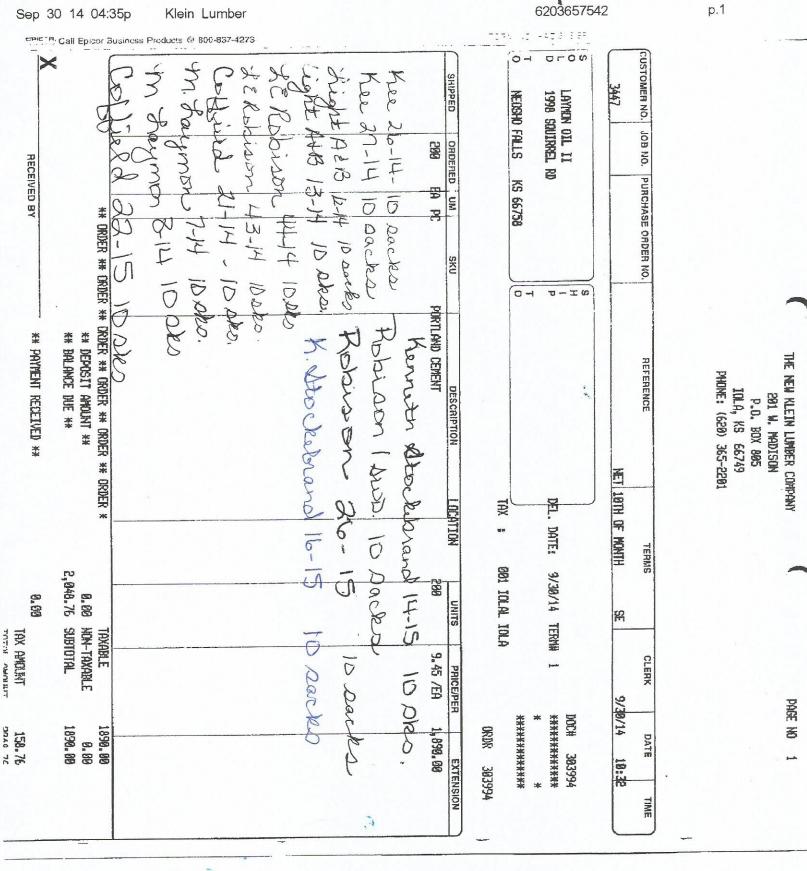
Shots Per Foot		PERFORATION Specify For	RECOF	RD - Bridge Pl Each Interval F	lugs Set/Typ Perforated	)e	Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used) Dep			Depth
TUBING RECORD:	Siz	ze:	Set At	:	Packe	r At:	Liner R	un:	No	
Date of First, Resumed	Product	on, SWD or ENHF	ł.	Producing M	ethod:	ping	Gas Lift	Other (Explain)		
Estimated Production Per 24 Hours		Oil Bbl	S.	Gas	Mcf	Wate	ər	Bbls.	Gas-Oil Ratio	Gravity
DISPOSITI	I 🗌 I	Jsed on Lease		Open Hole Other <i>(Specify)</i>	Perf.	OF COMPLE	Comp.	Commingled (Submit ACO-4)	PRODUCTION IN	TERVAL:

Mail to: KCC - Conservation Division, 130 S. Market - Room 2078, Wichita, Kansas 67202

Form	ACO1 - Well Completion
Operator	Laymon Oil II, LLC
Well Name	Kenneth Stockebrand 16-15
Doc ID	1262315

Tops

Name	Тор	Datum	
Soil	0	9	
Shale	9	60	
Lime	160	280	
Sandy Lime	280	290	
Lime	290	300	
Shale	300	320	
Lime	320	360	
Shale	360	370	
Black Shale	370	373	
Lime	373	540	
Big Shale	540	680	
Lime	680	720	
Lime & Shale	720	840	
Shale	840	876	
Black Shale	876	880	
Upper Squirrel Sand	880	896	
Shale	896	914	
Cap Rock	914	915	
Shale	915	916	
Cap Rock	916	917	
Lower Squirrel Sand	917	925	
Shale	925	1100	



Sep 30 14 04:35p Klein Lumber

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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.

802 N. Industrial Rd.

Iola, Kansas 66749 Phone: (620) 365-5588

P.O. Box 664

LEASE: STOCKABRAND

LAYMON OIL II, L.L.C. 1998 SQUIRREL RD.

# 54 W TO QUALL RD (GMI PAST

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 alloted 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. Contractor must provide place for truck to wash out. A \$30 charge will be added per truck if contractor dees not supply a place to wash truck out. Tow charges are buyers responsibility.

1:08     PM     WELL     16.00     35     HODODE       DATE     LOAD#     VARBSDEL     BATCH#     WARBSDEL     BATCH#     WARBTRIM     SLUNP     TOKET NUMBER       Commy Remote Tow Face States States Tow Based States T	TIME	FORMULA	LOAD SIZE	YARDS ORDERED		DRIVER/TRUCK	A Air	PLANT/TRANSACTION #	
Ex.23/15 VELL\$ I	1:08 P		16.00	16.00		35		NOOCO	
WARPINE   PUPERIMANCE PRESENT     Contrast Profiling Contrast Rest Ratio Rest Rati Ratio Rest Ratio Rest Ratio Rest Ratio Rest Ratio Rest Ratio Rest	DATE	a tot i stati harba	LOAD #	YARDS DEL.	BATCH#	WATER TRIM	SLUMP	TICKET NUMBER	
	6/23/11	5 WELL&L	<b>b.</b> 11 1	16.00	7	0.00	4.00 in	- 39177	
Indication   Decision notify   Decis	Contains Portland Cemer CAUSE BURNS. Avoid C Contact With Skin or Eye Attention. KEEP CHILDRI CONCRETE is a PERISHABL LEAVING the PLANT. ANY TELEPHONED to the OFFICI The undersigned promises tr any sums owed. All accounts not paid within 30 Not Responsible for Reactiv Material is Delivered. A \$30 Service Charge and	Image: Contains Portland Cement. Wear Rubber Boots and Gloves. PROLONGED CONTACT MAY CAUSE BURNS. Avoid Contact With Skin or Eyes, Flush Thoroughly With Water, if Initiation Persists, Get Medica Attention. KEEP CHILDREN AWAY.   Or DE SIGNED IF DELIVERY TO BE MADE INSIDE CUBB LINE.     Dear Contains Portland Cement. Wear Rubber Boots and Gloves. PROLONGED CONTACT MAY CAUSE BURNS. Avoid Contact With Skin or Eyes, Flush Thoroughly With Water, if Initiation Persists, Get Medica Attention. KEEP CHILDREN AWAY.   Or DE SIGNED IF DELIVERY TO BE MADE INSiDE CUBB LINE.     Dear Contact With Skin or Eyes, Flush Thoroughly With Water, if Initiation Persists, Get Medica Attention. KEEP CHILDREN AWAY.   Or De SIGNED IF DELIVERY TO BE MADE INSIDE CUBB LINE.     Dear Contact With Skin or Eyes, Flush Thoroughly With Water, if Initiation Persists, Get Medica Attention.   The pressiste and weight or any damage that may occur to the premises and/or adjacent property if in public street, Further, as additional consideration, the undersigned promises to pay all costs, including reasonable attorney's fees, incurred in collecting and within 30 days of delivery will bear interest at the rate 024% per annum.   Not Responsible for Reactive Aggregate or Color Quality. No Claim Alowed Unless Made at Time Materials Delivered.     A sto Service Charge and Loss of the Cash Discourt will be collected on all Returned Checks.   Returned Checks.   Not Cell and Discourt will be collected on all Returned Checks.							
2.50   TRUCKING TRUCKING CHARGE MIXAHAUL MIXING AND HAULING   2.50     16.00   MIXAHAUL MIXING AND HAULING   16.00     RETURNED TO PLANT   LEFT JOB   FINISH UNLOADING   DELAY EXPLANATION/CYLINDER TEST TAKEN   TIME ALLOWED     1.00 NOT READY   5.00   1.00 NOT READY   6. TRUCK BROKE DOWN   7. ACCOENT   7. ACCOENT     LEFT PLANT   ARRIVED JOB   START UNLOADING   1.00 NOT READY   6. TRUCK BROKE DOWN   7. ACCOENT   7. ACCOENT     1.30   1.95   5. OUTRACTOR BROKE DOWN   8. OTHER   TIME DUE   ADDITIONAL CHARGE 1	QUANTITY	CODE	DESCRIPTION				UNIT PRICE	EXTENDED PRICE	
Image: Non-on-on-on-on-on-on-on-on-on-on-on-on-o	2.50 TRUCKING TRUCKING CHARGE 2.50								
LEFT PLANT ARRIVED JOB START UNLOADING   1333 1905 START UNLOADING   1011000000000000000000000000000000000	RETURNED TO PLANT	LEFT JOB	FINISH UNLOADING	DELAY EXPLANATION/C	LINDER TEST TAKEN	TIME ALLOWED			
LEFT PLANT ARRIVED JOB START UNLOADING   133 155   134 155   135 155   135 155   135 155   135 155   135 155   135 155   135 155   135 155   135 155   135 155   135 155   135 155   135 155   135 155   135 155				2. SLOW POUR OR PUMP 3. TRUCK AHEAD ON JOB	7. ACCIDENT 8. CITATION	%	TAX 7.15		
TOTAL AT JOB UNLOADING TIME DELAY TIME DELAY TIME ADDITIONAL CHARGE 2	LEFT PLANT	ARRIVED JOB	START UNLOADING		9. OTHER	TIME DUE			
ADDITIONAL CHARGE 2	133	15.5					ADDITIONAL CHARGE 1		
	TOTAL ROUND TRIP	TOTAL AT JOB	UNLOADING TIME			DELAY TIME	ADDITIONAL CHARGE 2		
	a series and the						GRAND TOTAL		

