



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1295933
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: _____

1295933

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
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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> _____ <i>(Submit ACO-4)</i>	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	Laymon Oil II, LLC
Well Name	Glades 2-16SWD
Doc ID	1295933

Tops

Name	Top	Datum
Soil	0	17
Shale	17	100
Lime	100	143
Shale	143	150
Lime	150	335
Shale	335	346
Lime	346	430
Shale	430	460
Lime	460	660
Shale	660	800
Lime & Shale	800	940
Shale	940	953
Upper Squirrel sand	953	954
Shale	954	1015
Lower Squirrel Sand	1015	1020
Shale	1020	1305
Mississippi Lime	1305	1590
Shale	1590	1720

THE NEW KLEIN LUMBER COMPANY
201 W. MADISON
P.O. BOX 805
IOLA, KS 66749
PHONE: (620) 365-2201

9/ 2/15 0:05

SE

NET 10TH OF MONTH

CUSTOMER NO. 1005 NO. PURCHASE ORDER NO.

3447

SHIP TO
LAYMON OIL II
1998 SAWTREL RD
NEOSHO FALLS KS 66758

DOCH 326455

* ORDER *

DEL. DATE: 9/ 2/15 TERM# 1

TAX : 0001 IOLAL IOLA

ORDER 326455

LOCATION

PORTLAND CEMENT

SKU

ORDERED UM

EA PC

200

9.45 /EA

1,890.00

*Green 30-15 - 10 DKS
Average 43-15 10 DKS
H. Stokeland 17-15 10 DKS
Blades 2-16 SWD - 10 DKS.*

TAXABLE 1890.00
NON-TAXABLE 0.00
SUBTOTAL 1890.00

** ORDER ** ORDER ** ORDER ** ORDER ** ORDER **
** DEPOSIT AMOUNT **
** BALANCE DUE **

TAX AMOUNT 165.38
TOTAL AMOUNT 2055.38

** PAYMENT RECEIVED **

RECEIVED BY

5458
5364



CONSOLIDATED
Oil Well Services, LLC

Invoice # 807236

TICKET NUMBER 49947
LOCATION Albany, KS
FOREMAN Cathy Kennedy

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

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
3/7/16	4709	Blades # 2-16 SWD	SE 9	24	16	WO
CUSTOMER Lawman Oil II			TRUCK # DRIVER TRUCK # DRIVER			
MAILING ADDRESS 1998 Squirrel Rd			729 / Caskey / Sally Macking			
CITY STATE ZIP CODE Neosho Falls KS 666758			407 / KeiCar			
			806 / Ar/McD			

JOB TYPE log string HOLE SIZE 6 3/4" HOLE DEPTH 1720' CASING SIZE & WEIGHT 4 1/2"
 CASING DEPTH 1314' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT 20.91 lbs DISPLACEMENT PSI _____ MIX PSI _____ RATE 4 bpm

REMARKS: well safety meeting, established circulation, mixed & pumped 100 # Gel followed by 5 bbls fresh water, mixed & pumped 156 sts Portland IA cement w/ 2 1/2 gal per st, flushed pump clean pumped 4 1/2" rubber plug to casing 10 w/ 20.91 lbs fresh water, pressured to 500 PSI, well held pressure, released pressure, washed up equipment.

[Handwritten signature]

Customer supplied H₂O + plug

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
CE0650	1	PUMP CHARGE		
CE0002	45 mi	MILEAGE		
CE0711	min	ton mileage		
		trucks		
		- 57 %		
		subtotal		
998 CC5840	156 sts	Portland IA		
CC5965	362 #	Gel		
		materials		
		- 57 %		
		subtotal		
			7.5%	
			SALES TAX	
			ESTIMATED	
			TOTAL	

Ravin 5737

AUTHORIZATION [Signature] TITLE _____ 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.