

Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1333314
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: _____

1333314

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 <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey <input type="checkbox"/> Yes <input type="checkbox"/> No 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: _____	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample 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 <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: <input type="checkbox"/> Yes <input type="checkbox"/> No
----------------	-------	---------	------------	---

Date of First, Resumed Production, SWD or ENHR.	Producing Method: <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

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	LE ROBISON 45-16
Doc ID	1333314

Tops

Name	Top	Datum
Soil	0	12
Shale	12	60
Lime	60	160
Lime	160	260
Shale	260	300
Lime	300	420
Shale	420	430
Lime	430	450
Shale	450	490
Sandy Lime	490	520
Shale	520	560
Lime	560	735
Shale	735	871
Lime	871	890
Lime & Shale	890	923
Lime	923	926
Black Shale	926	927
Lime	927	1030
Black Shale	1030	1032
Lime	1032	1075
Shale	1075	1090
Upper Squirrel Sand	1090	1105
Shale	1105	1200



Hammerson Ready Mix

1300 2200 Rd.
Gas, KS 66742
620-365-7200

PLANT 01	TIME 11:19	DATE 11/16/16	ACCOUNT LAYMON	TRUCK 110	DRIVER KEVIN	TICKET 10453
----------	------------	---------------	----------------	-----------	--------------	--------------

CUSTOMER NAME LAYMON OIL II LLC 1998 SQUIRREL RD NEOSHO FALLS, KS 66758	DELIVERY ADDRESS WELL-ROBINSON 45-16
--	---

PURCHASE ORDER	SALES ORDER 267	TAX WOODSON CO	CREDIT	SLUMP 8.00 in
----------------	-----------------	----------------	--------	---------------

LOAD QTY.	PRODUCT	DESCRIPTION	ORDERED	DELIVERED	UNIT PRICE	AMOUNT
8.00 yd	WELL MUD	WELL (10 SACKS PER YARD)	16.00	8.00		
8.00 ea	HAUL & MI	HAUL & MIX	16.00	8.00		

LOADED 11:55	ARRIVE JOB SITE 12:40	START DISCHARGE 12:45	FINISH DISCHARGE 1:00	ARRIVE PLANT :
--------------	-----------------------	-----------------------	-----------------------	----------------

SUB TOTAL
DISCOUNT
TAX
TOTAL
PREVIOUS TOTAL
GRAND TOTAL

54 HWY WEST TURN NORTH ON QUAIL 1/2 NORTH OF 200TH RD DOUBLE SET OF GATES

This batch of concrete is mixed with the proper amount of water. If additional water is desired, please instruct the driver.	ADDITIONAL WATER ADDED ON JOB →	Gallons	By

UNLOADING TIME ALLOWED 30 MINUTES PER TRIP EXTRA CHARGE FOR OVER 30 MINUTES →
--

CAUTION: Freshly mixed cement, mortar, grout or concrete may cause skin irritation. Avoid direct contact where possible and wash exposed skin areas promptly with water. If any cementitious material gets into the eye, rinse immediately and repeatedly with water and get prompt medical attention. KEEP OUT OF REACH OF CHILDREN

RECEIVED IN GOOD CONDITION
BY X *[Signature]*

Purchaser waives all claims for personal or property damage caused by seller's truck when delivery is made beyond street curb line. If not paid as agreed, this credit agreement provides for your payment of reasonable costs of collection, including, but not limited to, court costs, attorney fees and/or collection agency fees.

11 1190' of 27/8" casing cemented with 160 Sacks circulated to surface



Hammerson Ready Mix

1300 2200 Rd.
Gas, KS 66742
620-365-7200

PLANT 001	TIME 11:33	DATE 11/16/16	ACCOUNT LAYMON	TRUCK 110	DRIVER KEVIN	TICKET 10454
--------------	---------------	------------------	-------------------	--------------	-----------------	-----------------

CUSTOMER NAME LAYMON OIL II LLC 1998 SQUIRREL RD NEOSHO FALLS, KS 66758	DELIVERY ADDRESS WELL-ROBINSON 45-16
--	---

PURCHASE ORDER	SALES ORDER 267	TAX WOODSON RD	CREDIT	SLUMP 8.00 in
----------------	--------------------	-------------------	--------	------------------

LOAD QTY.	PRODUCT	DESCRIPTION	ORDERED	DELIVERED	UNIT PRICE	AMOUNT
8.00 yd	WELL MUD	WELL (10 SACKS PER YARD)	16.00	16.00		
8.00 ea	HAUL & MI	HAUL & MIX	16.00	16.00		

LOADED 11:55	ARRIVE JOB SITE 12:40	START DISCHARGE 12:45	FINISH DISCHARGE 1:00	ARRIVE PLANT :
-----------------	--------------------------	--------------------------	--------------------------	-------------------

SUB TOTAL
DISCOUNT
TAX
TOTAL
PREVIOUS TOTAL
GRAND TOTAL

54 HWY WEST TURN NORTH /ON QUAIL 1/2 NORTH OF
200TH RD DOUBLE SET OF GATES

This batch of concrete is mixed with the proper amount of water. If additional water is desired, please instruct the driver.	ADDITIONAL WATER ADDED ON JOB <input checked="" type="checkbox"/>	Gallons	By
--	---	---------	----

UNLOADING TIME ALLOWED 30 MINUTES PER TRIP EXTRA CHARGE FOR OVER 30 MINUTES <input checked="" type="checkbox"/>
RECEIVED IN GOOD CONDITION BY <input checked="" type="checkbox"/> <i>Kevin</i>

CAUTION: Freshly mixed cement, mortar, grout or concrete may cause skin irritation. Avoid direct contact where possible and wash exposed skin areas promptly with water. If any cementitious material gets into the eye, rinse immediately and repeatedly with water and get prompt medical attention.
KEEP OUT OF REACH OF CHILDREN

Purchaser waives all claims for personal or property damage caused by seller's truck when delivery is made beyond street curb line. If not paid as agreed, this credit agreement provides for your payment of reasonable costs of collection, including, but not limited to, court costs, attorney fees and/or collection agency fees.

*Cemented 2 7/8" casing with 160 sacks at 1190'
Circulated to surface-*

Call Epicor Business Products @ 800-337-4273

FORM NO. 5465 (200)

THE NEW KLEIN LUMBER COMPANY

201 W. MADISON

P.O. BOX 985

TOLA, KS 66749

PHONE: (620) 365-2201

PAGE NO 1

COMPANY JOB NO. PORTLAND CEMENT NO.
3447

NET 10TH OF MONTH

9/2/15

LAYMAN OIL II
1999 SQUIRREL RD
NEOSHO FALLS KS 66758

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

DOCH 326455

* ORDER *

TAX : 001 TOLA TOLA

ORDR 326455

ORDERED	UM	PC	SKU	LOCATION	200	9.45 /EA	1,890.00
200	EA	PC		PORTLAND CEMENT			
Gravel 30-15	10	OKA		7E Robinson 45-16	10	2acks	for 40' 8 5/8" Surface Casing
Subsog 43-15	10	OKA		7E Robinson 46-16	10	2acks	for 40' 8 5/8" Surface Casing
H. Attackebrand 17-15	10	OKA		Blades 87-16	10	2acks	40' 8 5/8" Surface Casing
Blades 2-16	5	WD-10	OKS	Blades 86-16	10	2acks	40' 8 5/8" Surface Casing
Height 12 5/8	10	OKS		Blades 88-16	10	2acks	40' 8 5/8" Surface Casing
Free 12 5/8	10	OKA		Free 28-16	10	2acks	40' 8 5/8" Surface Casing
Subsog 12 5/8	10	OKA		Gravel 31-16	10	2acks	40' 8 5/8" Surface Casing
G. Knarons 1-16	10	OKA		Gravel 32-15	10	2acks	40' 8 5/8" Surface Casing
H. Attackebrand 18-16	10	Blades	OKS				
Testing case 73-16	10	Blades	OKS				
				25/8 Surface			

** ORDER # ** ORDER # ** ORDER # ** ORDER #

** DEPOSIT AMOUNT #

** BALANCE DUE #

** PAYMENT RECEIVED #

TAXABLE 1990.00
NON-TAXABLE 0.00
SUBTOTAL 1990.00

TAX AMOUNT 165.38
TOTAL AMOUNT 2155.38

RECEIVED BY

+