

Confidentiality Requested:

Yes  No

KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION

Form ACO-1

January 2018

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

Gas  DH  EOR

OG  GSW

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 EOR  Conv. to SWD

Plug Back  Liner  Conv. to GSW  Conv. to Producer

Commingled Permit #: \_\_\_\_\_

Dual Completion Permit #: \_\_\_\_\_

SWD Permit #: \_\_\_\_\_

EOR Permit #: \_\_\_\_\_

GSW Permit #: \_\_\_\_\_

Spud Date or Date Reached TD Completion Date or Recompletion Date

API No.: \_\_\_\_\_

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  Drill Stem Tests Received

Geologist Report / Mud Logs Received

UIC Distribution

ALT  I  II  III Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

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 Geologist Report / Mud Logs <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
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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				

1. Did you perform a hydraulic fracturing treatment on this well?  Yes  No *(If No, skip questions 2 and 3)*
2. Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons?  Yes  No *(If No, skip question 3)*
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)*

Date of first Production/Injection or Resumed Production/Injection:	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) (Submit ACO-4)</i>	PRODUCTION INTERVAL: Top _____ Bottom _____
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Shots Per Foot	Perforation Top	Perforation Bottom	Bridge Plug Type	Bridge Plug Set At	Acid, Fracture, Shot, Cementing Squeeze Record <i>(Amount and Kind of Material Used)</i>

TUBING RECORD:	Size:	Set At:	Packer At:	
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Form	ACO1 - Well Completion
Operator	Laymon Oil II, LLC
Well Name	GLADES 125-18
Doc ID	1418022

Tops

Name	Top	Datum
Soil	0	17
Shale	17	168
Lime	168	443
Shale	443	505
Lime	505	645
Big Shale	645	814
Shale	814	852
Lime/shale	852	988
Black Shale	988	990
Lime	990	994
Shale	994	997
Upper Squirrel Sand	997	1012
Shale	1012	1048
Cap Rock	1048	1050
Lower Squirrel Sand	1050	1064
Shale	1064	1160



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

ORDR # 399350  
 DATE : 7/03/18  
 CLERK: BE  
 TERM # 551

CUST # 3447  
 TERMS: NET 10TH OF MONTH

LAYMON OIL II  
 1998 SQUIRREL RD  
 NEOSHO FALLS KS 66758

TIME : 2:50  
 \*\*\*\*\*  
 \* ORDER \*  
 \*\*\*\*\*

QUANTITY	UM	ITEM	DESCRIPTION	LOC	PRICE/PER	EXTENSION
200	EA	PC	PORTLAND CEMENT		12.99 /EA	2,598.00
<i>Glades</i>		<i>124-18 - 10 Dacks</i>				
<i>Glades</i>		<i>125-18 10 Dacks</i>				
**ORDER*ORDER*ORDER*ORDER** DEPOSIT AMT .00 BALANCE DUE 2825.33						TAXABLE 2598.00 NON-TAXABLE 0.00 SUB-TOTAL 2598.00 TAX AMOUNT 227.33 TOTAL ORDER 2825.33

**X** \_\_\_\_\_  
 Received By





# Hammerson Ready Mix

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

PLANT 01	TIME 12:35	DATE 07/10/18	ACCOUNT LAYMON	TRUCK 111	DRIVER CHRIS	TICKET 12640
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CUSTOMER NAME LAYMON OIL II LLC 1998 SQUIRREL RD NEOSHO FALLS, KS 66758	DELIVERY ADDRESS WELL GLADES 125-18
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PURCHASE ORDER	SALES ORDER 1367	TAX WOODSON CO	CREDIT	SLUMP 8.00 in
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LOAD QTY:	PRODUCT	DESCRIPTION	ORDERED	DELIVERED	UNIT PRICE	AMOUNT
8.50 yd	WELL MUD	WELL (10 SACKS PER YARD)	17.00	17.00		
8.50 ea	HAUL & MI	HAUL & MIX	17.00	17.00		

LOADED 12 45	ARRIVE JOB SITE 1:33	START DISCHARGE 1:40	FINISH DISCHARGE 1:50	ARRIVE PLANT :
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180TH AND ROCK

SUB TOTAL  
DISCOUNT  
TAX  
TOTAL  
PREVIOUS TOTAL  
GRAND TOTAL

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
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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

UNLOADING TIME ALLOWED 30 MINUTES PER TRIP EXTRA CHARGE FOR OVER 30 MINUTES →	RECEIVED IN GOOD CONDITION BY X <i>[Signature]</i>
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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.

15 42 1 33 1 40 1 30





# Hammerson Ready Mix

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

PLANT 01	TIME 12:24	DATE 07/10/18	ACCOUNT LAYMON	TRUCK 111	DRIVER CHRIS	TICKET 12639
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CUSTOMER NAME LAYMON OIL II LLC 1998 SQUIRREL RD NEOSHO FALLS, KS 66758	DELIVERY ADDRESS WELL GLADES 125-18
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PURCHASE ORDER	SALES ORDER 1367	TAX WOODSON CO	CREDIT	SLUMP 8.00 in
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LOAD QTY.	PRODUCT	DESCRIPTION	ORDERED	DELIVERED	UNIT PRICE	AMOUNT
8.50 yd	WELL MUD	WELL (10 SACKS PER YARD)	17.00	8.50		
8.50 ea	HAUL & MI	HAUL & MIX	17.00	8.50		

LOADED 12 45	ARRIVE JOB SITE 1 : 33	START DISCHARGE 1 : 40	FINISH DISCHARGE 1 : 50	ARRIVE PLANT :
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180TH AND ROCK

SUB TOTAL  
DISCOUNT  
TAX  
TOTAL  
PREVIOUS TOTAL  
GRAND TOTAL

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

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

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RECEIVED IN GOOD CONDITION BY <b>X</b> <i>[Signature]</i>

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15 A 1 33 1 40 1 50