

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)</i> <i>(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	KENNETH STOCKEBRAND 19-18
Doc ID	1419072

Tops

Name	Top	Datum
Soil/clay	0	20
Shale	20	35
Lime	35	55
Shale	55	65
Lime	65	97
Shale	97	119
Lime	119	177
Shale	177	192
Lime	192	230
Shale	230	262
Lime	262	283
Shale	283	290
Lime	290	331
Shale	331	383
Lime	383	467
Shale	467	475
Lime	475	538
Shale	538	685
Lime/shale	685	739
Lime	739	745
Shale	745	763
Lime	763	770
Shale	770	796
lime	796	830

Form	ACO1 - Well Completion
Operator	Laymon Oil II, LLC
Well Name	KENNETH STOCKEBRAND 19-18
Doc ID	1419072

Tops

Name	Top	Datum
Shale	830	850
Lime	850	889
Upper Squirrel Sand	889	905
Shale	905	927
Cap Rock	927	929
Lower Squirrel Sand	929	943
Shale	943	1015

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

LAYMON OIL II
 1998 SQUIRREL RD

NEOSHO FALLS KS 66758

CUST # 3447
 TERMS: NET 10TH OF MONTH

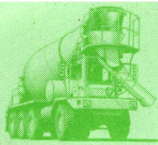
ORDER # 399350
 DATE : 7/03/18
 CLERK: BE
 TERM # 551

TIME : 2:50

 * ORDER *

QUANTITY	UM	ITEM	DESCRIPTION	LOC	PRICE/PER	EXTENSION
200	EA	PC	PORTLAND CEMENT		12.99 /EA	2,598.00
			<i>124-18- 10 sacks</i>			
			<i>125-18 10 sacks</i>			
			<i>44-18 10 sacks</i>			
			<i>45-18 10 sacks</i>			
			<i>46-18 10 sacks</i>			
			<i>34-18 10 sacks</i>			
			<i>23-18 10 sacks</i>			
			<i>Kenneth Steeberhard 19-18 10 sacks</i>			
ORDER*ORDER*ORDER*ORDER						
DEPOSIT AMT						2598.00
BALANCE DUE						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 8:21	DATE 07/31/18	ACCOUNT LAYMON	TRUCK 99	DRIVER TERRY	TICKET 12768
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CUSTOMER NAME LAYMON OIL II LLC 1998 SQUIRREL RD NEOSHO FALLS, KS 66758	DELIVERY ADDRESS WELL KENNETH STOCKBRAND #19-18
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PURCHASE ORDER	SALES ORDER 1455	TAX WOODSON CO	CREDIT	SLUMP 8.00 in
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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	ARRIVE JOB SITE	START DISCHARGE	FINISH DISCHARGE	ARRIVE PLANT
	:	:	:	:

SUB TOTAL
DISCOUNT
TAX
TOTAL
PREVIOUS TOTAL
GRAND TOTAL

54 AND QUAIL

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

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

RECEIVED IN GOOD CONDITION BY X <i>W. L. Jones</i>

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.

8.20 d 32 d 22



Hammerson Ready Mix

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

PLANT 01	TIME 8:36	DATE 07/31/18	ACCOUNT LAYMON	TRUCK 00	DRIVER TERRY	TICKET 12769
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CUSTOMER NAME LAYMON OIL II LLC 1998 SQUIRREL RD NEOSHO FALLS, KS 66758	DELIVERY ADDRESS WELL KENNETH STOCKBRAND #19-18
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PURCHASE ORDER	SALES ORDER 1455	TYPE WOODSON	CREDIT	SLUMP 4.00 in
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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 8:50	ARRIVE JOB SITE 9:35	START DISCHARGE 9:55	FINISH DISCHARGE :	ARRIVE PLANT :
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SUB TOTAL
DISCOUNT
TAX
TOTAL
PREVIOUS TOTAL
GRAND TOTAL

54 AND QUAIL

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

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