

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](mailto: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	RICE 12-18
Doc ID	1419073

Tops

Name	Top	Datum
Soil/clay	0	10
Lime	10	35
Shale	35	145
Lime	145	160
Shale	160	200
Lime	200	260
Shale	260	280
Lime	280	470
Big Shale	470	590
Lime	590	660
Shale	660	730
Lime	730	762
Shale	762	785
Lime	785	820
Black Shale	820	822
5' Lime	822	826
Black Shale	826	828
Shale	828	856
Cap Rock	856	857
Lower Squirrel Sand	857	865
Shale	865	1180
Mississippi Lime	1180	1186
Lime	1186	1260



**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

ORDR # 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
			124-18 - 10 Sacks			
			125-18 10 Sacks			
			44-18 10 Sacks			
			45-18 10 Sacks			
			46-18 10 Sacks			
			34-18 10 Sacks			
			23-18 10 Sacks			
			Kenneth Steebband 19-18 10 Sacks			
			Rice 12-18 10 Sacks			
TAXABLE						2598.00
NON-TAXABLE						0.00
SUB-TOTAL						2598.00
TAX AMOUNT						227.33
TOTAL ORDER						2825.33

\*\*ORDER\*ORDER\*ORDER\*ORDER\*\*

DEPOSIT AMT .00  
 BALANCE DUE 2825.33

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



# Hammerson Ready Mix

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

PLANT 01	TIME 17:04	DATE 08/02/18	ACCOUNT LAYMON	TRUCK 20	DRIVER CHRIS	TICKET 12798
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CUSTOMER NAME LAYMON OIL II LLC 1998 SQUIRREL RD NEOSHO FALLS, KS 66758	DELIVERY ADDRESS WELL RICE FARM 12-18
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PURCHASE ORDER	SALES ORDER 1450	TAX ALLEN 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 5:35	ARRIVE JOB SITE 5:56	START DISCHARGE 6:00	FINISH DISCHARGE 6:15	ARRIVE PLANT :
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54 W NORTH ON 400 WEST ON PENNSYLVANIA RD  
NORTH ON 300 RD WILL SEE RIG ON WEST SIDE

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

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

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.

232 225 0 or F 12



# Hammerson Ready Mix

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

PLANT 01	TIME 17:13	DATE 08/02/18	ACCOUNT LAYMON	TRUCK 20	DRIVER CHRIS	TICKET 18799
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CUSTOMER NAME LAYMON OIL II LLC 1998 SQUIRREL RD NEOSHO FALLS, KS 66758	DELIVERY ADDRESS WELL RICE FARM 12-18
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PURCHASE ORDER	SALES ORDER 1450	TAX ALLEN CO	CREDIT	SLUMP 8.00 in
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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 5 35	ARRIVE JOB SITE 5:54	START DISCHARGE 6:00	FINISH DISCHARGE 6:15	ARRIVE PLANT :
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54. W NORTH ON 400 WEST ON PENNSYLVANIA RD  
NORTH ON 300 RD WILL SEE RIG ON WEST SIDE

SUB TOTAL  
DISCOUNT  
TAX  
TOTAL  
PREVIOUS TOTAL  
GRAND TOTAL

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Gallons	By
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UNLOADING TIME ALLOWED 30 MINUTES PER TRIP EXTRA CHARGE FOR OVER 30 MINUTES →
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RECEIVED IN GOOD CONDITION BY <b>X</b> <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.

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