#### KOLAR Document ID: 1431262

Confiden	tiality Re	quested:
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

		DECODIDEIO		
WELL	HISTORY	- DESCRIPTIO	N OF WELL	& LEASE

OPERATOR: License #	API No.:
Name:	Spot Description:
Address 1:	
Address 2:	Feet from Dorth / South Line of Section
City: State: Zip:+	Feet from East / West Line of Section
Contact Person:	Footages Calculated from Nearest Outside Section Corner:
Phone: ()	
CONTRACTOR: License #	GPS Location: Lat:, Long:
Name:	(e.g. xx.xxxx) (e.gxxx.xxxx)
Wellsite Geologist:	Datum: NAD27 NAD83 WGS84
Purchaser:	County:
Designate Type of Completion:	Lease Name: Well #:
New Well Re-Entry Workover	Field Name:
	Producing Formation:
Oil WSW SWD Gas DH EOR	Elevation: Ground: Kelly Bushing:
	Total Vertical Depth: Plug Back Total Depth:
CM (Coal Bed Methane)	Amount of Surface Pipe Set and Cemented at: Feet
Cathodic Other (Core, Expl., etc.):	Multiple Stage Cementing Collar Used?
If Workover/Re-entry: Old Well Info as follows:	If yes, show depth set: Feet
Operator:	If Alternate II completion, cement circulated from:
Well Name:	feet depth to:w/sx cmt.
Original Comp. Date: Original Total Depth:	
Deepening Re-perf. Conv. to EOR Conv. to SWD	Drilling Fluid Management Plan
Plug Back Liner Conv. to GSW Conv. to Producer	(Data must be collected from the Reserve Pit)
	Chloride content: ppm Fluid volume: bbls
Commingled Permit #:	Dewatering method used:
Dual Completion Permit #:	
SWD         Permit #:	Location of fluid disposal if hauled offsite:
EOR         Permit #:           GSW         Permit #:	Operator Name:
	Lease Name: License #:
Spud Date or Date Reached TD Completion Date or	Quarter Sec TwpS. R East _ West
Recompletion Date Reached TD Completion Date of Recompletion Date	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:						

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Operator Nar	ne:			Lease Name:	Well #:
Sec	Twp	S. R	East West	County:	

Page Two

**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 (Attach Additional Sheets)		Y	es 🗌 No			og Formatio	n (Top), Depth	and Datum	Sample
Samples Sent to Geolog	*		és 🗌 No	Ν	lame	e		Тор	Datum
Cores Taken Electric Log Run Geologist Report / Mud Logs List All E. Logs Run:			ies No ies No ies No						
		Repo	CASING I		] Ne	w Used rmediate, productio	on, etc.		
Purpose of String		ze Casing tt (In O.D.)	Weight Lbs. / Ft.		Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives	
			ADDITIONAL	CEMENTING /	SQU	EEZE RECORD			
Purpose: Perforate	Depth Top Bottom	Туре	e of Cement	# Sacks Used	Type and Percent Additives				
Protect Casing Plug Back TD Plug Off Zone									
<ol> <li>Did you perform a hydra</li> <li>Does the volume of the is</li> <li>Was the hydraulic fractu</li> <li>Date of first Production/Inj</li> </ol>	total base fluid of the h ring treatment informa	nydraulic fra tion submit	acturing treatment	al disclosure regis	-	Yes Yes Yes Yes	No (If No, s	kip questions 2 ar kip question 3) ill out Page Three	
Injection:			Flowing	Pumping		Gas Lift 🗌 O	ther <i>(Explain)</i>		
Estimated Production Per 24 Hours	Oil	Bbls.	Gas	Mcf	Wate	er Bb	ls.	Gas-Oil Ratio	Gravity
DISPOSITION	I OF GAS:		M	ETHOD OF COM	F COMPLETION:			PRODUCTION INTERVAL:	
Vented Sold (If vented, Subm	Used on Lease		Open Hole		Dually Comp. Commingled (Submit ACO-5) (Submit ACO-4)			Top Bottom	
	oration Perfora Top Botto		Bridge Plug Type	Bridge Plug Set At		Acid,		ementing Squeeze	
TUBING RECORD:	Size:	Set At:		Packer At:					

Form	ACO1 - Well Completion
Operator	Laymon Oil II, LLC
Well Name	GLADES 139-18
Doc ID	1431262

Tops

Name	Тор	Datum
Soil	0	17
Shale	17	180
Lime	180	230
Shale	230	232
Lime	232	420
Shale	420	440
Lime	440	500
Shale	500	540
Lime	540	670
Shale	670	820
Lime	820	960
Shale	960	980
5' Lime	980	985
Upper squirrel Sand	985	1000
Shale	1000	1025
Cap Rock	1025	1026
Lowe Squirrel Sand	1026	1045
Shale	1045	1120

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## Casing

	Size Hole Drilled	Size Casing Set	U U	Setting Depth	Type Of Cement		Type and Percent Additives
Surface	10.250	8.625	24	40	portland	10	na
Production	6.125	2.875	6	1110	common	160	na

# 

Superior Building Supply, Inc. 215 West Rutledge Yates Center, KS 66783 620-625-2447

Cashier:MED Register:F Date:11-07-2018 Time:07 Order:180508 PD #: glades	REGI :06:03 139-158
Item # Description	
Uuantity Price MA1235 Portland Cement 94#	Total
10.000EA@ 15.1000	151.00
Subtotal Amount: Tax:	151.00
Total Sale Amount:	14.35
	165.35
Laymon 0i] 1I #L24951:	165.35

Receipt required for all returns within 30 days.

# 

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0		Hai	nmers		2200 Rd.							
Ent.		Re	ady Mi	X 620-	KS 66742 365-7200							
PLANT	TIME 17:4	¥9 D	ATE 11/09/18	ACCOUNT	AYMON	i	TRUCK		DRIVER	HRIS	TICI	ST 54
CUSTOME	ER NAME						DELIVERY ADDRE	SS				
	ION OIL						WELL	GL	ADES	139-18		
	SQUIF		RD , I	KS 667	58							
PURCHAS	EORDER		SALES ORDER		ADDB0	IN CO						slump 8.00 in
LOAD	QTY.	PRODU	ICT	DESCRIPTION				0	RDERED	DELIVERED	UNIT PRIC	E AMOUNT
	10 yd 10 ea		ELL MUD AUL & MI	WELL ( HAUL &		KS PER	YARD)		5.00	8.00		
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						+ +						
/ LC	DADER	ĄF	RIVE JOB SITE	START DISCH	ARGE	FINISH DISCHA	RGE AR	RIVE P	LANT	SUB TOTAL		
6	00	k	2:50	6:5	55	7:	14	•		DISCOUNT		
										TAX TOTAL		
										PREVIOUS TOTAL		
										GRAND TOTAL		
		am	This batch of con ount of water. If add	crete is mixed with litional water is des		ADDITIONAL ADDED ON JO		(	allons			
		ins	truct the driver.							Ву		
							U			OWED 30 MINUTES PER FØR OVER 30 MINUTES		
wash expos	sed skin areas prom	ptly with wa	ve, rinse immediately and re	peatedly with water and				<i>op</i> co	NDITION 9			
	Purchase	r waive	KEEP OUT OF REACH C		property o	damage ca	BY X	r's tr	uck when	delivery is made b	evond stre	et curb line.
				it agreement	provides f	for your pay	ment of reas	sonat	ole costs o	of collection, includ		
R				court	costs, att	orney fees	and/or collec	ction	agency fe	es.		
C	02	6	20	C 2	2	11	4					
						-						
				4								
						CUSTO	MER COPY -	1				

