CONTRACTOR

Signature:

Subscribed and sworn to before me this

Date Commission Expires:

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

Form ACO-1 September 1999 Form Must Be Typed

WELL COMPLETION FORM ON GOVERNMENT OF WELL & LEASE

RMENDED

API No. 15 - 205-26949-00-00 Operator: License # _33365 Name: Layne Energy Operating, LLC County: Wilson 1900 Shawnee Mission Parkway SW_SE_Sec. 33 Twp. 30 S. R. 14 Fast West City/State/Zip: Mission Woods, KS 66205 621 __ feet from (S)/ N (circle one) Line of Section 1730 ___ feet from **(E)**/ W (circle one) Line of Section Purchaser: Operator Contact Person: M. Brent Nattrass Footages Calculated from Nearest Outside Section Corner: Phone: (913) 748-3960 (circle one) NE Lease Name: McCabe _{- Well #}. 15-33 Contractor: Name: Thornton Air Rotary Field Name: Cherokee Basin Coal Area License: 33606 Producing Formation: Cherokee Coals Wellsite Geologist: _ Elevation: Ground: 884' Designate Type of Completion: Kelly Bushing:_ Total Depth: 1523' __ Plug Back Total Depth: 1515.6' ✓ New Well ____ Re-Entry ____ Workover Amount of Surface Pipe Set and Cemented at 20 SWD _____SIOW ____Temp. Abd. Feet ✓ Gas ENHR SIGW Multiple Stage Cementing Collar Used? Yes V No __ Other (Core, WSW, Expl., Cathodic, etc) If yes, show depth set _ If Alternate II completion, cement circulated from 1515' if Workover/Re-entry: Old Well Info as follows: feet depth to Surface Operator: Well Name: ___ **Drilling Fluid Management Plan** Original Comp. Date: _____ Original Total Depth: _ (Data must be collected from the Reserve Pit) ____ Re-perf. _Conv. to Enhr./SWD Chloride content_N/A _ Deepening ___ ppm Fluid volume_____ bbls __ Plug Back _ Plug Back Total Depth Dewatering method used N/A - Air Drilled __ Commingled Docket No.-Location of fluid disposal if hauled offsite: ___ Dual Completion Docket No._ Operator Name:___ __ Other (SWD or Enhr.?) Docket No._ _____ License No.:____ 9/11/2006 9/14/2006 5/31/2007 Quarter_____ Sec. ____ Twp. ____S. R. ____ Teast West Spud Date or Date Reached TD Completion Date or Recompletion Date Recompletion Date ____ Docket No.:___ INSTRUCTIONS: An original and two copies of this form shall be filed with the Kansas Corporation Commission, 130 S. Market - Room 2078, Wichita, Kansas 67202, within 120 days of the spud date, recompletion, workover or conversion of a well. Rule 82-3-130, 82-3-106 and 82-3-107 apply. Information of side two of this form will be held confidential for a period of 12 months if requested in writing and submitted with the form (see rule 82-3-107 for confidentiality in excess of 12 months). One copy of all wireline logs and geologist well report shall be attached with this form. ALL CEMENTING TICKETS MUST BE ATTACHED. Submit CP-4 form with all plugged wells. Submit CP-111 form with all temporarily abandoned wells. 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 pny knowledge.

MacLAUGHLIN DARLING
Notary Public-State of Kenses
My Apot Expires 1-4-2009

SEP 1 8 2007

RECEIVED
KANSAS CORPORATION COMMISSION

KCC Office Use ONLY

Letter of Confidentiality Attached
If Denied. Yes Date:

Wireline Log Received
Geologist Report Received

UIC Distribution

CONSERVATION DIVISION