# KANSAS CORPORATION COMMISSION GINAL OIL & GAS CONSERVATION DIVISION

Farm ACO-1 September 1999

## WELL COMPLETION FORM AMENDE WELL HISTORY - DESCRIPTION OF WELL & LEASE

Form	Must B	e Typed
12	122	1/20

CONSERVATION DIVISION WICHITA KS

Dry Other (Core, WSW, Expl., Cathodic, etc)   If yes, show depth set	Feet  No Feet
Address: 1900 Shawnee Mission Parkway  SW NE Sec. 31 Twp. 31 S. R. 16	Feet  No Feet
1981	Feet  No Feet
Purchaser:  Operator Contact Person: M. 8. Nattrass  Phone: (913) 748-3987  Contractor: Name: McPherson Drilling  License: 5675  Well site Geologist:  Designate Type of Completion:  V New Well Re-Entry Workover  Cill SWD SIOW Temp. Abd.  V Gas ENHR SIGW  Dry Other (Core. WSW, Expl., Cathodic, etc)  If Workover/Re-entry: Old Well Info as follows:  Original Comp. Date:  Ori	Feet
Pootages Calculated from Nearest Outside Section Corner:   Phone: (913) 748-9987	Feet  VNo Feet
Phone: (913 ) 748-3987  Contractor: Name: McPherson Drilling  License: 5675  Wellsite Geologist: Designate Type of Comptetion:	Feet ☑No Feet
Contractor: Name: McPherson Drilling  License: 5675  Wellsite Geologist:	Feet ☑No Feet
License: 5675  Wellsite Geologist:	Feet ☑No Feet
Wellsite Geologist:  Designate Type of Completion:  ✓ New Well Re-Entry Workover  Oil SWD SIOW Temp. Abd.  ✓ Gas ENHR ✓ SIGW  Dry Other (Core, WSW, Expl., Cathodic, etc)  If Workover/Re-entry: Old Well Info as follows:  Operator:  Well Name:  Original Comp. Date:  Despening Re-perf.  Conv. to Enhr./SWD  Plug Back  Plug Back  Plug Back Total Depth:  Docket No.  Other (SWD or Enhr.?)  Docket No.  Ot	Feet ☑No Feet
Designate Type of Completion:    New Well	Feet ☑No Feet
New Well	Feet ☑No Feet
Amount of Surface Pipe Set and Cemented at 40  Amount of Surface Pipe Set and Cemented at 40  Multiple Stage Cementing Collar Used?   Yes	☑No Feet
Multiple Stage Cementing Collar Used?	☑No Feet
Dry	Feet
If Workover/Re-entry: Old Well Info as follows:    Coperator:	
Composition   Commosition	sx cmt.
Original Comp. Date:Original Total Depth:	JA VIIII.
Original Comp. Date:Original Total Depth:Original Total Depth:	
Deepening Re-perf. Conv. to Enhr./SWD Plug Back Plug Back Total Depth Commingled Docket No. Dual Completion Docket No. Other (SWD or Enhr.?) Docket No. Other (SWD or Enhr.?) Docket No. Operator Name: Dease Name: License No.: Operator Name: License No.: O	
Plug BackPlug Back Total Depth	
Commingled	_ bbis
Dual Completion	
Other (SWD or Enhr.?) Docket No	
Pol 1/2006  Spud Date or Recompletion Date or Recompletion Date or Recompletion Date  INSTRUCTIONS: An original and two copies of this form shall be filed with the Kansas Corporation Commission, 130 S. Market - Room 2078, Wich and the County is a series of the commission of the County is a series of the commission of the County is a series of the commission of the County is a series of the commission of the County is a series of the commission of the County is a series of the commission of the County is a series of the commission of the County is a series of	
Spud Date or Date Reached TD Completion Date or Recompletion Date or Recompletion Date  County:S. R East County: Docket No.:  INSTRUCTIONS: An original and two copies of this form shall be filled with the Kansas Corporation Commission, 130 S. Market - Room 2078, Wic	
Recompletion Date  County: Docket No.:  INSTRUCTIONS: An original and two copies of this form shall be filled with the Kansas Corporation Commission, 130 S. Market - Room 2078, Wic	] West
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 a 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 8 107 for confidentiality in excess of 12 months). One copy of all wireline logs and geologist well report shall be attached with this form. ALL CEMENT TICKETS MUST BE ATTACHED. Submit CP-4 form with all plugged wells. Submit CP-111 form with all temporarily abandoned wells.	oply. 2-3-
Il requirements of the statutes, rules and regulations promulgated to regulate the oil and gas industry have been fully complied with and the state	ments
erein are complete and correct to the best of my knowledge.	
ignature: KCC Office Use ONLY	
itle: Agent Date: 12/22/2006 Letter of Confidentiality Attached	
m Charles	
ubscribed and sworn to before me this 22 day of	
RECEIV	-
otary Public: Geologist Report Received ANSAS CORPORATION UIC Distribution	- ED
ate Commission Expires: 12 28 09 JUN 172	- ED 1 COMMI

KANSAS CORPORATION COMMISSION ORIGINA
OIL & GAS CONSERVATION DIVISION
WELL COLF

September 1999 Form Must Be Typed

## WELL COMPLETION FORM WELL HISTORY - DESCRIPTION OF WELL & LEASE

Operator: License #_33365	125-31124-00-00
Name: Layne Energy Operating, LLC	API No. 15 - 125-31131-00-00
Address: 1900 Shawnee Mission Parkway	County: Montgomery
City/State/Zip: Mission Woods, KS 66205	SW_NE Sec. 31 Twp. 31 S. R. 16
Purchaser:	feet from S / (N) (circle one) Line of Section
Operator Contact Person: M. Brent Nattrass	leet from EV W (circle one) Line of Section
Phone: (913 ) 748-3960	Footages Calculated from Nearest Outside Section Corner:
Contractor: Name: McPherson Drilling	(circle one) NE SE NW SW
5675	Lease Name: Bever Well #: 7-31
	100 (100)
Wellsite Geologist:  Designate Type of Completion:	3
New Well Re-Entry Workover	Elevation: Ground: 706 Kelly Bushing:
	Total Depth: 1205' Plug Back Total Depth: 1198'
OiiSIOWTemp. Abd Gas ENHRSIGW	Amount of Surface Pipe Set and Cemented at 40 Feet
	Multiple Stage Cementing Collar Used? ☐ Yes ☑ No
(South Carry, Expl., Califolic, etc)	If yes, show depth setFeet
If Workover/Re-entry: Old Well Info as follows:	If Alternate II completion, cement circulated from 1198'
Operator:	feet depth to Surface w/ 125 sx cmt.
Well Name:	Drilling Fluid Management Plan
Original Comp. Date: Original Total Depth:	(Data must be collected from the Reserve Pit)
Deepening Re-perf Conv. to Enhr./SWD	Chloride content N/A ppm Fluid volume bbls
Plug Back Plug Back Total Depth	Dewatering method used N/A - Air Drilled
Commingled Docket WOUNT LIFE	Location of fluid disposal if hauled offsite:
Dual Completion Docket No	
Other (SWD or Enhr.?) Docket No.	Operator Name:
9/1/2006 9/6/2006 3/22/2007	Lease Name: License No.:
Spud Date or Date Reached TD Completion Date or Recompletion Date	Quarter Sec TwpS. R East West
indestribution bate	County: Dacket No.:
Information of side two of this form will be held confidential for a period of 107 for confidentiality in excess of 12 months). One copy of all wireline logs TICKETS MUST BE ATTACHED. Submit CP-4 form with all plugged wells	
I requirements of the statutes, rules and regulations promulgated to regularein are complete and correct to the best of my knowledge.	ate the oil and gas industry have been fully complied with and the statements
gnature: MS A attra	KCC Office Use ONLY
le: Agent Date: 7/9/07	Letter of Confidentiality Attached
bscribed and sworn to before me thisday of	If Denied. Yes Date:
07	
Martand Di Dan	Geologist Report Received
tary Public: 1 rungunguen parung	UIC Distribution KANSAS CORPORATION COMMISSION