

**ORIGINAL**

KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION

Form ACO-1  
September 1999  
Form Must Be Typed

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

Operator: License # 32710  
Name: Laymon Oil II, LLC  
Address: 1998 Squirrel Rd  
City/State/Zip: Neosho Falls, KS 66758  
Purchaser: Plains Marketing, LLP  
Operator Contact Person: Kenneth Laymon  
Phone: (620) 963-2495  
Contractor: Name: Laymon Oil II, LLC  
License: 32710  
Wellsite Geologist: none

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: 3/16/93 Original Total Depth: 1058  
 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. \_\_\_\_\_

8/15/04 8/15/04 8/15/04  
Spud Date or Date Reached TD Completion Date or  
Recompletion Date Recompletion Date

API No. 15 - 207-26054-0001  
County: Woodson  
46 SE NW Sec. 11 Twp. 24 S. R. 16  East  West  
3360 feet from (S) N (circle one) Line of Section  
4000 feet from (E) W (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:  
(circle one) NE SE (NW) SW  
Lease Name: Strahm Well #: W-30  
Field Name: Vernon

Producing Formation: Squirrel  
Elevation: Ground: 1061 Kelly Bushing: \_\_\_\_\_  
Total Depth: 1070 Plug Back Total Depth: 1054  
Amount of Surface Pipe Set and Cemented at 42 Feet  
Multiple Stage Cementing Collar Used?  Yes  No  
If yes, show depth set \_\_\_\_\_ Feet  
If Alternate II completion, cement circulated from 42  
feet depth to surface w/ 5 sx cmt.

Drilling Fluid Management Plan OWWO KJP 2/20/08  
(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 No.: \_\_\_\_\_  
Quarter \_\_\_\_\_ Sec. \_\_\_\_\_ Twp. \_\_\_\_\_ S. R. \_\_\_\_\_  East  West  
County: \_\_\_\_\_ 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 my knowledge.

Signature: Kenneth Laymon  
Title: Owner Date: 8/15/04

Subscribed and sworn to before me this 15 day of August

192004  
Notary Public: Regina Laymon

Date Commission Expires: 07/21/05  
NOTARY PUBLIC State of Kansas  
**REGINA LAYMON**  
My Appt. Expires 07/21/05

**KCC Office Use ONLY**

Letter of Confidentiality Attached  
If Denied, Yes  Date: \_\_\_\_\_  
 Wireline Log Received  
 Geologist Report Received  
 UIC Distribution

JAN 19 1990

Operator Name: Laymon Oil II, LLC Lease Name: Strahm Well #: W-30  
 Sec. 11 Twp. 24 S. R. 16  East  West County: Woodson

**INSTRUCTIONS:** Show important tops and base 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. Attach copy of all Electric Wireline Logs surveyed. Attach final geological well site report.

Drill Stem Tests Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(Attach Additional Sheets)</i>  Samples Sent to Geological Survey <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  Cores Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Electric Log Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(Submit Copy)</i>  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
surface	10"	7"		42'	portland	5	none
tubing	5 5/8"	2 7/8"		1054'	"	165	2% Gel
production		1"		1050'			

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				

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used)	Depth
2	1018' - 1024'	1200# sand	1018-1024'
		50# rock salt	
		65 bbl gelled water	

TUBING RECORD		Size	Set At	Packer At	Liner Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
none					
Date of First, Resumed Production, SWD or Enhr. production 8/15/04			Producing Method <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)		
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, Sumit ACO-18.)</i>	METHOD OF COMPLETION <input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <input type="checkbox"/> Other (Specify) _____
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KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION  
**NOTICE OF INJECTION  
COMMENCEMENT OR TERMINATION**

COPY

Form U-5  
July 2003  
Form must be Typed  
Form must be Signed  
All blanks must be Filled  
Form must be completed  
on a per well basis

Notice of Injection: (check one)  Commencement  
 Termination  
Entire Permit  Yes  No  
 Disposal  Enhanced Recovery

Effective Date: 8/15/04

Operator License #: 32710

Operator: Laymon Oil II, LLC  
(As listed on Operator License)

Name: \_\_\_\_\_

Address: 1998 Squirrel Rd  
Neosho Falls, KS 66758

Contact Persons Name: kenneth Laymon

Phone Number: (620) 963-2495

Permit Number: E-12706

Entire Permit:  Yes  No

N2 Sec. 11 Twp. 24 S. R. 16  East  West

3360 Feet from  North /  South Section Line

4000 Feet from  East /  West Section Line

Lease Description: N2

Please list all leases and wells affected by this document:

Lease Name: Strahm

Well Number(s): W-30

County: Woodson

Zone Used for Injection: squirrel

RECEIVED  
AUG 18 2004  
KCC WICHITA

For Notice of Termination:

Well will be plugged (File a CP-1 form)  Well is plugged (File a CP-4 form)  Returned to production (File an ACO-1 form)  Temporary abandoned (File a CP-111 form with District Office)

A **COPY** of the  CP-1,  CP-4,  ACO-1 or  CP-111 form is attached.  
(Please mark one)

If well is Temporary Abandoned, file TA form CP-111 with District Office, injection will resume on or about \_\_\_\_\_ (date)  
or when the following work is completed:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I certify that the above is a true and accurate statement of the facts as known this 15 day of August, 2004

Signature: Regina Laymon

Name: Regina Laymon

Title: Sec/Tres

KCC Office Use: KCC District # \_\_\_\_\_

Submit the following:

a CP2/3  a field report

other: \_\_\_\_\_