

Handwritten signature/initials

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form ACO-1
September 1999
Form Must Be Typed

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

Operator: License # 33365
Name: Layne Energy Operating, LLC
Address: 1900 Shawnee Mission Parkway
City/State/Zip: Mission Woods, KS 66205
Purchaser: _____
Operator Contact Person: Timothy H. Wright
Phone: (913) 748-3960
Contractor Name: Smith-Drilling BILFIELD SERVICES, INC.
License: 38998

Wellsite Geologist: _____
Designate Type of Completion:
 New Well Re-Entry Workover
 Oil SWD SLOW Temp. Abd.
 Gas ENHR SIGW
 Dry Other (Core, WSW, Expl., Cathodic, etc)

If Workover/Re-entry: Old Well Info as follows:
Operator: Indianola Oil, Inc.

Well Name: Mills etal 1
Original Comp. Date: 4/1/2004 Original Total Depth: 1687'
 Deepening Re-perf. Conv. to Enhr./SWD
 Plug Back 1630' Plug Back Total Depth
 Commingled Docket No. _____
 Dual Completion Docket No. D-28,334 Cancelled
 Other (SWD or Enhr.?) Docket No. _____

3/27/2008 3/28/2008
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 019-26586-00-01 Docket Cancelled
County: Chautauqua
NE SW Sec. 22 Twp. 32 S. R. 13 East West
1980 feet from (S) N (circle one) Line of Section
3300 feet from (E) W (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:
(circle one) NE (SE) NW SW
Lease Name: Mills etal Well #: 1

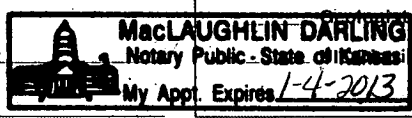
Field Name: Unknown
Producing Formation: Mulky producing / Burgess disposing
Elevation: Ground: 992' Kelly Bushing: _____
Total Depth: 1687' Plug Back Total Depth: 1630'
Amount of Surface Pipe Set and Cemented at 230 Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set _____ Feet
If Alternate II completion, cement circulated from 1660
feet depth to 720' w/ 100 ^{sx cmt.}

wo-Dlg - 7/23/09
Drilling Fluid Management Plan
(Data must be collected from the Reserve Pit)
Chloride content N/A ppm Fluid volume _____ bbls
Dewatering method used Evaporation
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: [Signature]
Title: Project Engineer Date: 6/25/09
Subscribed and sworn to before me this 25 day of June,
09.
Notary Public: MacLaughlin Darling
Date Commission Expires: 1-4-2013



KCC Office Use ONLY
Y
Letter of Confidentiality Attached
If Denied, Yes Date: 7/17/09
Wireline Log Received **RECEIVED**
Report Received **JUN 26 2009**
KCC WICHITA

Operator Name: Layne Energy Operating, LLC Lease Name: Mills etal Well #: 1
 Sec. 22 Twp. 32 S. R. 13 East West County: Chautauqua

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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(Submit Copy)</i> List All E. Logs Run: Cement Bond Log | <input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;">Name</td> <td style="width:20%;">Top</td> <td style="width:20%;">Datum</td> </tr> <tr> <td>Pawnee</td> <td>1189</td> <td></td> </tr> <tr> <td>Excello Shale</td> <td>1327</td> <td></td> </tr> <tr> <td>V-Shale</td> <td>1375</td> <td></td> </tr> <tr> <td>Mineral Coal</td> <td>1419</td> <td></td> </tr> </table> | Name | Top | Datum | Pawnee | 1189 | | Excello Shale | 1327 | | V-Shale | 1375 | | Mineral Coal | 1419 | |
| Name | Top | Datum | | | | | | | | | | | | | | |
| Pawnee | 1189 | | | | | | | | | | | | | | | |
| Excello Shale | 1327 | | | | | | | | | | | | | | | |
| V-Shale | 1375 | | | | | | | | | | | | | | | |
| Mineral Coal | 1419 | | | | | | | | | | | | | | | |

| CASING RECORD <input checked="" 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 | # Sacjs Used | Type and Percent Additives |
| Surface | 11" | 8.625" | 20 | 230' | Class A | 75 | |
| Casing | 6.75" | 4.5" | 9.5 | 1660' | Thick Set | 100 | 50/50 posmix w/2% gel |
| | | | | | | | |

| 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 |
|----------------|---|---|-----------|
| | OH Burgess 1670' - 1687' | | 1670'-87' |
| 2 | Mulky 1325' - 1333' | | 1325'-33' |
| | | | |
| | CIBP 1630' | | |
| | Recompleted from Dual Completion to Gas Producer | | |

| | | | | | | |
|--|-----------|---|-------------|---------------|-----------|---|
| TUBING RECORD | | Size | Set At | Packer At | Liner Run | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| | | 2-3/8" | 1384' | | | |
| Date of First, Resumerd Production, SWD or Enhr. | | Producing Method | | | | |
| 3/28/2008 | | <input type="checkbox"/> Flowing <input checked="" type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain) | | | | |
| Estimated Production Per 24 Hours | Oil Bbbs. | Gas Mcf | Water Bbbs. | Gas-Oil Ratio | Gravity | |
| | 0 | 30 | 0 | | | |

| | | |
|---|--|---------------------------------------|
| Disposition of Gas | METHOD OF COMPLETION | Production Interval |
| <input type="checkbox"/> Vented <input checked="" type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i> | <input type="checkbox"/> Open Hole <input checked="" type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <input type="checkbox"/> Other (Specify) _____ | Docket cancelled -- gas producer ONLY |

RECEIVED
 JUN 26 2009
 KCC WICHITA

Layne Energy, Inc.

1900 Shawnee Mission Parkway, Mission Woods, Kansas 66205 Phone: (913) 748-3987 Fax: (913) 748-3950

June 25, 2009

Mr. Steve Bond
Kansas Corporation Commission
Oil & Gas Conservation Division
130 S. Market, Room 2078
Wichita, KS 67202

Re: Well Recompletion Form

Dear Mr. Bond:

I have enclosed the ACO-1 form for the following **recompleted** well:

API # 15-019-26586-00-01
Mills etal 1

We respectfully request that all information submitted be kept confidential. Per provision E-4 of K.A. R. 82-3-107, we request that the term of the confidentiality be extended by one year **if applicable**.

If you need additional information, please contact me at (913) 748-3960.

Sincerely,



MacLaughlin Darling
Production Analyst

Enclosures

cc: Well File
Field Office



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KCC WICHITA