

ORIGINAL

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION
WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

Form ACO-1
September 1999
Form Must Be Typed

7/21/09

20918-0002

Operator: License # 34046
Name: Michael Laymon
Address: 1206 N Grove
City/State/Zip: Yates Center, KS 66783
Purchaser: Coffeyville Resources
Operator Contact Person: Michael Laymon
Phone: (620) 625-3447
Contractor: Name: Laymon Oil II
License: 32710
Wellsite Geologist: none

KANSAS CORPORATION COMMISSION

MAY 12 2009

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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: Re-seat!

Operator: DFW Petroleum
Well Name: C-8 LUEKING 8

Original Comp. Date: 01-19-76 Original Total Depth: 1025
Deepening Re-perf. Conv. to Oil
Plug Back 1023 Plug Back Total Depth

Commingled Docket No.
Dual Completion Docket No.
Other (SWD or Enhr.?) Docket No.

Spud Date or Date Reached TD Completion Date or Recompletion Date
4-23-2009 04-23-2009

API No. 15 - 207-20961-00-01
County: Woodson
Sec. 15 Twp. 24 S. R. 16 East West

4404 feet from (S) N (circle one) Line of Section
5080 feet from (E) W (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:
(circle one) NE (SE) NW SW
Lease Name: Lueking Well #: C8

Field Name: Vernon
Producing Formation: Squirrel

Elevation: Ground: 1024 Kelly Bushing:
Total Depth: 1025 Plug Back Total Depth: 1023

Amount of Surface Pipe Set and Cemented at 40 Feet
Multiple Stage Cementing Collar Used? Yes No

If yes, show depth set _____ Feet
If Alternate II completion, cement circulated from _____
feet depth to _____ w/ _____ sx cmt.

Drilling Fluid Management Plan OWWO- AIT I NCR
(Data must be collected from the Reserve Pit) 8-7-09

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: Michael Laymon
Title: Owner/ Operator Date: 05-01-2009

Subscribed and sworn to before me this 5th day of May, 2009.

Notary Public: Rachelle Laymon
Date Commission Expires: July 11, 2012

NOTARY PUBLIC - State of Kansas
RACHELLE LAYMON
My Appt. Expires 7/11/12

OK to process as an OOI per SB 6/21/09
KCC Office Use ONLY
 Letter of Confidentiality Received
 If Denied, Yes Date: _____
 Wireline Log Received
 Geologist Report Received
 UIC Distribution (7/21)

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Operator Name: Michael Laymon Lease Name: Lueking Well #: C8
 Sec. 15 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 <div style="text-align: center;"> KANSAS CORPORATION COMMISSION MAY 12 2009 RECEIVED </div>
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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"	15	40	Unknown	15	unknown
Production	5 7/8"	2 3/8"	5	1023	Unknown	130	

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
	Perfs 1001 to 1011		

TUBING RECORD	Size	Set At	Packer At	Liner Run <input type="checkbox"/> Yes <input type="checkbox"/> No
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Date of First, Resumerd Production, SWD or Enhr. <u>4-23-2009</u>	Producing Method <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 Bbls. <u>1/4 bbl</u>	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity

Disposition of Gas Vented Sold Used on Lease *(If vented, Submit ACO-18.)* METHOD OF COMPLETION Open Hole Perf. Dually Comp. Commingled Other (Specify) _____

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