

CONFIDENTIAL

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

ORIGINAL

Form ACO-1
September 1999
Form Must Be Typed

WELL COMPLETION FORM

WELL HISTORY - DESCRIPTION OF WELL & LEASE

~~5/9/08~~
5/9/10

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: Thornton Air Rotary
License: 33606
Wellsite Geologist: _____

KCC
MAY 09 2008
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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:

Operator: _____
Well Name: _____
Original Comp. Date: _____ 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. Applied

1/18/2008 1/23/2008 2/4/2008
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 205-27377-00-00
County: Wilson
SW SW SW Sec. 36 Twp. 30 S. R. 16 East West
331 feet from N (circle one) Line of Section
114 feet from E / W (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:
(circle one) NE SE NW SW
Lease Name: Mahaffey SWD Well #: 13-36
Field Name: Cherokee Basin Coal Area
Producing Formation: Arbuckle
Elevation: Ground: 889' Kelly Bushing: _____
Total Depth: 1547' Plug Back Total Depth: 1463'
Amount of Surface Pipe Set and Cemented at 21 Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set _____ Feet
If Alternate II completion, cement circulated from 1463
feet depth to Surface w/ 230 sx cmt.

Drilling Fluid Management Plan AH II MS 6-11-08
(Data must be collected from the Reserve Pit)
Chloride content N/A ppm Fluid volume _____ bbls
Dewatering method used N/A - Air Drilled
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: _____
Title: Agent Date: 5-9-2008
Subscribed and sworn to before me this 9 day of May,
20 08.
Notary Public: MacLaughlin Darling
Date Commission Expires: 1-4-2009

KCC Office Use ONLY

Letter of Confidentiality Attached **RECEIVED**
If Denied, Yes Date: _____ KANSAS CORPORATION COMMISSION
 Wireline Log Received
 Geologist Report Received **MAY 12 2008**
MacLAUGHLIN DARLING
Notary Public - State of Kansas
My Appt. Expires 1-4-2009
CONSERVATION DIVISION
WICHITA, KS

Operator Name: Layne Energy Operating, LLC Lease Name: Mahaffey SWD Well #: 13-36
 Sec. 36 Twp. 30 S. R. 16 East West County: Wilson

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: Compensated Density Neutron Dual Induction	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:60%;">Name</th> <th style="width:20%;">Top</th> <th style="width:20%;">Datum</th> </tr> </thead> <tbody> <tr> <td>Pawnee Lime</td> <td>579 GL</td> <td>311</td> </tr> <tr> <td>Excello Shale</td> <td>711 GL</td> <td>178</td> </tr> <tr> <td>V-Shale</td> <td>764 GL</td> <td>125</td> </tr> <tr> <td>Mineral Coal</td> <td>801 GL</td> <td>88</td> </tr> <tr> <td>Mississippian</td> <td>1115 GL</td> <td>-226</td> </tr> </tbody> </table>	Name	Top	Datum	Pawnee Lime	579 GL	311	Excello Shale	711 GL	178	V-Shale	764 GL	125	Mineral Coal	801 GL	88	Mississippian	1115 GL	-226
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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"	24	21'	Class A	6	Type 1 cement
Casing	6.75"	5.5"	10.5	1463'	60/40 Pozmix	230	w/4% 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
	Open Hole -- Arbuckle 1390' - 1547'	1000 gal 20% HCL Acid	1390' - 1547'

TUBING RECORD	Size Set At	Packer At	Liner Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	2-3/8"	1390'	1390'

Date of First, Resumerd Production, SWD or Enhr. Pending Docket Approval	Producing Method <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)
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Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	RECEIVED KANSAS CORPORATION COMMISSION
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Disposition of Gas <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	METHOD OF COMPLETION <input checked="" type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <input type="checkbox"/> Other (Specify) _____	Production Interval	MAY 12 2008
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CONSOLIDATED OIL WELL SERVICES, LLC
 P.O. BOX 884, CHANUTE, KS 66720
 620-431-9210 OR 800-467-8676

TICKET NUMBER 13545
 LOCATION Eucema
 FOREMAN Steve March

TREATMENT REPORT & FIELD TICKET
 CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
2-4-08	4758	Mahaffey 19-36 SWD	36	30S	11E	Lincoln
CUSTOMER			TRUCK #			
Large Energy			DRIVER			
MAILING ADDRESS			TRUCK #			
P.O. Box 160			KCC			
CITY			DRIVER			
Sycamore			Alan			
STATE			436			
KS			Jim			
ZIP CODE			MAY 09 2008			
			CONFIDENTIAL			

JOB TYPE Acid HOLE SIZE _____ HOLE DEPTH 1547' CASING SIZE & WEIGHT 5 1/2
 CASING DEPTH 1890' DRILL PIPE _____ TUBING 2 3/8 OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT _____ DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety Meeting: Rig up to 5 1/2 casing. Pressure up to 2400' Blow Down at
Packer Pump 30 bbls HCL water. Shut down. Run wire line to bottom. Tag bottom
AT 1526' Pump 1000 gallons 20% HCL Acid Displace with 115 bbls HCL
water. Rate 1 bbls per min 400'. Shutdown Pressure 0'. Well on HCS 3 bbls
per min. Wait on pulling unit Run 2 3/8 tubing in. Rig up to Annular side
Pump 22 bbls water with Packer Fluid. Set Packer AT 1370' MET
Well 400' for 30 min.
Job Complete Rig down.

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5307	1	PUMP CHARGE		
5306	40	MILEAGE	585.00	23400.00
			3.45	138.00
3108	1000 gallons	20% HCL Acid w/ Inhibitor	1.55	1550.00
3171	6 gallons	Iron Control	37.85	227.10
3134	79 gallons	Surface Tension Reducer	34.95	2759.55
3172	5 gallons	HCL	27.10	135.50
3178	2 1/2 gallons	Packer Fluid	40.00	100.00
5502A	2 1/2 hrs	80 bbl Vacuum Truck	94.00	235.00
3129	3000 gallons	CITY WATER	13.30	3990.00
			RECEIVED KANSAS CORPORATION COMMISSION	
			MAY 12 2008	
			CONSERVATION DIVISION WICHITA, KS	
			Sub Total	21157.45
			SALES TAX	201
			ESTIMATED TOTAL	21358.45

AUTHORIZATION Called by Justin TITLE Co. Rep DATE _____

Daily Well Work Report

MAHAFFEY 13-36 SWD

1/18/2008

Well Location:
WILSON KS
30S-16E-36 SW SW
331FSL / 114FWL

Cost Center C01034800100
Lease Number C010348
Property Code KSCV30S16E3613SW
API Number 15-205-27377

Spud Date	RDMO Date	First Compl	First Prod	EFM Install	CygnnetID
1/18/2008	1/23/2008			3/26/2008	MAHAF_13_36SWD

TD	PBTD	Sf Csg Depth	Pr Csg Depth	Tbg Size	Csg Size
1547	1384	21	1384		

Reported By KRD **Rig Number** **Date** 1/18/2008
Taken By KRD **Down Time**
Present Operation DRILL OUT FROM UNDER SURFACE **Contractor** MCPHERSON

Narrative

MIRU MCPHERSON DRILLING , DRILLED 11" HOLE, 21' DEEP, RIH W/ 1 JT 8 5/8" SURFACE CASING, MIXED 6 SKS TYPE 1 CEMENT, DUMPED DOWN THE BACKSIDE. SDFN.
DWC:\$2,880

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RECEIVED
KANSAS CORPORATION COMMISSION

MAY 12 2008

CONSERVATION DIVISION
WICHITA, KS