

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

ORIGINAL

Form ACO-1
October 2008
Form Must Be Typed

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # 32710
Name: Laymon Oil II, LLC
Address 1: 1998 Squirrel RD
Address 2: _____
City: Neosho Falls State: KS Zip: 66758 + 7124
Contact Person: Michael Laymon
Phone: (620) 963-2495
CONTRACTOR: License # 32710
Name: company tools
Wellsite Geologist: none
Purchaser: Coffeyville Resources
Designate Type of Completion:
☒ New Well _____ Re-Entry _____ Workover
☒ Oil _____ SWD _____ SIOW
_____ Gas _____ ENHR _____ SIGW
_____ CM (Coal Bed Methane) _____ Temp. Abd.
_____ 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. _____ Conv. to SWD
_____ Plug Back: _____ Plug Back Total Depth
_____ Commingled _____ Docket No.: _____
_____ Dual Completion _____ Docket No.: _____
_____ Other (SWD or Enhr.?) _____ Docket No.: _____
08-05-2010 08-07-2010 09-10-2010
Spud Date or _____ Date Reached TD _____ Completion Date or
Recompletion Date _____ Recompletion Date _____

API No. 15 - 207-27673-00-00
Spot Description: _____
NW _____ NE _____ SE _____ SW _____ Sec. 16 Twp. 24 S. R. 16 ☒ East ☐ West
1155 Feet from ☐ North / ☒ South Line of Section
3795 Feet from ☒ East / ☐ West Line of Section
Footages Calculated from Nearest Outside Section Corner:
☐ NE ☐ NW ☐ SE ☐ SW
County: Woodson county
Lease Name: Marion Jones Well #: 6-10
Field Name: Vernon
Producing Formation: Squirrel
Elevation: Ground: 1071 est Kelly Bushing: _____
Total Depth: 1155 Plug Back Total Depth: 1140
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: 40
feet depth to: surface w/ 10 sx cmt.

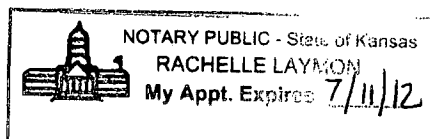
Drilling Fluid Management Plan
(Data must be collected from the Reserve Pit)

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: Michael Laymon
Title: Owner Date: 10-14-2010
Subscribed and sworn to before me this 14 day of October,
20 10.
Notary Public: Rachelle Laymon
Date Commission Expires: 7/11/12



KCC Office Use ONLY	
<input checked="" type="checkbox"/> N	Letter of Confidentiality Received
If Denied, Yes <input type="checkbox"/> Date: _____	
<input checked="" type="checkbox"/>	Wireline Log Received
<input type="checkbox"/>	Geologist Report Received
<input type="checkbox"/>	UIC Distribution
<u>Alt 2. Dig - 11/2/10</u>	

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Operator Name: Laymon Oil II, LLC Lease Name: Marion Jones Well #: 6-10
 Sec. 16 Twp. 24 S. R. 16 ☒ East ☐ West County: Woodson county

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 ☐ Yes ☒ No
 (Attach Additional Sheets)

Samples Sent to Geological Survey ☐ Yes ☒ No

Cores Taken ☐ Yes ☒ No

Electric Log Run ☒ Yes ☐ No
 (Submit Copy)

List All E. Logs Run:

Gamma Ray Neutrol

☒ Log Formation (Top), Depth and Datum ☐ Sample

Name see attached log Top Datum

CASING RECORD ☐ New ☐ 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 1/4"	8 5/8"	24#	40'	common	10	
Production	6 1/8"	2 7/8"	6.8#	1140'	portland	160	
tubing		1"	1.9#	1042'			

ADDITIONAL CEMENTING / SQUEEZE RECORD

Purpose:	Depth Top Bottom	Type of Cement	#Sacks Used	Type and Percent Additives
___ Perforate				
___ Protect Casing				
___ Plug Back TD				
___ 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	1044 - 1011	50 gal HCL acid; 45 sacks sand	1044-1058
2	1016 - 1019		
2	1048 - 1058		

TUBING RECORD: Size: Set At: Packer At: Liner Run: ☐ Yes ☐ No

Date of First, Resumed Production, SWD or Enhr. 09-13-2010	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. 2 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 (If vented, Submit ACO-18.)	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) _____	PRODUCTION INTERVAL: _____ RECEIVED
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Laymon Oil II LLC
1998 Squirrel Rd
Neosho Falls, KS 66758

620-963-2495

fax 620-963-2921

Lease : Marion Jones Well # 6-10
API: 15-207-27673-00
Spud date: 08-05-2010
Completion date: 08-07-2010
16-24-16 Woodson County

Formation	From	To
Soil	0	19
Shale	19	185
Lime	185	235
Shale	235	260
Lime	260	395
Shale	395	420
Lime	420	480
Shale	480	520
Lime	520	570
Black Shale	570	573
Lime	573	655
Shale	655	820
Lime	820	908
Shale	908	925
Shale & Lime	925	978
5' Lime	978	983
Shale	983	990
Water Sand	990	998
Upper Sand	998	1013
Shale	1013	1045
Lower Sand	1045	1057
Shale	1057	1155
Total Depth		1155

Set 40' of 8 5/8" surface, cemented w/ 10 sacks
Ran 1140' of 2 7/8" pipe
Seat nipple @ 1042'

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THE NEW KLEIN LUMBER

P.O. BOX 805

IOLA, KS 66749

(620) 365-2201

(620) 365-7542

ACCOUNT STATEMENT**TO:**

LAYMON OIL

1998 SQUIRREL RD

NEOSHO FALLS KS 66758

ACCOUNT NO. 3447**DATE** 4/12/10**TERMS****AMOUNT ENCLOSED**

DATE	DESCRIPTION	CHARGES	CREDITS	BALANCE
4/12/10	100 PORTLAND CEMENT Greg Glene #4-10 - 10 sacks D. Glene #1-10 10 sacks Marion Jones 6-10 10 sacks.	945.00		945.00
				\$945.00
				TOTAL DUE

MAKE CHECKS PAYABLE TO:

THE NEW KLEIN LUMBER

P.O. BOX 805

IOLA, KS 66749

THANK YOU FOR YOUR BUSINESS!**RECEIVED****OCT 20 2010****KCC WICHITA**

802 N. Industrial Rd.
P.O. Box 664
Iola, Kansas 66749
Phone: (620) 365-5588

Payless Concrete Products, Inc.



CONDITIONS

Concrete to be delivered to the nearest accessible point over passable road, under truck's own power. Due to delivery at owner's or intermediary's direction, seller assumes no responsibility for damages in any manner to sidewalks, roadways, driveways, buildings, trees, shrubbery, etc., which are at customer's risk. The maximum allotted time for unloading trucks is 5 minutes per yard. A charge will be made for holding trucks longer. This concrete contains correct water contents for strength or mix indicated. We do not assume responsibility for strength test when water is added at customer's request.

NOTICE TO OWNER

Failure of this contractor to pay those persons supplying material or services to complete this contract can result in the filing of a mechanic's lien on the property which is the subject of this contract.

TIME	FORMULA	LOAD SIZE	YARDS ORDERED		DRIVER/TRUCK		PLANT/TRANSACTION #
10:00 AM	1000	6.00 yd	10.00 yd	6.00	23	0.00	
DATE		LOAD #	YARDS DEL.	BATCH#	WATER TRIM	SLUMP	TICKET NUMBER
10/23/10		1	6.00 yd	10000		6.00 SL	87600

WARNING

IRRITATING TO THE SKIN AND EYES

Contains Portland Cement. Wear Rubber Boots and Gloves. PROLONGED CONTACT MAY CAUSE BURNS. Avoid Contact With Eyes and Prolonged Contact With Skin. In Case of Contact With Skin or Eyes, Flush Thoroughly With Water, If Irritation Persists, Get Medical Attention. KEEP CHILDREN AWAY.

CONCRETE is a PERISHABLE COMMODITY and BECOMES the PROPERTY of the PURCHASER UPON LEAVING the PLANT. ANY CHANGES OR CANCELLATION of ORIGINAL INSTRUCTIONS MUST be TELEPHONED to the OFFICE BEFORE LOADING STARTS.

The undersigned promises to pay all costs, including reasonable attorneys' fees, incurred in collecting any sums owed.

All accounts not paid within 30 days of delivery will bear interest at the rate of 24% per annum.

Not Responsible for Reactive Aggregate or Color Quality. No Claim Allowed Unless Made at Time Material is Delivered.

A \$25 Service Charge and Loss of the Cash Discount will be collected on all Returned Checks.

Excess Delay Time Charged @ \$50/HR.

PROPERTY DAMAGE RELEASE (TO BE SIGNED IF DELIVERY TO BE MADE INSIDE CURB LINE)

Dear Customer-The driver of this truck in presenting this RELEASE to you for your signature is of the opinion that the size and weight of his truck may possibly cause damage to the premises and/or adjacent property if it places the material in this load where you desire it. It is our wish to help you in every way that we can, but in order to do this the driver is requesting that you sign this RELEASE relieving him and this supplier from any responsibility from any damage that may occur to the premises and/or adjacent property, buildings, sidewalks, driveways, curbs, etc., by the delivery of this material, and that you also agree to help him remove mud from the wheels of his vehicle so that he will not litter the public street. Further, as additional consideration, the undersigned agrees to indemnify and hold harmless the driver of this truck and this supplier for any and all damage to the premises and/or adjacent property which may be claimed by anyone to have arisen out of delivery of this order.

X

Excessive Water is Detrimental to Concrete Performance H₂O Added By Request/Authorized By

GAL X

WEIGHMASTER

NOTICE: MY SIGNATURE BELOW INDICATES THAT I HAVE READ THE HEALTH WARNING NOTICE AND SUPPLIER WILL NOT BE RESPONSIBLE FOR ANY DAMAGE CAUSED WHEN DELIVERING INSIDE CURB LINE.

LOAD RECEIVED BY

X

QUANTITY	CODE	DESCRIPTION	UNIT PRICE	EXTENDED PRICE
----------	------	-------------	------------	----------------

1.00	1000	1000 (1000) (1000) (1000)	6.00	600.00
0.00	1000	1000 (1000) (1000) (1000)	6.00	0.00

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RETURNED TO PLANT	LEFT JOB	FINISH UNLOADING	DELAY EXPLANATION/CYLINDER TEST TAKEN	TIME ALLOWED
		1:57	1. JOB NOT READY 2. SLOW POUR OR PUMP 3. TRUCK AHEAD ON JOB 4. CONTRACTOR BROKE DOWN 5. ADDED WATER	7:00.00
LEFT PLANT	ARRIVED JOB	START UNLOADING		TIME DUE
12:58	1:24	1:31		7:50.00
TOTAL ROUND TRIP	TOTAL AT JOB	UNLOADING TIME		DELAY TIME
				ADDITIONAL CHARGE 1
				ADDITIONAL CHARGE 2
				GRAND TOTAL

**802 N. Industrial Rd.
P.O. Box 664
Iola, Kansas 66749
Phone: (620) 365-5588**

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TIME	FORMULA	LOAD SIZE	YARDS ORDERED	DRIVER/TRUCK	PLANT/TRANSACTION #
08:00 AM	101	6.00 yd	10.00 yd	101	0.00
DATE	LOAD #	YARDS DEL	BATCH#	WATER TRIM	TICKET NUMBER
08:00 AM	101	10.00 yd	101	0.00 yd	27804

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LOAD RECEIVED BY:

X

QUANTITY	CODE	DESCRIPTION	UNIT PRICE	EXTENDED PRICE
10.00	101	6.00 yd	10.00	100.00
RETURNED TO PLANT	LEFT JOB	FINISH UNLOADING	DELAY EXPLANATION/CYLINDER TEST TAKEN	TIME ALLOWED
			1. JOB NOT READY 2. SLOW POUR OR PUMP 3. TRUCK AHEAD ON JOB 4. CONTRACTOR BROKE DOWN 5. ADDED WATER	00:00 04:30 05:30 14:12.00
LEFT PLANT	ARRIVED JOB	START UNLOADING		TIME DUE
TOTAL ROUND TRIP	TOTAL AT JOB	UNLOADING TIME		DELAY TIME
				ADDITIONAL CHARGE 1
				ADDITIONAL CHARGE 2
				GRAND TOTAL