



KANSAS CORPORATION COMMISSION 1050768
OIL & GAS CONSERVATION DIVISION

Form ACO-1
June 2009
Form Must Be Typed
Form must be Signed
All blanks must be Filled

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # 32955
Name: Kenneth & Regina Laymon, LLC
Address 1: 1998 SQUIRREL RD
Address 2: _____
City: NEOSHO FALLS State: KS Zip: 66758 + 7124
Contact Person: Kenneth Laymon
Phone: (620) 963-2495
CONTRACTOR: License # 5661
Name: Kelly Down Drilling Co., Inc.
Wellsite Geologist: none
Purchaser: _____

Designate Type of Completion:

- New Well Re-Entry Workover
- Oil WSW SWD SIOW
 Gas D&A ENHR SIGW
 OG GSW Temp. Abd.
 CM (Coal Bed Methane)
 Cathodic Other (Core, Expl., 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
 Conv. to GSW
- Plug Back: _____ Plug Back Total Depth _____
- Commingled Permit #: _____
 Dual Completion Permit #: _____
 SWD Permit #: _____
 ENHR Permit #: _____
 GSW Permit #: _____

<u>11/03/2010</u>	<u>01/24/2011</u>	<u>01/24/2011</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-031-22752-00-00

Spot Description: _____

SW NW SW NE Sec. 3 Twp. 22 S. R. 16 East West
3,435 Feet from North / South Line of Section
2,475 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE NW SE SW

County: Coffey

Lease Name: Gilbert Well #: 5-10

Field Name: _____

Producing Formation: Squirrel

Elevation: Ground: 1024 Kelly Bushing: 1029

Total Depth: 1140 Plug Back Total Depth: 1120

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: 0 w/ 10 sx cmt.

Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)

Chloride content: 0 ppm Fluid volume: 0 bbls

Dewatering method used: Evaporated

Location of fluid disposal if hauled offsite: _____

Operator Name: _____

Lease Name: _____ License #: _____

Quarter _____ Sec. _____ Twp. _____ S. R. _____ East West

County: _____ Permit #: _____

AFFIDAVIT

I am the affiant and I hereby certify that 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.

Submitted Electronically

KCC Office Use ONLY

Letter of Confidentiality Received

Date: _____

Confidential Release Date: _____

Wireline Log Received

Geologist Report Received

UIC Distribution

ALT I II III Approved by: Deanna Garrison Date: 02/15/2011



1050768

Operator Name: Kenneth & Regina Laymon, LLC Lease Name: Gilbert Well #: 5-10
 Sec. 3 Twp. 22 S. R. 16 East West County: Coffey

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 complete copy of all Electric Wire-line 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 Electric Log Submitted Electronically <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If no. Submit Copy)</i> List All E. Logs Run:	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum Attached Attached Attached
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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	# Sacks Used	Type and Percent Additives
Surface	12.25	8.625	24	40	portland	10	0
Production	6.25	2.8750	6.8	1120	portland	160	2%

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 <i>(Amount and Kind of Material Used)</i>	Depth
		150 gal acid w/120 sks	1066

TUBING RECORD: Size: <u>1"</u> Set At: <u>1086</u> Packer At: _____		Liner Run: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Date of First, Resumed Production, SWD or ENHR. <u>1/25/2011</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</u>	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, 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 <i>(Submit ACO-5)</i> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	Kenneth & Regina Laymon, LLC
Well Name	Gilbert 5-10
Doc ID	1050768

Tops

Name	Top	Bottom
Soil & Clay	0	16
Shale & Lime	16	988
Lime 5'	988	994
Black Shale	994	997
Squirrel upper	997	1000
Shale	1000	1034
Cap Rock	1034	1039
Shale	1039	1140

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 of accessible 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.

1998 SOUTHWEST RD.
WESBRO FALLS KS
66758

NR1/5
K & R OIL
58 TO SHELTON N TO 18TH RD
N 1/2 MT S SD
GILBERT WELL # 6
LEROY, KS

TIME	FORMULA	LOAD SIZE	YARDS ORDERED	YARDS DEL.	DRIVER/TRUCK	WATER TRIM	PLANT/TRANSACTION #
12:17:58p	WELL	8.00 yd	16.00 yd	8.00	34	4.00 in	
DATE	LOAD #	BATCH#	WATER TRIM	SLUMP	TICKET NUMBER		
01-24-11	1	15609		4.00 in	28454		

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 releasing 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 _____

LOAD RECEIVED BY: _____ 5

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.

QUANTITY	CODE	DESCRIPTION	UNIT PRICE	EXTENDED PRICE
8.00	WELL	WELL (10 SACKS PER UNIT)	75.00	600.00
2.00	TRUCKING	TRUCKING CHARGE	50.00	100.00

RETURNED TO PLANT	LEFT JOB	FINISH UNLOADING	DELAY EXPLANATION/CYLINDER TEST TAKEN	TIME ALLOWED	Subtotal
			1. JOB NOT READY 2. SLOW POUR OR PUMP 3. TRUCK AHEAD ON JOB 4. CONTRACTOR BROKE DOWN 5. ADDED WATER		708.00
			6. TRUCK BROKE DOWN 7. ACCIDENT 8. CITATION 9. OTHER		Tax @ 6.300 44.60
				TIME DUE	Total \$ 752.60
					Order \$ 752.60
					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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NOTICE TO OWNER

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K & R OIL
1998 SQUIRREL RD.

NEDSHO FALLS KS
66758

KRI/S
K & R OIL
50 TO SNETLAND N TO 16TH RD.
N 1/2 MI S SD
BARNETT WELL # 6
LEROY, KS

TIME	FORMULA	LOAD SIZE	YARDS ORDERED	% CAL	DRIVER/TRUCK	% AIR	PLANT/TRANSACTION #
12:37:15p	WELL	8.00 yd	16.00 yd	0.00	34	0.00	
DATE	In Date	LOAD #	YARDS DELIV	BATCH#	WATER TRIM	SLUMP	TICKET NUMBER
01-24-11	Today	2	16.00 yd	15810		4.00 in	20455

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.

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SIGNED _____

X _____

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

WEIGHMASTER _____

W. L. Brown

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 *Bill Burt #5*

QUANTITY	CODE	DESCRIPTION	UNIT PRICE	EXTENDED PRICE
8.00	WELL	WELL (16 BAGS PER UNIT)	15.00	75.00
				508.00

RETURNED TO PLANT	LEFT JOB	FINISH UNLOADING	DELAY EXPLANATION/CYLINDER TEST TAKEN	TIME ALLOWED	Total
2:28	1:56		1. JOB NOT READY 2. SLOW POUR OR PUMP 3. TRUCK AHEAD ON JOB 4. CONTRACTOR BROKE DOWN 5. ADDED WATER		500.00
			6. TRUCK BROKE DOWN 7. ACCIDENT 8. CITATION 9. OTHER		Tax @ 5.300 28.20
LEFT PLANT	ARRIVED JOB	START UNLOADING		TIME DUE	Total
12:44	1:24				516.30
TOTAL ROUND TRIP	TOTAL AT JOB	UNLOADING TIME		DELAY TIME	Total
					1392.50
					ADDITIONAL CHARGE 1 _____
					ADDITIONAL CHARGE 2 _____
					GRAND TOTAL ▶

D. Stone 4-10 1000

THE NEW KLEIN LUMBER COMPANY
801 N. MADISON
P.O. BOX 885
TOLA, KS 66749
PHONE: (620) 365-2201

PRICE NO 1

CUSTOMER NO. 3447	JOB NO.	PURCHASE ORDER NO.	REFERENCE	TERMS	CLERK SE	DATE 11/15/10	TIME
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TO
FROM
Layman Oil

TO
FROM

SHIPPED	ORDERED	UM	SKU	DESCRIPTION	UNITS	PRICE/PER	EXTENSION
	200		PC	Portland Cement	200	945	1890⁰⁰
				<i>Gilbert 5-10 -10 SKS</i>		<i>Sale Tax</i>	156⁸⁷
				<i>Gilbert 6-10 10 SKS</i>			2046⁸⁷

ACTIVANT SOLUTIONS INC. CALL BUSINESS PRODUCTS 800-338-7423

X
RECEIVED BY _____

Klein Lumber

6203657542

p.1