



KANSAS CORPORATION COMMISSION 1056124  
OIL & GAS CONSERVATION DIVISION

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

**CONFIDENTIAL**

**WELL COMPLETION FORM**

**WELL HISTORY - DESCRIPTION OF WELL & LEASE**

OPERATOR: License # 33365  
Name: Layne Energy Operating, LLC  
Address 1: 1900 SHAWNEE MISSION PKWY  
Address 2: \_\_\_\_\_  
City: MISSION WOODS State: KS Zip: 66205 + 2001  
Contact Person: Victor H. Dyal  
Phone: ( 913 ) 748-3955  
CONTRACTOR: License # 33606  
Name: Thornton Air Rotary, LLC  
Wellsite Geologist: N/A  
Purchaser: \_\_\_\_\_

API No. 15 - 15-205-27911-00-00  
Spot Description: \_\_\_\_\_  
SE SW SE SE Sec. 34 Twp. 30 S. R. 14  East  West  
170 Feet from  North /  South Line of Section  
876 Feet from  East /  West Line of Section  
Footages Calculated from Nearest Outside Section Corner:  
 NE  NW  SE  SW  
County: Wilson  
Lease Name: Metzger Well #: 16P-34  
Field Name: \_\_\_\_\_  
Producing Formation: Cattleman  
Elevation: Ground: 909 Kelly Bushing: 0  
Total Depth: 1287 Plug Back Total Depth: 1277  
Amount of Surface Pipe Set and Cemented at: 44 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.

Designate Type of Completion:

- New Well  Re-Entry  Workover  
 Oil  WSW  SWD  SLOW  
 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>1/28/2011</u>	<u>1/31/2011</u>	<u>2/14/2011</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

**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: 05/18/2011  
 Confidential Release Date: \_\_\_\_\_  
 Wireline Log Received  
 Geologist Report Received  
 UIC Distribution  
ALT  I  II  III Approved by: NAOMI JAMES Date: 05/19/2011