



KANSAS CORPORATION COMMISSION 1057853  
OIL & GAS CONSERVATION DIVISION

Form ACO-1  
June 2009

**CONFIDENTIAL**

**WELL COMPLETION FORM**

**Form Must Be Typed**  
**Form must be Signed**  
**All blanks must be Filled**

**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:

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 #:

2/23/2011	2/28/2011	4/5/2011
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-125-32003-00-00

Spot Description:

NW\_NW\_SW\_NE Sec. 5 Twp. 31 S. R. 14  East  West  
1402 Feet from  North /  South Line of Section  
2463 Feet from  East /  West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE     NW     SE     SW

County: Montgomery

Lease Name: LAWRENCE Well #: 7E-5

Field Name:

Producing Formation: Cattleman

Elevation: Ground: 935 Kelly Bushing: 0

Total Depth: 1262 Plug Back Total Depth: 1257

Amount of Surface Pipe Set and Cemented at: 42 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**

(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: 06/16/2011
- Confidential Release Date:
- Wireline Log Received
- Geologist Report Received
- UIC Distribution
- ALT  I  II  III Approved by: NAOMI JAMES Date: 06/17/2011