



KANSAS CORPORATION COMMISSION 1062910
 OIL & GAS CONSERVATION DIVISION

Form ACO-1
 June 2009

CONFIDENTIAL

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

WELL COMPLETION FORM
 WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # 33365
 Name: Layne Energy Operating, LLC
 Address 1: P O Box 160
 Address 2: _____
 City: Sycamore State: KS Zip: 67363 + _____
 Contact Person: Victor H. Dyal
 Phone: (620) 72627-2499
 CONTRACTOR: License # 33606
 Name: Thomton 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 (*Corr, 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 #: _____

5/13/2011 5/17/2011 7/12/2011
 Spud Date or Date Reached TD Completion Date or
 Recompletion Date

API No. 15 - 15-205-27938-00-00

Spot Description: _____
SW NE SW SE Sec. 29 Twp. 30 S. R. 14 East West
825 Feet from North / South Line of Section
1815 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW

County: Wilson

Lease Name: Ratzlaff Well #: 15G-29

Field Name: _____

Producing Formation: Mississippi

Elevation: Ground: 915 Kelly Bushing: 0

Total Depth: 1584 Plug Back Total Depth: 1536

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: 1536
 feet depth to: 0 w/ 160 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: 09/08/2011
- Confidential Release Date: _____
- Wireline Log Received
- Geologist Report Received
- UIC Distribution
- ALT I II III Approved by: NAOMI JAMES Date: 09/08/2011