



KANSAS CORPORATION COMMISSION 1063761
 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: P O Box 160
 Address 2: _____
 City: Sycamore State: KS Zip: 67363 + _____
 Contact Person: Victor H. Dyal
 Phone: (620) 627-2499
 CONTRACTOR: License # 33606
 Name: Thornton Air Rotary, LLC
 Wellsite Geologist: N/A

API No. 15 - 15-125-32090-00-00

Spot Description: _____
NE SW SW NE Sec. 1 Twp. 31 S. R. 13 East West
2242 Feet from North / South Line of Section
2300 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

NE NW SE SW

County: Montgomery

Lease Name: Tull Well #: 7L-1

Field Name: _____

Producing Formation: N/A

Elevation: Ground: 995 Kelly Bushing: 0

Total Depth: 1770 Plug Back Total Depth: _____

Amount of Surface Pipe Set and Cemented at: 22 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 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 #: _____

05/26/2011 06/02/2011 07/21/2011

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: 09/21/2011
- Confidential Release Date: _____
- Wireline Log Received
- Geologist Report Received
- UIC Distribution
- ALT I II III Approved by: NAOMI JAMES Date: 09/26/2011