

# CONFIDENTIAL

KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION  
**WELL COMPLETION FORM**  
WELL HISTORY - DESCRIPTION OF WELL & LEASE

1070350

Form ACO-1

June 2009

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

OPERATOR: License # 33365  
Name: Layne Energy Operating, LLC  
Address 1: PO BOX 160  
Address 2: \_\_\_\_\_  
City: SYCAMORE State: KS Zip: 67363 + \_\_\_\_\_  
Contact Person: Victor H Dyal  
Phone: ( 620 ) 627-2499  
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 ☐ 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 #: \_\_\_\_\_

9/6/2011 9/8/2011 09/09/2011  
Spud Date or Date Reached TD Completion Date or  
Recompletion Date Recompletion Date

API No. 15 - 15-125-32130-00-00

Spot Description: \_\_\_\_\_  
W2 NE NE NW Sec. 32 Twp. 31 S. R. 14 ☒ East ☐ West  
330 Feet from ☒ North / ☐ South Line of Section  
3115 Feet from ☒ East / ☐ West Line of Section

Footages Calculated from Nearest Outside Section Corner:

☒ NE ☐ NW ☐ SE ☐ SW

County: Montgomery  
Lease Name: Fowler Well #: 3-32  
Field Name: N/A

Producing Formation: Cherokee Coals  
Elevation: Ground: 854 Kelly Bushing: 0  
Total Depth: 1513 Plug Back Total Depth: 1489  
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: 1489  
feet depth to: 0 w/ 150 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: 12/19/2011  
☐ Confidential Release Date: \_\_\_\_\_  
☒ Wireline Log Received  
☐ Geologist Report Received  
☐ UIC Distribution  
ALT ☐ I ☒ II ☐ III Approved by: NAOMI JAMES Date: 12/19/2011