



KANSAS CORPORATION COMMISSION 1069862
OIL & GAS CONSERVATION DIVISION

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

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # 32955
Name: Kenneth & Regina Laymon, LLC
Address 1: 1998 SQUIRREL RD
Address 2: _____
City: NEOSHO FALLS State: KS Zip: 66758 + 7124
Contact Person: Kenneth Laymon
Phone: (620) 963-2495
CONTRACTOR: License # 5661
Name: Kelly Down Drilling Co., Inc.
Wellsite Geologist: none
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 #: _____
10/11/2011 10/14/2011 11/04/2011
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 15-207-27925-00-00
Spot Description: _____
S2 NE SW NW Sec. 10 Twp. 24 S. R. 16 East West
3580 Feet from North / South Line of Section
4290 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Woodson
Lease Name: Nusz Well #: 25-11
Field Name: Vernon
Producing Formation: Squirrel
Elevation: Ground: 1054 Kelly Bushing: 1059
Total Depth: 1100 Plug Back Total Depth: 1090
Amount of Surface Pipe Set and Cemented at: 40 Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set: _____ Feet
If Alternate II completion, cement circulated from: 0
feet depth to: 40 w/ 10 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: _____
 Confidential Release Date: _____
 Wireline Log Received
 Geologist Report Received
 UIC Distribution
ALT I II III Approved by: Deanna Gertner Date: 12/14/2011



1069862

Operator Name: Kenneth & Regina Laymon, LLC Lease Name: Nusz Well #: 25-11
 Sec. 10 Twp. 24 S. R. 16 East West County: Woodson

INSTRUCTIONS: Show important tops and base of formations penetrated. Detail all cores. Report all final copies of drill stems tests giving interval tested, time tool open and closed, flowing and shut-in pressures, whether shut-in pressure reached static level, hydrostatic pressures, bottom hole temperature, fluid recovery, and flow rates if gas to surface test, along with final chart(s). Attach extra sheet if more space is needed. Attach complete copy of all Electric Wire-line Logs surveyed. Attach final geological well site report.

Drill Stem Tests Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Electric Log Run <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Submitted Electronically <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(If no, Submit Copy)</i> List All E. Logs Run: Gamma Ray Neutron CCL	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum Attached Attached Attached
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CASING RECORD <input checked="" type="checkbox"/> New <input type="checkbox"/> Used							
Report all strings set-conductor, surface, intermediate, production, etc.							
Purpose of String	Size Hole Drilled	Size Casing Set (In O.D.)	Weight Lbs. / Ft.	Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives
Surface	10.25	8.625	24	40	common	10	
Production	6.25	2.875	6.4	1990	common	160	

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
<input checked="" type="checkbox"/> Perforate				
<input type="checkbox"/> Protect Casing	-			
<input type="checkbox"/> Plug Back TD				
<input type="checkbox"/> Plug Off Zone	-			

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>	Depth
3	1043 - 1056	75 gal acid 75 sks sand	1043 - 1060
2	1058 - 1060		

TUBING RECORD: Size: 1" Set At: 1080 Packer At: _____ Liner Run: Yes No

Date of First, Resumed Production, SWD or ENHR. 11/05/2011 Producing Method: Flowing Pumping Gas Lift Other (Explain) _____

Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
	.5				

DISPOSITION OF GAS: <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <i>(Submit ACO-5)</i> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	Kenneth & Regina Laymon, LLC
Well Name	Nusz 25-11
Doc ID	1069862

Tops

Soil & Clay	0	19
Shale & Lime	19	992
Lime 5'	992	997
Shale	997	1037
Cap Rock	1037	1042
Squirrel	1042	1052
Shale	1052	1100
Total Depth	1100	

THE NEW KLEIN LUMBER COMPANY
 281 W. MADISON
 P.O. BOX 885
 IOLA, KS 66749
 PHONE: (620) 365-2281

CUSTOMER NO.	JOB NO.	PURCHASE ORDER NO.	REFERENCE	TERMS	CLERK	DATE	TIME
*5				CASH/CHECK/BANKCARD	BE	9/ 6/11	12:01

S O L D T O	**** CASH ****	S H I P T O	LAYMON OIL
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DEL. DATE: 9/ 6/11 TERM# 1

DOCH 242941

* ORDER *

TAX : 001 IOLA IOLA

ORDR 242941

SHIPPED	ORDERED	UM	SKU	DESCRIPTION	LOCATION	UNITS	PRICE/PER	EXTENSION
	200	EA	PC	PORTLAND CEMENT		200	9.45 /EA	1,890.00

** ORDER ** ORDER ** ORDER ** ORDER ** ORDER ** ORDER *

** DEPOSIT AMOUNT **

0.00 TAXABLE

1890.00

** BALANCE DUE **

2,051.60 NON-TAXABLE

0.00

** PAYMENT RECEIVED **

0.00

TAX AMOUNT

161.60

TOTAL AMOUNT

2051.60

K

RECEIVED BY

802 N. Industrial Rd.
P.O. Box 664
Iola, Kansas 66749
Phone: (620) 365-5588



Payless Concrete Products, L.L.C.

CONDITIONS
Concrete to be delivered to the nearest accessible point over passable road, under truck's own power. Due to delivery at owner's or intermediary's direction, seller assumes no responsibility for damages to any structure to sidewalks, roadways, driveways, buildings, trees, shrubbery, etc., which are at customer's risk. The maximum allotted time for unloading trucks is 5 minutes per yard. A charge will be made for holding trucks longer. This concrete contains correct water contents for strength or mix indicated. We do not assume responsibility for strength lost when water is added at customer's request.
NOTICE TO OWNER
Failure of this contractor to pay those persons supplying material or services to complete this contract can result in the filing of a mechanic's lien on the property which is the subject of this contract.

• SOLD TO:
KR001
K & R OIL
1998 SQUIRREL RD.

SHIP TO:
KR12/21
K & R OIL
5100 S. W. 11th St. (Daly)
5100 S. W. 11th St.
Wichita, KS 67213

NEOSHO PALMS KS
66706

TIME	FORMULA	LOAD/SIZE	YARDS ORDERED	YARDS DEL	BATCH#	DRIVER/TRUCK	PLANT TRANSACTION#
09:34:24a	WELL	8.00 yd	16.00 yd	8.00		35	W000
DATE	LOAD#	YARDS DEL	BATCH#	WATER/FRM	SLUMP	TICKET NUMBER	
10-14-11	1	8.00 yd	18849	6/yd -70.0	4.00 in	30463	

WARNING
IRRITATING TO THE SKIN AND EYES
Concrete is a PERISHABLE COMMODITY and BECOMES the PROPERTY of the PURCHASER UPON LEAVING the PLANT. ANY CHANGES OR CANCELLATION of ORIGINAL INSTRUCTIONS MUST be TELEPHONED to the OFFICE BEFORE LOADING STARTS.
The undersigned promises to pay all costs, including reasonable attorneys' fees, incurred in collecting any sums owed.
All accounts not paid within 30 days of delivery will bear interest at the rate of 24% per annum.
Not Responsible for Reactive Aggregate or Color Quality. No Claim Allowed Unless Made at Time Material is Delivered.
A \$25 Service Charge and Loss of the Cash Discount will be collected on all Returned Checks.
Excess Delay Time Charged @ \$50/HR.

PROPERTY DAMAGE RELEASE
(TO BE SIGNED IF DELIVERY TO BE MADE INSIDE CURB LINE)
Dear Customer: The driver of the truck in presenting this RELEASE to you for your signature is of the opinion that the size and weight of his truck may possibly cause damage to the premises and/or adjacent property if it places the material in this load where you desire it, it is our wish to help you in every way that we can, but in order to do this the driver is requesting that you sign this RELEASE, relieving the driver and the supplier from any responsibility from any damage (including injury) caused to the premises and/or adjacent property, buildings, sidewalks, driveways, curbs, etc., by the delivery of this material and that you also agree to help him remove any mud from the wheels of his vehicle as that he will not litter the public street. Further, as additional consideration, the undersigned agrees to indemnify and hold harmless the driver of the truck and the supplier for any and all damage to the premises and/or adjacent property which may be claimed by anyone to have arisen out of delivery of this order.
SIGNED _____
X

Excessive Water is Detrimental to Concrete Performance
H₂O Added By Request/Authorized By
GAL X _____
WEIGHMASTER
NOTICE: MY SIGNATURE BELOW INDICATES THAT I HAVE READ THE HEALTH WARNING NOTICE AND SUPPLIER WILL NOT BE RESPONSIBLE FOR ANY DAMAGE CAUSED WHEN DELIVERING INSIDE CURB LINE
LOAD RECEIVED BY: _____
X

QUANTITY	CODE	DESCRIPTION	UNIT PRICE	EXTENDED PRICE
8.00	WELL	WELL (10 SACKS PER UNIT)	8.00	76.00
2.00	TRUCKING	TRUCKING CHARGE	2.00	50.00
1.5				75.00

RETURNED TO PLANT	LEFT JOB	FINISH UNLOADING	DELAY EXPLANATION/CYLINDER TEST TAKEN	TIME ALLOWED
11:00	10:59	10:52	1. JOB NOT READY 2. SLOW POUR OR PUMP 3. TRUCK AHEAD ON JOB 4. CONTRACTOR BROKE DOWN 5. ADDED WATER	
LEFT PLANT	ARRIVED JOB	START UNLOADING		TIME DUE
9:55	10:27	10:37		
TOTAL ROUND TRIP	TOTAL AT JOB	UNLOADING TIME		DELAY TIME
1.5				

SubTotal \$ _____
Tax % 7.300
Total \$ 749.86
Order \$ _____
ADDITIONAL CHARGE 1 _____
ADDITIONAL CHARGE 2 \$ 132.00
GRAND TOTAL ▶ _____

802 N. Industrial Rd.
P.O. Box 664
Iola, Kansas 66749
Phone: (620) 365-5588

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Failure of this contractor to pay those persons supplying material or services to complete this contract can result in the filing of a mechanic's lien on the property which is the subject of this contract.

KR001
K & R OIL
1998 SQUIRREL RD.

NEOSHO FALLS KS
66758

KR12/21
K & R OIL
54 W TO MILLER N TO 130TH W
5 MI TO ROCK B 1/2 MI E 9D
WELL # 2022 25
YATES CENTER, KS 66783

TIME	FORMULA	LOAD SIZE	YARDS ORDERED	CAL	DRIVER/TRUCK	AIR	PLANT/TRANSACTION #
09:39:38a	WELL	8.00 yd	15.00 yd	0.00	35	0.00	WOODCO
DATE	To Date	LOAD #	YARDS DEL	BATCH#	WATER TRIM	SLUMP	TICKET NUMBER
10-14-11	Today	2	15.00 yd	18850	G/yd -70.0	4.00 in	30464

WARNING
IRRITATING TO THE SKIN AND EYES
Contains Portland Cement. Wear Rubber Boots and Gloves. PROLONGED CONTACT MAY CAUSE BURNS. AVOID CONTACT WITH EYES and PROLONGED CONTACT WITH SKIN. In Case of Contact With Skin or Eyes, Flush Thoroughly With Water. If Irritation Persists, Get Medical Attention. KEEP CHILDREN AWAY.

CONCRETE is a PERISHABLE COMMODITY and BECOMES the PROPERTY of the PURCHASER UPON LEAVING the PLANT. ANY CHANGES or CANCELLATION of ORIGINAL INSTRUCTIONS MUST be TELEPHONED to the OFFICE BEFORE LOADING STARTS.

The undersigned promises to pay all costs, including reasonable attorneys' fees, incurred in collecting any sums owed.

All accounts not paid within 30 days of delivery will bear interest at the rate of 24% per annum.

Not Responsible for Reactive Aggregate or Color Quality. No Claim Allowed Unless Made at Time Material is Delivered.

A \$25 Service Charge and Loss of the Cash Discount will be collected on all Returned Checks.

Excess Delay Time Charged @ \$50/HR.

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(TO BE SIGNED IF DELIVERY TO BE MADE INSIDE CURB LINE)
Dear Customer-The driver of the truck in presenting the RELEASE to you for your signature is of the opinion that the size and weight of his truck may possibly cause damage to the premises and/or adjacent property. A piece of the material in this load where you desire it is our wish to help you in every way that we can, but in order to do this the driver is requesting that you sign this RELEASE releasing him and the supplier from any responsibility from any damage that may occur to the premises and/or adjacent property, buildings, sidewalks, driveways, curbs, etc., by the delivery of the material, and that you also agree to help him remove mud from the wheels of his vehicle so that he will not bear the public street. Further, as additional consideration, the undersigned agrees to indemnify and hold harmless the driver of the truck and the supplier for any and all damage to the premises and/or adjacent property which may be claimed by anyone to have arisen out of delivery of this order.
SIGNED
X _____

Excessive Water is Detrimental to Concrete Performance
H₂O Added By Request/Authorized By
GAL X _____

WEIGHMASTER

NOTICE: MY SIGNATURE BELOW INDICATES THAT I HAVE READ THE HEALTH WARNING NOTICE AND SUPPLIER WILL NOT BE RESPONSIBLE FOR ANY DAMAGE CAUSED WHEN DELIVERING INSIDE CURB LINE.

LOAD RECEIVED BY:
X _____

QUANTITY	CODE	DESCRIPTION	UNIT PRICE	EXTENDED PRICE
8.00	WELL	WELL (10 BAGS PER UNIT)	15.00	75.00
				608.00

RETURNED TO PLANT	LEFT JOB	FINISH UNLOADING	DELAY EXPLANATION/CYLINDER TEST TAKEN	TIME ALLOWED	Sub Total \$ 608.00 Tax % 7.300 44.38 Total \$ 652.38 Order \$ 1617.75
11:00	10:57	10:52	1. JOB NOT READY 2. SLOW POUR OR PUMP 3. TRUCK AHEAD ON JOB 4. CONTRACTOR BROKE DOWN 5. ADDED WATER 6. TRUCK BROKE DOWN 7. ACCIDENT 8. CITATION 9. OTHER		
LEFT PLANT	ARRIVED JOB	START UNLOADING		TIME DUE	ADDITIONAL CHARGE 1 _____
4:55	10:27	10:37		DELAY TIME	ADDITIONAL CHARGE 2 _____
TOTAL ROUND TRIP	TOTAL AT JOB	UNLOADING TIME			GRAND TOTAL ▶ _____