

CORRECTION #1

KANSAS CORPORATION COMMISSION

1072765

Form ACO-1

June 2009

Form Must Be Typed

Form must be Signed

All blanks must be Filled

CONFIDENTIAL

OIL & GAS CONSERVATION DIVISION

WELL COMPLETION FORM**WELL HISTORY - DESCRIPTION OF WELL & LEASE**

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 ☐ 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 #: _____

9/6/2011 9/8/2011 01/10/2012
 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 ☐ SWCounty: MontgomeryLease Name: Fowler Well #: 3-32Field Name: N/AProducing Formation: Cherokee CoalsElevation: Ground: 854 Kelly Bushing: 0Total Depth: 1513 Plug Back Total Depth: 1489Amount of Surface Pipe Set and Cemented at: 22 FeetMultiple Stage Cementing Collar Used? ☐ Yes ☒ No

If yes, show depth set: _____ Feet

If Alternate II completion, cement circulated from: 1489feet 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 bblsDewatering 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: 01/25/2012