



# 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 #: \_\_\_\_\_

<u>9/23/2011</u>	<u>9/26/2011</u>	<u>11/16/2011</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-205-27974-00-00

Spot Description: \_\_\_\_\_

SE SE SW SE Sec. 34 Twp. 30 S. R. 14  East  West  
87 Feet from  North /  South Line of Section  
1557 Feet from  East /  West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE     NW     SE     SW

County: Wilson

Lease Name: Metzger Well #: 15R-34 WIW

Field Name: \_\_\_\_\_

Producing Formation: Cattleman

Elevation: Ground: 919 Kelly Bushing: 0

Total Depth: 1237 Plug Back Total Depth: 1233

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: 1233

feet depth to: 0 w/ 135 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: 01/13/2012
- Confidential Release Date: \_\_\_\_\_
- Wireline Log Received
- Geologist Report Received
- UIC Distribution
- ALT  I  II  III Approved by: NAOMI JAMES Date: 01/17/2012