



KANSAS CORPORATION COMMISSION 1072925
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 # 32710
Name: Laymon Oil II, LLC
Address 1: 1998 SQUIRREL RD
Address 2: _____
City: NEOSHO FALLS State: KS Zip: 66758 + 7124
Contact Person: Michael Laymon
Phone: (620) 963-2495
CONTRACTOR: License # 32710
Name: Laymon Oil II, LLC
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 #: _____

<u>09/19/2011</u>	<u>09/25/2011</u>	<u>10/04/2011</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-207-27944-00-00

Spot Description: _____
SW NE SE SE Sec. 27 Twp. 23 S. R. 16 East West

825 Feet from North / South Line of Section

495 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW

County: Woodson

Lease Name: D Gleue Well #: I1-11

Field Name: _____

Producing Formation: Arbuckle

Elevation: Ground: 1059 Kelly Bushing: 1064

Total Depth: 1860 Plug Back Total Depth: _____

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: 160 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 Garrison Date: 02/01/2012



1072925

Operator Name: Laymon Oil II, LLC Lease Name: D Gleue Well #: 11-11
 Sec. 27 Twp. 23 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	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Attached Top Attached Datum 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	10.2500	8.6250	24	40	portland	10	
production	6.1250	4.5000	10	1850	common	300	

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
___ Perforate				
___ Protect Casing	-			
___ Plug Back TD				
___ Plug Off Zone	-			

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used)	Depth

TUBING RECORD: Size: _____ Set At: _____ Packer At: _____		Liner Run: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Date of First, Resumed Production, SWD or ENHR. _____		Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain) _____	
Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls. Gas-Oil Ratio Gravity

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) (Submit ACO-4)</i> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	Laymon Oil II, LLC
Well Name	D Gleue I1-11
Doc ID	1072925

Tops

Soil	0	14
Shale & Lime	14	470
Shale	470	520
Lime	520	590
Shale	590	600
Lime	600	660
Shale	660	915
Lime	915	935
Shale & Lime	935	1009
Upper Squirrel Sand	1009	1012
Shale	1012	1035
Cap Rock	1035	1036
Lower Squirrel Sand	1036	1045
Shale	1045	1376
Mississippi Lime	1376	1410
Lime	1410	1860

THE NEW KLEIN LUMBER CO., INC.

MADISON & WALNUT

IOLA, KANSAS.

7-23, 20 11

Order To Layman Oil

BILLING ADDRESS

Order To

Loaded By

Hauled By

QUANTITY	DESCRIPTION	FEET	PRICE	TOTAL
2000	Sacks Portland Cement	2000	945 60	1890 00 161 60
				2051 60

RECEIVED ABOVE IN GOOD ORDER

Rev 3

Shepard 5-11 - 10 Sacks
 Shepard 7-11 - 10 Sacks
 Shepard 9-11 - 10 Sacks
 Shepard 8-11 - 10 Sacks
 Shepard 10-11 - 10 Sacks
 Shepard 11-11 10 Sacks
 Shepard 12-11 10 Sacks
 Shepard 13-11 10 Sacks
 Shepard 6-11 10 Sacks

Jones 22-11 10 Sacks
 J. Dime 1-0-11 10 Sacks
 Section 35 92-11 10 Sacks
 Section 35 93-11 10 Sacks
 Yarrison Jones I-1-11 10 Sacks
 Yarrison Jones 26-11 10 Sacks
 Hill 14-11 10 Sacks
 Hill I-1-11 10 Sacks

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

Payless Concrete Products, I.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 in any manner 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 test 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.

SOCKET
LA005
LAYMON OIL II, L.L.C.
1998 SQUIRREL RD.

LA776
LAYMON OIL
54 W TO WILLOW N TO 200TH RD
W 4 MI TO SQUIRREL 100YD
PAST N IN DATE BLEUE #D'S WELL
NEOSHO FALLS, KS 66758

NEOSHO FALLS KS
66758

TIME	FORMULA	LOAD SIZE	YARDS ORDERED	# DEL	DRIVER/TRUCK	PLANT/TRANSACTION #
08:13:53a	WELL	15.00 yd	30.00 yd	0.00	35	
DATE	LOAD #	YARDS DEL	BATCH#	WATER TRIM	SLUMP	TICKET NUMBER
09-25-11	1	15.00 yd	18561	Byd -70.0	4.00 in	30262

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.

PROPERTY DAMAGE RELEASE
(TO BE SIGNED IF DELIVERY TO BE MADE INSIDE CURB LINE)
Dear Customer-The driver of this 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 him and this 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 this material, and that you also agree to help him remove mud from the wheels of his vehicle so that he will not litter the public street. Further, as additional consideration, the undersigned agrees to indemnify and hold harmless the driver of this truck and this 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
15.00	WELL	WELL (10 SACKS PER UNIT)	76.00	1140.00
2.00	TRUCKING	TRUCKING CHARGE	50.00	100.00

Mike

RETURNED TO PLANT	LEFT JOB	FINISH UNLOADING	DELAY EXPLANATION/CYLINDER TEST TAKEN	TIME ALLOWED	Sub Total \$ 1240.00 Tax @ 7.300 90.52 Total \$ 1330.52 Over \$ 1330.52 ADDITIONAL CHARGE 1 _____ ADDITIONAL CHARGE 2 _____ GRAND TOTAL ▶ _____
			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	TIME DUE	
LEFT PLANT	ARRIVED JOB	START UNLOADING			
8:40	9:09				
TOTAL ROUND TRIP	TOTAL AT JOB	UNLOADING TIME		DELAY TIME	

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

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1998 SQUIRREL RD.

LA775
LAYMON OIL
34 W TO WILLOW N TO 200TH RD
W 4 MI TO SQUIRREL 100YD
PAST N IN BATE GLEUE WDS WELL
NEOSHO FALLS, KS 66758

NEOSHO FALLS KS
66758

TIME	FORMULA	LOAD SIZE	YARDS ORDERED	YARDS DEL	DRIVER/TRUCK	PLANT/TRANSACTION #
08:25:10a	WELL	15.00 yd	30.00 yd		34	
DATE	LOAD #	YARDS DEL	BATCH#	WATER TRIM	SLUMP	TICKET NUMBER
09-25-11	2	30.00 yd	18562	0.00	4.00 in	30263

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H₂O Added By Request/Authorized By

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			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
8:42	9:07			
TOTAL ROUND TRIP	TOTAL AT JOB	UNLOADING TIME		DELAY TIME

Sub Total \$ 1240.00
Tax \$ 7.300 90.50
Total \$ 1330.50
Order \$ 2861.04

ADDITIONAL CHARGE 1 _____

ADDITIONAL CHARGE 2 _____

GRAND TOTAL ▶ _____