



KANSAS CORPORATION COMMISSION 1073776
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 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 #: _____

01/22/2012 01/23/2012 01/24/2012
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 15-207-28032-00-00

Spot Description: _____

NW SW SE SE Sec. 17 Twp. 24 S. R. 16 East West
495 Feet from North / South Line of Section
1155 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE NW SE SW

County: Woodson

Lease Name: Shepard Well #: 22-12

Field Name: _____

Producing Formation: Squirrel

Elevation: Ground: 1083 Kelly Bushing: 1088

Total Depth: 1100 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: 80 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 Gantzer Date: 02/10/2012



1073776

Operator Name: Laymon Oil II, LLC Lease Name: Shepard Well #: 22-12
 Sec. 17 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	<input 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	10.2500	8.6250	24	40	portland	10	
production	6.1250	2.8750	7	1095	common	150	

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 <i>(Amount and Kind of Material Used)</i>	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)</i> <i>(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	Shepard 22-12
Doc ID	1073776

Tops

Name	Top	Datum
Soil	0	9
Shale	9	190
Lime	190	460
Shale	460	480
Lime	480	600
Shale	600	620
Lime	620	680
Shale	680	820
Lime	820	860
Shale	860	880
Lime	880	995
Shale	995	998
5' Lime	998	1002
Shale	1002	1005
Upper Squirrel Sand	1005	1020
Shale	1020	1047
Cap Rock	1047	1048
Shale	1048	1050
Cap Rock	1050	1051
Shale	1051	1100

CUSTOMER NO. 3447	JOB NO.	PURCHASE ORDER NO.	REFERENCE	TERMS	CLERK	DATE 11/30/01	TIME
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S O L D T O	Gaymon Oil	S H I P T O
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SHIPPED	ORDERED	UM	SKU	DESCRIPTION	UNITS	PRICE/PER	EXTENSION
	100			Sacks Portland Cement	100	945	945 ⁰⁰
						tax	80 ⁸⁰
							<u>1025⁸⁰</u>
	Lueking 5-11		- 10 sks.	Shepard 19-11	- 10 sacks		
	Rice 2-11		- 10 sacks	Shepard 18-11	10 sacks		
	Shepard 21-11		10 sacks	Shepard 17-11	10 sacks		
	Rice 10-11		10 sacks	Shepard 22-12	10 sacks		
	Rice 3-11		10 sacks				
	Shepard 20-11		10 sacks				

X _____
RECEIVED BY

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 roads 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. Charge will be made for holding trucks longer. This concrete contains some 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 completes this contract can result in the filing of a mechanic's lien on the property which is the subject of this contract.

1A095
LAYMON OIL II, L.L.C.
1998 SQUIRREL RD.

LA1728
LAYMON OIL / L.L.C. SQUIRREL
54 W TO UNION N TO 160TH
192 W 11 N 60

22-12

NEOARHO FALLS KS
0673A

YOUNG CENTER, MO 66783

TIME	FORMULA	LOAD SIZE	YARDS ORDERED	% CH	DRIVER/TRUCK		PLANT/TRANSACTION
02:45:00p	WELL	15.00 yd	15.00 yd	0.00	JE 32	2 AIR 0.00	WOOD
DATE		LOAD #	YARDS DEL	BATCH#	WATER TRIM	SLUMP	TICKET NUMBER
01-24-12	u Date today	6 1	30.00 yd 15.00 yd	19590	0/yd	0.0	3020

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 the 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.

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)	54.00	765.00
2.00	TRUCKING	TRUCKING CHARGE	50.00	100.00
15.00	MIX&HAUL	MIXING & HAULING	25.00	375.00

RETURNED TO PLANT	LEFT JOB	FINISH UNLOADING	DELAY EXPLANATION/CYLINDER TEST TAKEN	TIME ALLOWED
	350		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
300	375			
TOTAL ROUND TRIP	TOTAL AT JOB	UNLOADING TIME		DELAY TIME

SubTotal 1240.00
Tax @ 7.300 90.52
Total 1330.52
Order # 1250
ADDITIONAL CHARGE 1
ADDITIONAL CHARGE 2
GRAND TOTAL