



KANSAS CORPORATION COMMISSION 1075599
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 #: _____
02/09/2012 02/10/2012 02/11/2012
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 15-001-30314-00-00
Spot Description: _____
NE SW NE SE Sec. 11 Twp. 24 S. R. 17 East West
1815 Feet from North / South Line of Section
825 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Allen
Lease Name: Rice Well #: 6-12
Field Name: _____
Producing Formation: Mississippi
Elevation: Ground: 953 Kelly Bushing: 958
Total Depth: 1190 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: 90 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: 03/05/2012



1075599

Operator Name: Laymon Oil II, LLC Lease Name: Rice Well #: 6-12
 Sec. 11 Twp. 24 S. R. 17 East West County: Allen

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 |
|---|---|

| 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 | 4.5 | 10 | 1183 | 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) (Submit ACO-4)</i> <input type="checkbox"/> Other (Specify) _____ | PRODUCTION INTERVAL: _____ _____ |
|--|---|---|

| | |
|-----------|------------------------|
| Form | ACO1 - Well Completion |
| Operator | Laymon Oil II, LLC |
| Well Name | Rice 6-12 |
| Doc ID | 1075599 |

Tops

| Name | Top | Datum |
|------------------|------|-------|
| Soil | 0 | 9 |
| Shale | 9 | 180 |
| Lime | 180 | 220 |
| Shale & Lime | 220 | 460 |
| Big Shale | 460 | 600 |
| Lime | 600 | 630 |
| Shale | 630 | 632 |
| Lime & Shale | 632 | 980 |
| Shale | 980 | 1105 |
| Mississippi Lime | 1105 | 1110 |
| Lime | 1110 | 1190 |

THE NEW KLEIN LUMBER COMPANY
 201 W. MADISON
 P.O. BOX 805
 IOLA, KS 66749
 PHONE: (620) 365-2201

| CUSTOMER NO. | JOB NO. | PURCHASE ORDER NO. | REFERENCE | TERMS | CLERK | DATE | TIME |
|--------------|---------|--------------------|-----------|-------------------|-------|---------|------|
| 3447 | | | | NET 10TH OF MONTH | BE | 2/ 1/12 | 3:50 |

| | | |
|--------------------------------|-----------------------------------|--------------------------------|
| S O L D T O | LAYMON OIL II 1938 SQUIRREL RD | S H I P T O |
| | NEOSHO FALLS KS 66758 | |

DEL. DATE: 2/ 1/12 TERM# 1

 * ORDER *

TAX : 001 IOLAL IDLA

ORDR 250872

| SHIPPED | ORDERED | UM | SKU | DESCRIPTION | LOCATION | UNITS | PRICE/PER | EXTENSION |
|---------|---------|----|-----|--------------------|----------|-------|-----------|-----------|
| | 300 | EA | PC | PORTLAND CEMENT | | 300 | 9.45 /EA | 2,835.00 |
| | | | | Rice 4-12 10 Packs | | | | |
| | | | | Rice 7-12 10 Packs | | | | |
| | | | | Rice 6-12 10 Packs | | | | |

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

** DEPOSIT AMOUNT **

** BALANCE DUE **

** PAYMENT RECEIVED **

TAXABLE 2835.00

0.00 NON-TAXABLE 0.00

3,077.39 SUBTOTAL 2835.00

0.00

TAX AMOUNT 242.39

TOTAL AMOUNT 3077.39

X

RECEIVED BY

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



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.

LAYMON
LAWSON OIL II, L.L.C.
1998 SQUIRREL RD.

WENSHO FALLS LG
66758

LA6/01
LAWSON OIL
54 W TO 400 N 2.5 MI TO
PENNSYLVANIA RD W 1/2 TO 300
PD N TO HOUSE
WELL O RICE 5-12

| TIME | FORMULA | LOAD SIZE | YARDS ORDERED | % CWT | DRIVER/TRUCK | # CWT | PLANT/TRANSACTION # |
|----------|---------|-----------|---------------|------------|--------------|---------------|---------------------|
| 07:50:00 | WELL | 15.00 yd | 15.00 yd | 0.00 | 35 | 0.00 | AL LCD |
| DATE | LOAD # | YARDS DEL | BATCH# | WATER TRIM | SLUMP | TICKET NUMBER | |
| 02-16-12 | 1 | 15.00 yd | 19706 | 0/yd | 4.00 in | 31043 | |

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) | 15.00 | |
| 1.50 | TRUCKING | TRUCKING CHARGE | 1.50 | |
| 15.00 | MIX&HAUL | MIXING & HAULING | 15.00 | |

Mike

| RETURNED TO PLANT | LEFT JOB | FINISH UNLOADING | DELAY EXPLANATION/CYLINDER TEST TAKEN | TIME ALLOWED |
|-------------------|--------------|------------------|---|--------------|
| | | | 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 |
| 4:09 | | | | |
| TOTAL ROUND TRIP | TOTAL AT JOB | UNLOADING TIME | | DELAY TIME |
| | | | | |

ADDITIONAL CHARGE 1 _____
ADDITIONAL CHARGE 2 _____
GRAND TOTAL ▶ _____