

CORRECTION #1

KANSAS CORPORATION COMMISSION 1075003
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 #:

01/28/2012

01/30/2012

01/31/2012

Spud Date or
Recompletion Date

Date Reached TD

Completion Date or
Recompletion Date

API No. 15 - 15-207-28035-00-00

Spot Description:

SE NW SW SE Sec. 17 Twp. 24 S. R. 16 East West825 Feet from North / South Line of Section2145 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

 NE NW SE SW

County: Woodson

Lease Name: Shepard Well #: 25-12

Field Name:

Producing Formation: Squirrel

Elevation: Ground: 1071 Kelly Bushing: 1076

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 DistributionALT I II III Approved by: Deanne Garcia Date: 02/27/2012

CORRECTION #1

Side Two

1075003

Operator Name: Laymon Oil II, LLC

Lease Name: Shepard

Well #: 25-12

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 (Attach Additional Sheets)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Name Attached	Top Attached	Datum Attached
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 (If no, Submit Copy)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
List All E. Logs Run:				
Gamma Ray Neutron				

CASING RECORD New 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	6.7	1090	common	150	

ADDITIONAL CEMENTING / SQUEEZE RECORD

Purpose: — Perforate — Protect Casing — Plug Back TD — Plug Off Zone	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives	
-					
-					

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 checked="" 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 (If vented, Submit ACO-18.)	METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. (Submit ACO-5) <input type="checkbox"/> Commingled (Submit ACO-4) <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____

Form	ACO1 - Well Completion	
Operator	Laymon Oil II, LLC	
Well Name	Shepard 25-12	
Doc ID	1075003	

Tops

Tops		
Soil	0	9
Shale	9	190
Lime	190	280
Shale	280	300
Lime	300	460
Shale	460	480
Lime	480	700
Shale	700	780
Lime	780	820
Shale	820	824
Lime	824	860
Shale	860	900
Lime & Shale	900	990
Shale	990	994
5' Lime	994	1000
Shale	1000	1003
Upper Squirrel Sand	1003	1015
Shale	1015	1048
Cap Rock	1048	1049
Shale	1049	1050
cap Rock	1050	1051
Lower Squirrel Sand	1051	1058
Shale	1058	1100

Summary of Changes

Lease Name and Number: Shepard 25-12

API/Permit #: 15-207-28035-00-00

Doc ID: 1075003

Correction Number: 1

Approved By: Deanna Garrison

Field Name	Previous Value	New Value
Approved Date	02/22/2012	02/27/2012
Date Reached TD	01/27/2012	01/30/2012
Save Link	.../kcc/detail/operatorEditDetail.cfm?docID=1074641	.../kcc/detail/operatorEditDetail.cfm?docID=1075003
Spud Or Recompletion Date	01/26/2012	01/28/2012