



KANSAS CORPORATION COMMISSION 1088212
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>06/13/2012</u>	<u>06/14/2012</u>	<u>06/15/2012</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-207-28208-00-00

Spot Description: _____

NE NW NW NW Sec. 8 Twp. 24 S. R. 16 East West

5115 Feet from North / South Line of Section

4755 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE NW SE SW

County: Woodson

Lease Name: McHone Well #: 4-12

Field Name: _____

Producing Formation: Squirrel

Elevation: Ground: 1072 Kelly Bushing: 1077

Total Depth: 1160 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 Gerrson Date: 07/27/2012



1088212

Operator Name: Laymon Oil II, LLC Lease Name: McHone Well #: 4-12
 Sec. 8 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	1155	common	160	

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: Yes No

Date of First, Resumed Production, SWD or ENHR. _____ Producing Method:
 Flowing Pumping Gas Lift Other *(Explain)* _____

Estimated Production Per 24 Hours	Oil Bbbs.	Gas Mcf	Water Bbbs.	Gas-Oil Ratio	Gravity
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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 <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	Laymon Oil II, LLC
Well Name	McHone 4-12
Doc ID	1088212

Tops

NAME	Top	Bottom
Soil	0	5
Lime	5	30
Shale & Lime	30	700
Shale	700	820
Shale & Lime	820	996
Shale	996	1010
Lime	1010	1016
Shale	1016	1033
5' Lime	1033	1037
Black Shale	1037	1039
Upper Squirrel Sand	1039	1051
Shale	1051	1075
Cap Rock	1075	1076
Shale	1076	1078
Cap Rock	1078	1079
Squirrel Sand	1079	1093
Shale	1093	1160

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

SOLD TO LAYMON OIL II 1998 SQUIRREL RD NEOSHO FALLS KS.66758	SHIP TO
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DEL. DATE: 2/ 1/12 TERM# 1
 TAX : 001 IOLAL IOLA
 DOC# 250872

 * ORDER *

 ORDR 250872

SHIPPED	ORDERED	UM	SKU	DESCRIPTION	LOCATION	UNITS	PRICE/PER	EXTENSION
	300	EA	PC	PORTLAND CEMENT		300	9.45 /EA	2,835.00
				Wilson 1-12 - 10 sacks			Rice 11-12	10 SKS
				Cedar Post 2-12 10 Sacks			Rice 13-12	10 SKS
				Wright B 8-12 10 Sacks			Rice 14-12	10 SKS
				Wright B 9-12 10 Sks			Shepard 33-12	10 SKS
				Shepard 27-12 10 Sks			Shepard 34-12	10 SKS
				Shepard 28-12 10 Sks			Shepard 37-12	
				Shepard 29-12 10 Sks			McHone 1-12	10 SKS
				Shepard 30-12 10 Sks			McHone 2-12	10 SKS
				Shepard 31-12 10 Sacks			McHone 3-12	10 SKS
				Shepard 32-12 10 Sks			McHone 4-12	10 SKS
				M. Kramer 2 10 Sacks				
				M. Kramer 1 10 Sacks				
				Rice 10-12 10 Sacks				
				Dave Kramer 1-12 10 Sks				

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

** DEPOSIT AMOUNT **

** BALANCE DUE **

** PAYMENT RECEIVED **

TAXABLE 2835.00

NON-TAXABLE 0.00

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

Payless Concrete Products, Inc.



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 max 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.

LA005
LAYMON OIL II, L.L.C.
1598 SQUIRREL RD.

LAG67
LAYMON OIL
54 W TO WILLOW N 4.25 MI TO
180TH W 7 MI S 8D
LEASE McHONE WELL #4 12

NEOSHO FALLS KS
66758

TIME	FORMULA	LOAD SIZE	YARDS ORDERED	% CAL	DRIVER/TRUCK	PLANT/TRANSACTION #
11:31:25a	WELL	8.00 yd	16.00 yd	0.00	DM 34	WOODCO
DATE	LOAD #	YARDS DEL	BATCH#	WATER TRIM	SLUMP	TICKET NUMBER
06-15-12	7	56.00 yd	21005	0.0	4.00 in	31867

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 MILK

QUANTITY	CODE	DESCRIPTION	UNIT PRICE	EXTENDED PRICE
8.00	WELL	WELL (10 BAGS PER UNIT)	8.00	51.00
8.00	MIX&HAUL	MIXING & HAULING	8.00	25.00
2.00	TRUCKING	TRUCKING CHARGE	2.00	50.00

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
11:44	12:18			
TOTAL ROUND TRIP	TOTAL AT JOB	UNLOADING TIME		DELAY TIME

SubTotal	708.00
Tax @ 7.300	51.68
Total	759.68
Order #	759.68
ADDITIONAL CHARGE 1	_____
ADDITIONAL CHARGE 2	_____
GRAND TOTAL	▶

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LAYMON OIL II, L.L.C.
1928 SQUIRREL RD.

LA677
LAYMON OIL
54 W TO WILLOW N 4.25 MI TO
180TH W 7 MI S SD
LEASE McHONE WELL#4-12

NEOSHO FALLS KS
66758

TIME	FORMULA	LOAD SIZE	YARDS ORDERED	% CAL	DRIVER/TRUCK	% AIR	PLANT/TRANSACTION #
11:37:46a	WELL	8.00 yd	16.00 yd	0.00	DM 34	0.00	WOODCO
DATE	LOAD #	YARDS DEL	BATCH#	WATER TRIM	SLUMP	TICKET NUMBER	
06-15-12	1 B 2	64.00 yd 16.00 yd	21037	G/yd 0.0	4.00 in	31863	

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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.

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(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 caused 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 *Milde*

QUANTITY	CODE	DESCRIPTION	UNIT PRICE	EXTENDED PRICE
8.00	WELL	WELL (10 SACKS PER UNIT)	16.00	51.00
8.00	MIX & HAUL	MIXING & HAULING	16.00	25.00

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			6. TRUCK BROKE DOWN 7. ACCIDENT 8. CITATION 9. OTHER	
LEFT PLANT	ARRIVED JOB	START UNLOADING		TIME DUE
11:49	12:15			
TOTAL ROUND TRIP	TOTAL AT JOB	UNLOADING TIME		DELAY TIME

Sub Total	508.00
Tax @ 7.30%	44.38
Total	552.38
Under	1412.00
ADDITIONAL CHARGE 1	
ADDITIONAL CHARGE 2	
GRAND TOTAL	