



KANSAS CORPORATION COMMISSION 1094095
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 #: _____

<u>08/21/2012</u>	<u>08/23/2012</u>	<u>08/23/2012</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-207-28142-00-00
Spot Description: _____
SE SW NW SE Sec. 17 Twp. 24 S. R. 16 East West
1485 Feet from North / South Line of Section
2145 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Woodson
Lease Name: Shepard Well #: 38-12
Field Name: _____
Producing Formation: Squirrel
Elevation: Ground: 1060 Kelly Bushing: 1065
Total Depth: 1120 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 cmf.

Drilling Fluid Management Plan
(Date 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 Garrick Date: 09/20/2012



1094095

Operator Name: Laymon Oil II, LLC Lease Name: Shepard Well #: 38-12
 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 <i>(Attach Additional Sheets)</i>	<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 <i>(If no, Submit Copy)</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
List All E. Logs Run:			
Gamma Ray Neutron			

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	1110	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 Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity

DISPOSITION OF GAS: <input checked="" 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	Shepard 38-12
Doc ID	1094095

Tops

Soil	0	30
Shale	30	179
Lime	179	500
Shale	500	515
Lime	515	680
Shale	680	820
Lime	820	860
Shale	860	900
Lime	900	970
Shale	970	973
5' Lime	973	978
Shale	978	990
Upper Squirrel Sand	990	1000
Shale	1000	1036
Cap Rock	1036	1037
Shale	1037	1039
Cap Rock	1039	1040
Lower Squirrel Sand	1040	1044
Shale	1044	1120

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

PAGE NO 1

CUSTOMER NO.	JOB NO.	PURCHASE ORDER NO.	REFERENCE	TERMS	CLERK	DATE	TIM
3447				NET 10TH OF MONTH	BE	4/24/12	4:56

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LAYMON OIL II
 1998 SQUIRREL RD

 NEOSHO FALLS KS 66758

S
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T
O

DEL. DATE: 4/24/12 TERM#551
 DOCH 255131

 * ORDER *

TAX : 001 IOLA IOLA
 ORDR 255131

SHIPPED	ORDERED	UM	SKU	DESCRIPTION	LOCATION	UNITS	PRICE/PER	EXTENSION
	200	EA	PC	PORTLAND CEMENT		200	9.45 /EA	1,890.00
				Hugman Quarter 1-12	10 bks.			
				Hugman 80 1-12	10 bks.			
				Shepard 38-12	10 bks.			
				Kecke 19-12	10 bks.			
				Kecke 18-12	10 bks.			
				Kecke 17-12	10 bks.			
				Kecke 16-12	10 bks.			
				Kecke 24-12	10 bks.			
				Kecke 25-12	10 bks.			
				Dec 35 94-12	10 bks.			
				Dec 35 95-12	10 bks.			
				Long 14-2	10 bks.			

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

** DEPOSIT AMOUNT **	0.00	TAXABLE	1890.00
** BALANCE DUE **	2,051.60	NON-TAXABLE	0.00
		SUBTOTAL	1890.00
** PAYMENT RECEIVED **	0.00	TAX AMOUNT	161.60
		TOTAL AMOUNT	2051.60

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 damage 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.

TIME	FORMULA	LOAD SIZE	YARDS ORDERED		DRIVER/TRUCK		PLANT/TRANSACTION #
DATE		LOAD #	YARDS DEL	BATCH#	WATER TRIM	SLUMP	TICKET NUMBER

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 Receptive 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 the supplier from any responsibility for 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 the 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
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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
TOTAL ROUND TRIP	TOTAL AT JOB	UNLOADING TIME		DELAY TIME

ADDITIONAL CHARGE 1 _____

ADDITIONAL CHARGE 2 _____

GRAND TOTAL ▶ _____

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

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NOTICE TO OWNER
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Dear Customer-The driver of the 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 the 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 bear the public's wrath. 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.

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H₂O Added By Request/Authorized By _____

_____ GAL X _____

WEIGHMASTER _____

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TOTAL ROUND TRIP	TOTAL AT JOB	UNLOADING TIME		DELAY TIME

ADDITIONAL CHARGE 1 _____

ADDITIONAL CHARGE 2 _____

GRAND TOTAL ▶ _____