



KANSAS CORPORATION COMMISSION 1101190  
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 #: \_\_\_\_\_  
11/06/2012 11/8/2012 11/08/2012  
Spud Date or Date Reached TD Completion Date or Recompletion Date

API No. 15 - 15-207-28392-00-00  
Spot Description:  
SW SE NE SW Sec. 2 Twp. 24 S. R. 16  East  West  
1430 Feet from  North /  South Line of Section  
3230 Feet from  East /  West Line of Section  
Footages Calculated from Nearest Outside Section Corner:  
 NE  NW  SE  SW  
County: Woodson  
Lease Name: Alexander Well #: 98-12  
Field Name: \_\_\_\_\_  
Producing Formation: Squirrel  
Elevation: Ground: 1069 Kelly Bushing: 1074  
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 cmt.

**Drilling Fluid Management Plan**  
(Data must be collected from the Reserve Pit)  
Chloride content: 0 ppm Fluid volume: 100 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: 11/19/2012



1101190

Operator Name: Laymon Oil II, LLC

Lease Name: Alexander

Well #: 98-12

Sec. 2 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**  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	7	1110	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				

**PERFORATION RECORD - Bridge Plugs Set/Type**  
Specify Footage of Each Interval Perforated

**Acid, Fracture, Shot, Cement Squeeze Record**  
*(Amount and Kind of Material Used)*

Shots Per Foot	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:  
 Vented  Sold  Used on Lease  
*(If vented, Submit ACO-18.)*

METHOD OF COMPLETION:  
 Open Hole  Perf.  Dually Comp.  Commingled  
*(Submit ACO-5)* *(Submit ACO-4)*  
 Other (Specify) \_\_\_\_\_

PRODUCTION INTERVAL:

Form	ACO1 - Well Completion
Operator	Laymon Oil II, LLC
Well Name	Alexander 98-12
Doc ID	1101190

Tops

Soil	0	22
Shale	22	160
Lime	160	440
Shale	440	460
Lime	460	480
Shale	480	500
Lime	500	580
Shale	580	585
Lime	585	640
Shale	640	820
Lime	820	840
Lime	840	880
Lime & Shale	880	920
Shale	920	968
5' Lime	968	973
Shale	973	1017
Cap Rock	1017	1018
Shale	1018	1020
Cap Rock	1020	1021
Lower Squirrel Sand	1021	1032
Shale	1031	1120

New Klein Lumber  
 201 West Madison  
 Job Ks  
 66749

CUSTOMER NO.	JOB NO.	PURCHASE ORDER NO.	REFERENCE	TERMS	CLERK	DATE	TIME
						9/20/12	

Laymon Oil

S H I P T O
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SHIPPED	ORDERED	UM	SKU	DESCRIPTION	UNITS	PRICE/PER	EXTENSION
	300		PC.	Portland Cement	300	945	2835 <sup>00</sup>
						tax	242 <sup>39</sup>
							<hr/> 3077 <sup>39</sup>
				Brasier 20-12 10 Dcs. Dec 35 97-12			
				Wernick 15-12 10 Dcs. Dec 35 96-12			
				Brasier 23-12 10 Dcs. Alexander 98-12			
				Brasier 21-12 10 Dcs.			
				Brasier 22-12 10 Dcs.			
				Jannahill 9-12 10 Dcs.			
				Jannahill 10-12 10 Dcs.			
				Jannahill 11-12 10 Dcs.			
				Autherland WSW1			

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 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 attorney's fees, incurred in collecting any sums owed.

All accounts not paid within 30 days of delivery will bear interest at the rate of 2 1/2% 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 that 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 and 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 been out of delivery of this order.

SIGNED \_\_\_\_\_

X

**Excessive Water is Detrimental to Concrete Performance**  
H<sub>2</sub>O 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

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
11:30	11:59			
TOTAL ROUND TRIP	TOTAL AT JOB	UNLOADING TIME		DELAY TIME

ADDITIONAL CHARGE 1 \_\_\_\_\_

ADDITIONAL CHARGE 2 \_\_\_\_\_

**GRAND TOTAL** ▶ \_\_\_\_\_