WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

Operator: License # 33365
Name: Layne Energy Operating, LLC
Address: 1900 Shawnee Mission Parkway
City/State/Zip: Mission Woods, KS 66205
Purchaser:
Operator Contact Person: Jeff Mohajir
Phone: (913) 748-3987
Contractor: Name: McPherson Drilling
License: 5675
Wellsite Geologist: ____________

Designate Type of Completion:
✓ New Well ___ Re-Entry ___ Workover
___ Oil ____ SWD ____ SIOW ____ Temp. Abd.
✓ Gas ____ ENHR ____ SIGW
___ Dry ____ Other (Core, WSW, Expl., Cathodic, etc)
If Workover/Re-entry: Old Well Info as follows:
Operator:

Well Name: ____________
Original Comp. Date: ____________ Original Total Depth: ____________
Deeprning ___ Re-perf. ___ Conv. to Enhr./SWD
Plug Back ___ Plug Back Total Depth
Commingled Docket No. ____________
Dual Completion Docket No. ____________
Other (SWD or Enhz.?; Docket No. ____________

May 28, 2004 June 3, 2004 July 14, 2004
Spud Date or Recompletion Date DateReached TD Completion Date or Recompletion Date

API No. 15-125-30530
County: Montgomery
SW SW Sec 25 Twp 31 S R 14 X East X West
666 feet from 0 N (circle one) Line of Section
666 feet from E / X (circle one) Line of Section
Footages Calculated from Nearest Outside Section Corner:
(circle one) NE SE NW SW
Glass
Lease Name: ____________ Well #: ____________
Field Name: Cherokee Basin Coal Gas Area
Producing Formation: Cherokee Coals
Elevation: Ground: 933 ____ Kelly Bushing:
Total Depth: 1522 Plug Back Total Depth: 1507
Amount of Surface Pipe Set and Cemented at 20 Feet
Multiple Stage Cementing Collar Used? Yes __ No
If yes, show depth set ___ Feet
If Alternate II completion, cement circulated from 1513
feet depth to Surface ___ w/ 190 ___ sx cmt.

Drilling Fluid Management Plan
(Data must be collected from the Reserve Pit)
Chloride content: N/A ppm Fluid volume: ___ bbls
Dewatering method used: N/A - Air Drilled
Location of fluid disposal if hauled offsite:
Operator Name: ___
Lease Name: ___ License No. 
Quarter ___ Sec. ___ Twp. ____ S R. ____ X East X West
County: ____________ Docket No. ___

INSTRUCTIONS: An original and two copies of this form shall be filed with the Kansas Corporation Commission, 130 S. Market - Room 2078, Wichita, Kansas 67202, within 120 days of the spud date, recompletion, workover or conversion of a well. Rule 82-3-130, 82-3-106 and 82-3-107 apply. Information of side two of this form will be held confidential for a period of 12 months if requested in writing and submitted with the form (see rule 82-3-107 for confidentiality in excess of 12 months). One copy of all wireline logs and geologist well report shall be attached with this form. ALL CEMENTING TICKETS MUST BE ATTACHED. Submit CP-4 form with all plugged wells. Submit CP-111 form with all temporarily abandoned wells.

Signature: ___
Title: Agent ___ Date: 9.21.04
Subscribed and sworn to before me this ___ day of ___ 2004.
Notary Public: ___ Date Commission Expires: 5-21-05

KCC Office Use ONLY
✓ Letter of Confidentiality Attached
If Denied, Yes ___ Date: ___
✓ Wireline Log Received
✓ Geologist Report Received
✓ UIC Distribution