



WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # _____

Name: _____

Address 1: _____

Address 2: _____

City: _____ State: _____ Zip: _____ + _____

Contact Person: _____

Phone: (_____) _____

CONTRACTOR: License # _____

Name: _____

Wellsite Geologist: _____

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 #: _____

Spud Date or Recompletion Date Date Reached TD Completion Date or Recompletion Date

API No. 15 - _____

Spot Description: _____

_____-_____-_____- Sec. _____ Twp. _____ S. R. _____ East West

_____ Feet from North / South Line of Section

_____ Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE NW SE SW

County: _____

Lease Name: _____ Well #: _____

Field Name: _____

Producing Formation: _____

Elevation: Ground: _____ Kelly Bushing: _____

Total Depth: _____ Plug Back Total Depth: _____

Amount of Surface Pipe Set and Cemented at: _____ Feet

Multiple Stage Cementing Collar Used? Yes No

If yes, show depth set: _____ Feet

If Alternate II completion, cement circulated from: _____

feet depth to: _____ w/ _____ sx cmt.

Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)

Chloride content: _____ ppm Fluid volume: _____ bbls

Dewatering method used: _____

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: _____ Date: _____



1052079

Operator Name: _____ Lease Name: _____ Well #: _____

Sec. _____ Twp. _____ S. R. _____ East West County: _____

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 type="checkbox"/> No <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey <input type="checkbox"/> Yes <input type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Run <input type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Submitted Electronically <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If no, Submit Copy)</i> List All E. Logs Run: _____	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum
---	---

CASING RECORD <input 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

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 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> <input type="checkbox"/> Other <i>(Specify)</i> _____ <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
---	--	--

Form	ACO1 - Well Completion
Operator	Lario Oil & Gas Company
Well Name	Hoeme 1-35
Doc ID	1052079

All Electric Logs Run

MICRO
CDL/CNL/PE
SONIC
DIL

Form	ACO1 - Well Completion
Operator	Lario Oil & Gas Company
Well Name	Hoeme 1-35
Doc ID	1052079

Tops

Name	Top	Datum
Heebner	3912	-965
Lansing	3952	-1005
Stark Shale	4222	-1275
Hushpuckney	4258	-1311
Base Kansas City	4315	-1368
Marmaton	4350	-1403
Pawnee	4430	-1483
Ft. Scott	4455	-1508
Basal Penn	4583	-1636
Mississippian	4620	-1673



CONSOLIDATED
Oil Well Services, LLC

REMIT TO
Consolidated Oil Well Services, LLC
Dept. 970
P.O. Box 4346
Houston, TX 77210-4346

MAIN OFFICE
P.O. Box 884
Chanute, KS 66720
620/431-9210 • 1-800/467-8676
FAX 620/431-0012

INVOICE

Invoice # 239738

Invoice Date: 02/28/2011 Terms: 0/0/30,n/30

Page 1

LARIO OIL & GAS
301 S. MARKET ST.
WICHITA KS 67202
(316)265-5611

HOEME TRUST 1-35
30249
35-15-32
2-26-11

Part Number	Description	Qty	Unit Price	Total
1104S	CLASS "A" CEMENT (SALE)	155.00	16.8000	2604.00
1102	CALCIUM CHLORIDE (50#)	435.00	.8400	365.40
1118B	PREMIUM GEL / BENTONITE	290.00	.2400	69.60

Sublet Performed	Description	Total
9999-100	CASH DISCOUNT	-1131.00

Description	Hours	Unit Price	Total
439 MIN. BULK DELIVERY	1.00	410.00	410.00
463 CEMENT PUMP (SURFACE)	1.00	1025.00	1025.00
463 EQUIPMENT MILEAGE (ONE WAY)	10.00	5.00	50.00

Handwritten signature and date: MAR 2 2011

Acct	Expt	File	QTY TO PAY			
GC						
KG						DB
HY						MM
PV						DM
OD						

Parts:	3039.00	Freight:	.00	Tax:	237.04	AR	3630.04
Labor:	.00	Misc:	.00	Total:	3630.04		
Sublt:	-1131.00	Supplies:	.00	Change:	.00		

Signed _____

Date _____



CONSOLIDATED
Oil Well Services, LLC.

TICKET NUMBER 30249
LOCATION Qavrey 125
FOREMAN Rick Ledford

PO Box 884, Chanute, KS 66720
620-431-9210 or 800-467-8676

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
2-26-11	4793	Hoeme 1-35	35	155	32W	Logan

TRUCK #	DRIVER	TRUCK #	DRIVER
463	Miles Shaw		
437	Josh Goady		

CUSTOMER Lario Oil & Gas Company
 MAILING ADDRESS 301 S. Market St.
 CITY Wichita STATE Ks ZIP CODE 67202

Safety meeting
MS JS

JOB TYPE surface 0 HOLE SIZE 12 1/4" HOLE DEPTH 218' CASING SIZE & WEIGHT 8 5/8"
 CASING DEPTH 218' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 15.2# SLURRY VOL 34 Bbl WATER gal/sk 6.5 CEMENT LEFT in CASING 15'
 DISPLACEMENT 12 3/4 Bbl DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety meeting - Rig up to 8 5/8" casing. Mixed 155 sacks class "A" cement w/ 3% cacl2 + 2% gal @ 15.2# / gal. Displace w/ 12 3/4 Bbl fresh water. Shut casing in w/ good cement returns to surface. Job complete. Rig down.

Plug down @ 8:00 p.m.

"Thank You"

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
54015	1	PUMP CHARGE	1025.00	1025.00
5406	10	MILEAGE	5.00	50.00
11045	155 sacks	class "A" cement	16.80	2604.00
1102	435#	3% cacl2	.84	365.40
11188	290#	2% gal	.24	69.60
5407	7.29	for mileage built in	m/c	410.00
			Subtotal	4594.00
			-25% disc.	1131.00
			Subtotal	3393.00
			7.8% SALES TAX	237.04
			ESTIMATED TOTAL	3630.04

239738

Revin 3737

AUTHORIZATION [Signature] TITLE Tal P-stor DATE 2-26-2011

I acknowledge that the payment terms, unless specifically amended in writing on the front of the form or in the customer's account records, at our office, and conditions of service on the back of this form are in effect for services identified on this for



CONSOLIDATED
Oil Well Services, LLC

REMIT TO
Consolidated Oil Well Services, LLC
Dept. 970
P.O. Box 4346
Houston, TX 77210-4346

MAIN OFFICE
P.O. Box 884
Chanute, KS 66720
620/431-9210 • 1-800/467-8676
FAX 620/431-0012

INVOICE

Invoice # 239896

Invoice Date: 03/11/2011 Terms: 0/0/30,n/30

Page 1

LARIO OIL & GAS
301 S. MARKET ST.
WICHITA KS 67202
(316)265-5611

HOEME 1-35
27995
35-15-32
3-9-11

Part Number	Description	Qty	Unit Price	Total
1118B	PREMIUM GEL / BENTONITE	722.00	.2400	173.28
1107	FLO-SEAL (25#)	50.00	2.6600	133.00
1131	60/40 POZ MIX	205.00	14.3500	2941.75

Sublet Performed	Description	Total
9999-100	CASH DISCOUNT	-1239.51

Description	Hours	Unit Price	Total
439 MIN. BULK DELIVERY	1.00	410.00	410.00
463 P & A NEW WELL	1.00	1250.00	1250.00
463 EQUIPMENT MILEAGE (ONE WAY)	10.00	5.00	50.00

AFC # 11-065

			OK TO PAY		
Acct	Expl	File			
GC			MAR 14 2011		
KG				DB	
HY				MM	
PV					
OD	JSW	KF	GV	SF	DM

Parts:	3248.03	Freight:	.00	Tax:	253.35	AR	3971.87
Labor:	.00	Misc:	.00	Total:	3971.87		
Sublt:	-1239.51	Supplies:	.00	Change:	.00		

Signed _____

Date _____

BARTLESVILLE, OK
918/338-0808

ELDORADO, KS
316/322-7022

EUREKA, KS
620/583-7664

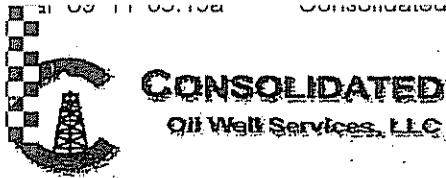
GILLETTE, WY
307/686-4914

OAKLEY, KS
785/672-2227

OTTAWA, KS
785/242-4044

THAYER, KS
620/839-5269

WORLAND, WY
307/347-4577



CONSOLIDATED
Oil Well Services, LLC

PO Box 884, Chanute, KS 66720
320-431-9210 or 800-467-8676

196
JE
CS
KG

TICKET NUMBER 27995
LOCATION Dalley, Kansas
FOREMAN Pat Heister

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
3-9-11	4793	Hoern 1-35	35	15S	32W	Logan
CUSTOMER <u>Lario Oil & Gas Company</u>						
MAILING ADDRESS						
CITY		STATE	ZIP CODE			

TRUCK #	DRIVER	TRUCK #	DRIVER
463	Miles S		
439	Josh G		
	Chad S		
	Kelly G		

JOB TYPE Plug D HOLE SIZE 7 1/4 HOLE DEPTH 4720 CASING SIZE & WEIGHT _____
 CASING DEPTH _____ DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk 7 CEMENT LEFT in CASING _____
 DISPLACEMENT _____ DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: softy mixing
25 sks @ 2360'
100 sks @ 1250'
40 sks @ 260'
10 sks @ 40'
30 sks Put Hole

*Thank you
Pat & crew*

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5405N	1	PUMP CHARGE	1250 ⁰⁰	1250 ⁰⁰
5406	10 mi	MILEAGE	5 ⁰⁰	50 ⁰⁰
5407	9.02 Ton	Min. Bulk Delivery	410 ⁰⁰	410 ⁰⁰
1134 I	205 sk	60/40 Poz	14 ²⁵	2941 ⁷⁵
1118 B	722 lb	Bentone gel	.24	173 ²⁸
1107	50 lb	Flaseal	2 ⁶⁶	103 ⁰⁰
<u>239896</u>				
subtotal				4958.03
Less			25 ⁹⁰	-1239.51
				3718.52
			SALES TAX	253.27
			ESTIMATED TOTAL	3971.87

AUTHORIZATION [Signature] TITLE Tool Pusher DATE 3-9-11

acknowledge that the payment terms, unless specifically amended in writing on the front of the form or in the customer's account records, at our office, and conditions of service on the back of this form are in effect for services identified on this form



**TRILOBITE
TESTING, INC**

DRILL STEM TEST REPORT

Lario Oil & Gas
301 S. Market St
Wichita, Ks 67202
ATTN: Tim Lauer

Hoeme 1-35
35-15-32 Logan, KS
Job Ticket: 042057 DST#: 1
Test Start: 2011.03.04 @ 20:39:00

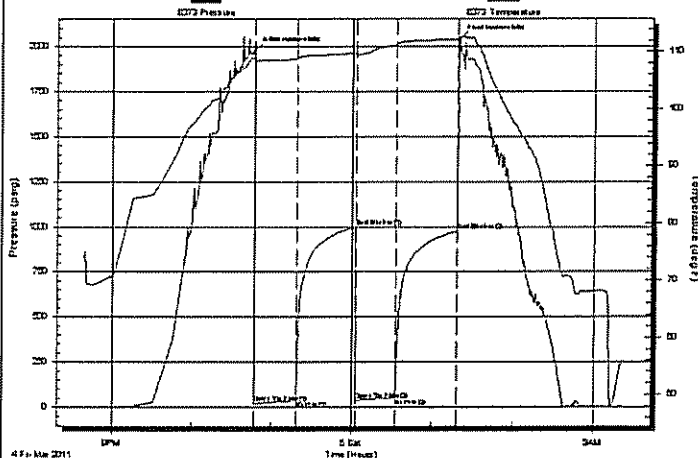
GENERAL INFORMATION:

Formation: **Lansing D**
Deviated: **No Whipstock** ft (KB)
Time Tool Opened: **22:47:25**
Time Test Ended: **03:22:39**
Interval: **4033.00 ft (KB) To 4060.00 ft (KB) (TVD)**
Total Depth: **4060.00 ft (KB) (TVD)**
Hole Diameter: **7.88 inches** Hole Condition: **Good**
Test Type: **Conventional Bottom Hole**
Tester: **Brandon Turley**
Unit No: **35**
Reference Elevations: **2948.00 ft (KB)**
2943.00 ft (CF)
KB to GR/CF: **5.00 ft**

Serial #: 8373 Inside
Press@RunDepth: **50.90 psig @ 4034.00 ft (KB)** Capacity: **8000.00 psig**
Start Date: **2011.03.04** End Date: **2011.03.05** Last Calib.: **2011.03.05**
Start Time: **20:39:00** End Time: **03:22:39** Time On Blmt: **2011.03.04 @ 22:47:10**
Time Off Blmt: **2011.03.05 @ 01:19:24**

TEST COMMENT: IF: 1/4 blow died in 10 min.
IS: No return.
FF: No blow.
FS: No return.

Pressure vs. Time



PRESSURE SUMMARY

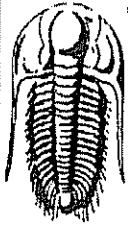
Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	1977.22	109.25	Initial Hydro-static
1	19.91	108.36	Open To Flow (1)
32	36.49	108.79	Shut-In(1)
76	1000.29	109.76	End Shut-In(1)
76	37.12	109.33	Open To Flow (2)
106	50.90	111.12	Shut-In(2)
152	975.48	112.15	End Shut-In(2)
153	2044.78	112.62	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
70.00	mud 100%m	0.34

Gas Rates

	Choke (inches)	Pressure (psig)	Gas Rate (Mcf/d)



**TRILOBITE
TESTING, INC**

DRILL STEM TEST REPORT

FLUID SUMMARY

Lario Oil & Gas

Hoeme 1-35

301 S. Market St
Wichita, Ks 67202

35-15-32 Logan, KS

Job Ticket: 042057

DST#: 1

ATTN: Tim Lauer

Test Start: 2011.03.04 @ 20:39:00

Mud and Cushion Information

Mud Type: Gel Chem

Cushion Type:

Oil API:

0 deg API

Mud Weight: 9.00 lb/gal

Cushion Length:

ft

Water Salinity:

0 ppm

Viscosity: 51.00 sec/qt

Cushion Volume:

bbl

Water Loss: 6.80 in³

Gas Cushion Type:

Resistivity: 0.00 ohm.m

Gas Cushion Pressure:

psig

Salinity: 1800.00 ppm

Filter Cake: 1.00 inches

Recovery Information

Recovery Table

Length ft	Description	Volume bbl
70.00	mud 100% _m	0.344

Total Length: 70.00 ft Total Volume: 0.344 bbl

Num Fluid Samples: 0

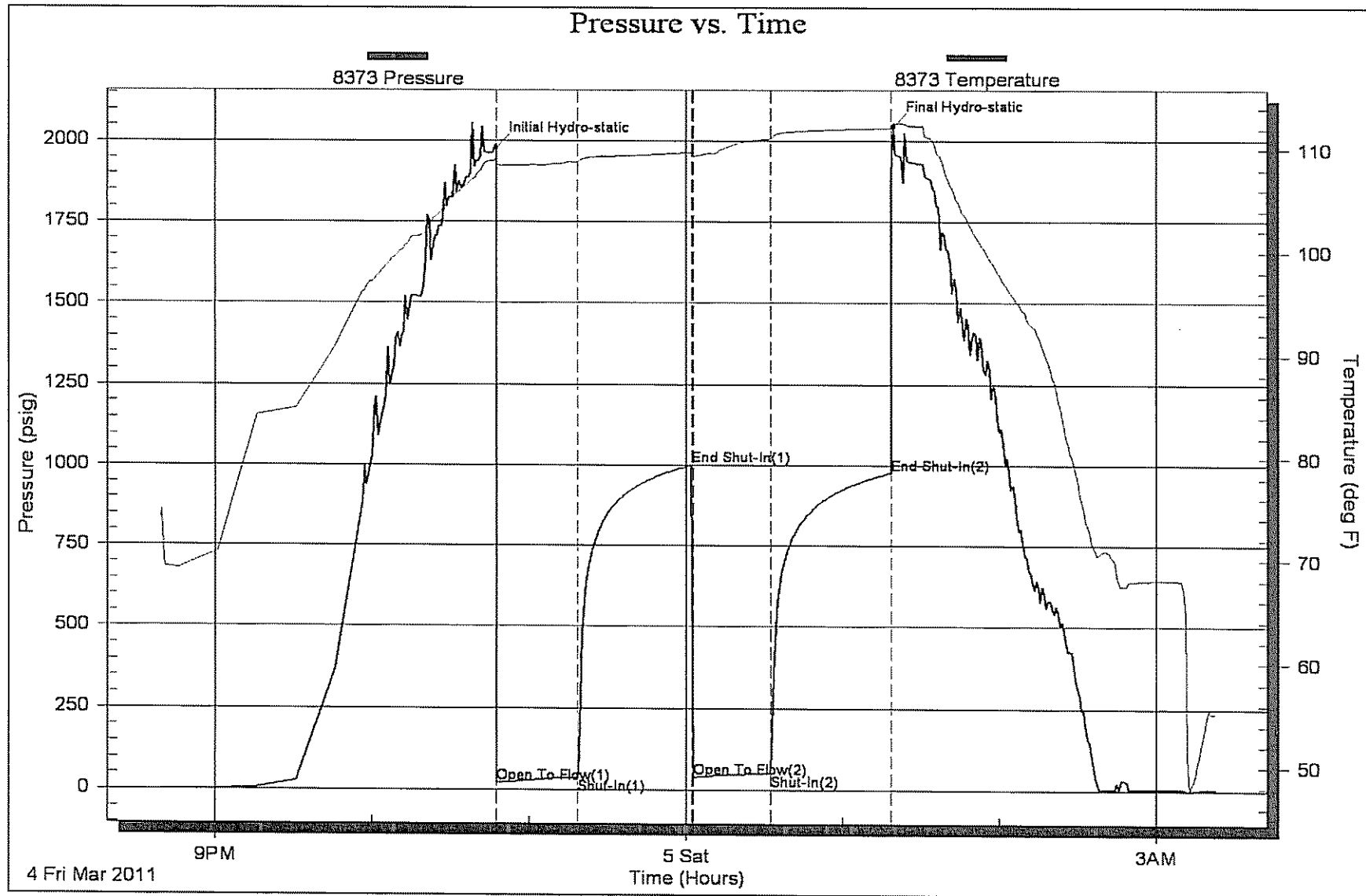
Num Gas Bombs: 0

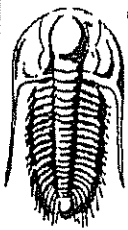
Serial #:

Laboratory Name:

Laboratory Location:

Recovery Comments:





**TRILOBITE
TESTING, INC**

DRILL STEM TEST REPORT

Lario Oil & Gas
301 S. Market St
Wichita, Ks 67202
ATTN: Tim Lauer

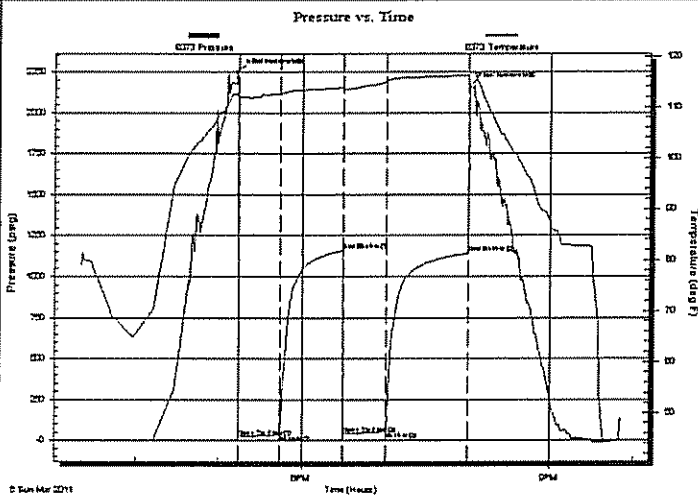
Hoeme 1-35
35-15-32 Logan, KS
Job Ticket: 042058 DST#: 2
Test Start: 2011.03.06 @ 15:20:20

GENERAL INFORMATION:

Formation: **Marmaton Pawnee Ft S**
 Deviated: **No Whipstock** ft (KB)
 Time Tool Opened: 17:14:30
 Time Test Ended: 21:51:44
 Interval: **4390.00 ft (KB) To 4480.00 ft (KB) (TVD)**
 Total Depth: **4480.00 ft (KB) (TVD)**
 Hole Diameter: **7.88 inches** Hole Condition: **Good**
 Test Type: **Conventional Bottom Hole**
 Tester: **Brandon Turley**
 Unit No: **35**
 Reference Elevations: **2948.00 ft (KB)**
 2943.00 ft (CF)
 KB to GR/CF: **5.00 ft**

Serial #: 8373 **Inside**
 Press@RunDepth: **52.76 psig @ 4391.00 ft (KB)** Capacity: **8000.00 psig**
 Start Date: **2011.03.06** End Date: **2011.03.06** Last Calb.: **2011.03.06**
 Start Time: **15:20:20** End Time: **21:51:44** Time On Blm: **2011.03.06 @ 17:13:15**
 2011.03.06 @ 20:01:14

TEST COMMENT: IF: 1/4 blow built to 1 1/4 in 30 min.
 IS: No return.
 FF: No blow.
 FS: No return.



PRESSURE SUMMARY

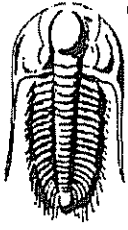
Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	2251.70	112.65	Initial Hydro-static
2	21.29	112.09	Open To Flow (1)
31	36.36	112.54	Shut-In(1)
76	1159.31	113.83	End Shut-In(1)
77	38.95	113.45	Open To Flow (2)
108	52.76	114.98	Shut-In(2)
167	1140.96	116.21	End Shut-In(2)
168	2162.60	116.92	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
65.00	mud 100% _m	0.32

Gas Rates

Choke (inches)	Pressure (psig)	Gas Rate (Mcf/d)



**TRILOBITE
TESTING, INC**

DRILL STEM TEST REPORT

FLUID SUMMARY

Lario Oil & Gas
301 S. Market St
Wichita, Ks 67202
ATTN: Tim Lauer

Hoeme 1-35
35-15-32 Logan, KS
Job Ticket: 042058 DST#: 2
Test Start: 2011.03.06 @ 15:20:20

Mud and Cushion Information

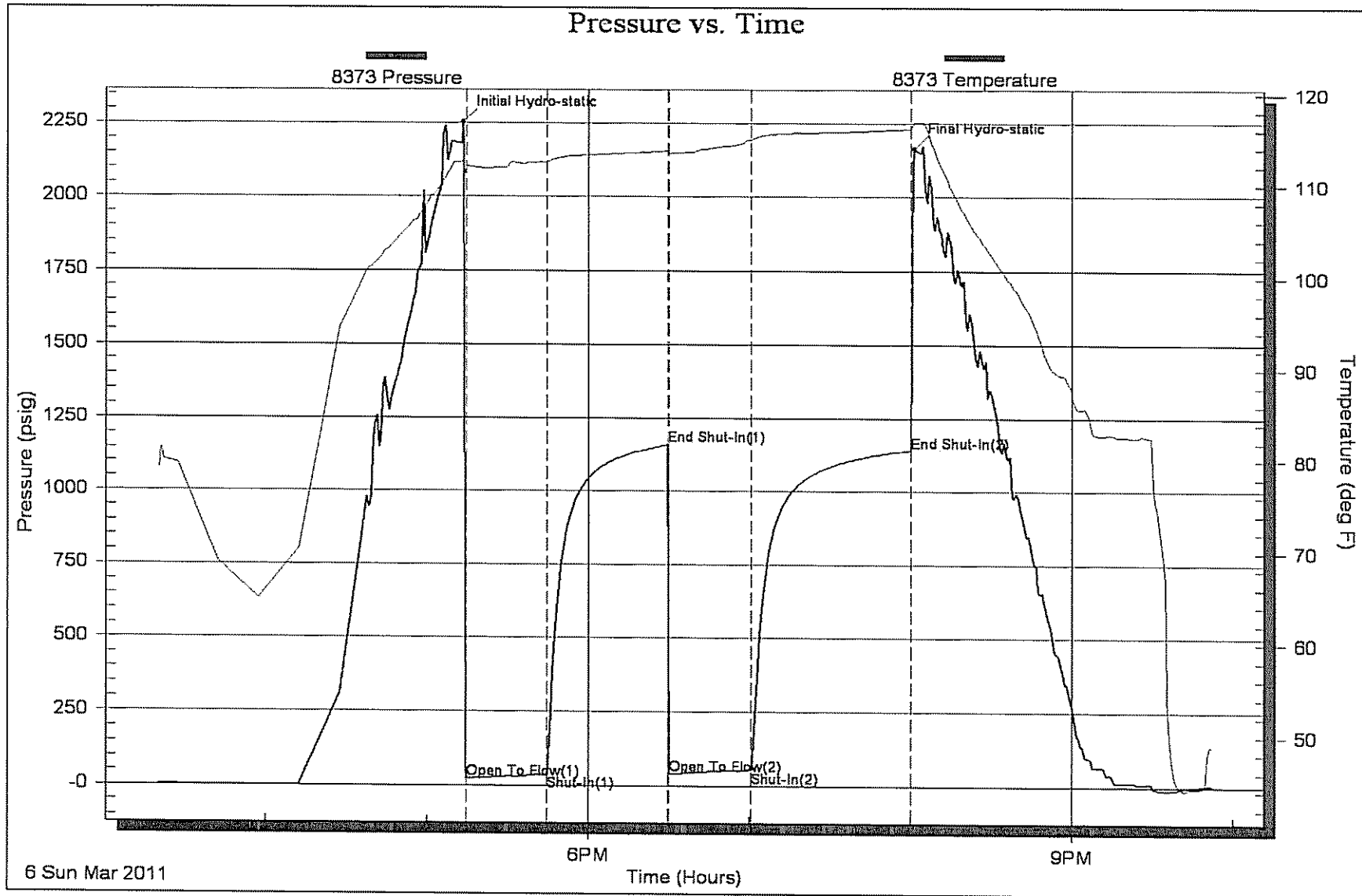
Mud Type: Gel Chem	Cushion Type:	Oil API:	0 deg API
Mud Weight: 9.00 lb/gal	Cushion Length: ft	Water Salinity:	0 ppm
Viscosity: 55.00 sec/qt	Cushion Volume: bbl		
Water Loss: 9.58 in ³	Gas Cushion Type:		
Resistivity: 0.00 ohm.m	Gas Cushion Pressure: psig		
Salinity: 2500.00 ppm			
Filter Cake: 1.00 inches			

Recovery Information

Recovery Table

Length ft	Description	Volume bbl
65.00	mud 100% _m	0.320

Total Length: 65.00 ft Total Volume: 0.320 bbl
 Num Fluid Samples: 0 Num Gas Bombs: 0 Serial #:
 Laboratory Name: Laboratory Location:
 Recovery Comments:



Conservation Division
Finney State Office Building
130 S. Market, Rm. 2078
Wichita, KS 67202-3802



phone: 316-337-6200
fax: 316-337-6211
<http://kcc.ks.gov/>

Thomas E. Wright, Chairman
Ward Loyd, Commissioner

Corporation Commission

Sam Brownback, Governor

March 29, 2011

Jay Schweikert
Lario Oil & Gas Company
301 S MARKET ST
WICHITA, KS 67202-3805

Re: ACO1
API 15-109-20984-00-00
Hoeme 1-35
SE/4 Sec.35-15S-32W
Logan County, Kansas

Dear Production Department:

We are herewith requesting that the Well Completion Form ACO-1 and attached information for the subject well be held confidential for a period of two years.

Should you have any questions or need additional information regarding subject well, please contact our office.

Respectfully,
Jay Schweikert