



**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
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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: \_\_\_\_\_



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
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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
<input type="checkbox"/> Perforate <input type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> 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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<b>DISPOSITION OF GAS:</b> <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	<b>METHOD OF COMPLETION:</b> <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 (Specify) _____	<b>PRODUCTION INTERVAL:</b> _____ _____
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Form	ACO1 - Well Completion
Operator	Lario Oil & Gas Company
Well Name	Rose 1-3
Doc ID	1052162

All Electric Logs Run

CDL/CNL/PE
DIL
MEL
SONIC

Form	ACO1 - Well Completion
Operator	Lario Oil & Gas Company
Well Name	Rose 1-3
Doc ID	1052162

Tops

Name	Top	Datum
Heebner	3680	-955
Lansing	3720	-995
Stark Shale	3974	-1249
Hushpuckney	4014	-1289
Base KC	4066	-1341
Marmaton	4109	-1384
Pawnee	4186	-1461
Ft. Scott	4215	-1490
Morrow	4346	-1621
Basal Penn	4360	-1635
Mississippian	4392	-1667



**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 # 239856

Invoice Date: 03/09/2011 Terms: 0/0/30,n/30

Page 1

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

ROSE 1-3  
30702  
3-15S-32W  
3-7-11

Part Number	Description	Qty	Unit Price	Total
1104S	CLASS "A" CEMENT (SALE)	160.00	16.8000	2688.00
1102	CALCIUM CHLORIDE (50#)	450.00	.8400	378.00
1118B	PREMIUM GEL / BENTONITE	300.00	.2400	72.00
4432	8 5/8" WOODEN PLUG	1.00	96.0000	96.00

Sublet Performed	Description	Total
9999-100	CASH DISCOUNT	-1179.75

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

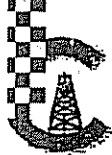
*BOP*  
*AFE 11-043*

*xc* OK TO PAY

ACCT	Expl	File					
GC							
KG			MAR 11 2011			DB	
HY						MM	
PV						DM	
OD							

Parts: 3234.00 Freight: .00 Tax: 252.25 AR 3791.50  
 Labor: .00 Misc: .00 Total: 3791.50  
 Sublt: -1179.75 Supplies: .00 Change: .00

Signed \_\_\_\_\_ Date \_\_\_\_\_



**CONSOLIDATED**  
Oil Well Services, LLC

WD

TICKET NUMBER 30702  
LOCATION Dickinson, KS  
FOREMAN Pat Hensler

PO Box 884, Chanute, KS 66720  
20-431-9210 or 800-467-8676

**FIELD TICKET & TREATMENT REPORT**  
**CEMENT**

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
3-7-11	4793	Rose 1-3	3	15 <sup>3</sup>	32 <sup>4</sup>	Logan, Kansas
CUSTOMER <u>Larcia Oil &amp; Gas</u>						
MAILING ADDRESS						
CITY		STATE	ZIP CODE			

TRUCK #	DRIVER	TRUCK #	DRIVER
463	Miles Shaw		
439	Josh Gurble		

JOB TYPE Surface HOLE SIZE 12 1/4 HOLE DEPTH \_\_\_\_\_ CASING SIZE & WEIGHT 8 5/8 - 2.3#  
 CASING DEPTH \_\_\_\_\_ DRILL PIPE \_\_\_\_\_ TUBING \_\_\_\_\_ OTHER \_\_\_\_\_  
 SLURRY WEIGHT 15.2 SLURRY VOL \_\_\_\_\_ WATER gal/sk \_\_\_\_\_ CEMENT LEFT in CASING 15-20'  
 DISPLACEMENT \_\_\_\_\_ DISPLACEMENT PSI \_\_\_\_\_ MIX PSI \_\_\_\_\_ RATE 5 Bbl/min

REMARKS: Safety Meeting, rig up to casing to pipe.  
Mixed 160 SKs cement, 3% CC - 2% CaI  
Released Plug & Displaced 15 1/4 BBL H<sub>2</sub>O @ 150 #  
Shut in

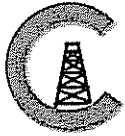
Cement Did Cure  
Approx 2 BBL to PT

Thank You!  
P. Hensler

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	160 SKs	Class A Cement	16.50	2640.00
1102	4.50 #	Calcium Chloride	.84	378.00
1118 B	360 #	Bentonite	.24	72.00
5407	7.52	Tank Mileage Delivery (min)	1.53	410.00
4432	1	8 5/8 Lizarda Plug	96.00	96.00
<u>239856</u>				
				4,719.00
<u>Less 25% Disc</u>				1,179.75
				3,539.25
				252.25
				3,791.50

AUTHORIZATION Josh Wheeler TITLE \_\_\_\_\_ DATE \_\_\_\_\_

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



**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 # 240121

Invoice Date: 03/24/2011 Terms: 0/0/30,n/30

Page 1

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

ROSE 1-3  
30790  
3-15S-32W  
3-18-2011  
KS

Part Number	Description	Qty	Unit Price	Total
1131	60/40 POZ MIX	205.00	14.3500	2941.75
1118B	PREMIUM GEL / BENTONITE	704.00	.2400	168.96
1107	FLO-SEAL (25#)	51.00	2.6600	135.66

Sublet Performed	Description	Total
9999-100	CASH DISCOUNT	-1239.09

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

*AFE 11-043*

		<i>XC</i>	OK TO PAY			
Acct	Expl	File				
GC			MAR 28 2011			
KG						DB
HY						MM
PV						
OD	<i>JS</i>	KE	GV	SF	DM	

Parts:	3246.37	Freight:	.00	Tax:	253.22	AR	3970.50
Labor:	.00	Misc:	.00	Total:	3970.50		
Sublt:	-1239.09	Supplies:	.00	Change:	.00		

Signed \_\_\_\_\_

Date \_\_\_\_\_



**CONSOLIDATED**  
Oil Well Services, LLC

W.D.  
MS

TICKET NUMBER 30790  
LOCATION Oakley Ks  
FOREMAN Walt Drake

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
3-18-11	4793	Rose 1-3	3	15 <sup>S</sup>	32 <sup>W</sup>	Logan
CUSTOMER Hario Oil & Gas						
MAILING ADDRESS						
CITY		STATE	ZIP CODE			

TRUCK #	DRIVER	TRUCK #	DRIVER
463	Miles Shaw		
558	Time W		

JOB TYPE PTA-0 HOLE SIZE 7 7/8 HOLE DEPTH 4500' CASING SIZE & WEIGHT \_\_\_\_\_  
 CASING DEPTH \_\_\_\_\_ DRILL PIPE 4 1/2 x 11-2162 TUBING \_\_\_\_\_ OTHER \_\_\_\_\_  
 SLURRY WEIGHT \_\_\_\_\_ SLURRY VOL \_\_\_\_\_ WATER gal/sk \_\_\_\_\_ CEMENT LEFT in CASING \_\_\_\_\_  
 DISPLACEMENT \_\_\_\_\_ DISPLACEMENT PSI \_\_\_\_\_ MIX PSI \_\_\_\_\_ RATE \_\_\_\_\_

REMARKS: Safety Meeting, Plug as ordered

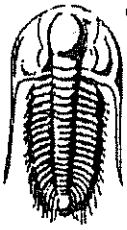
<u>25 SKs @ 2162'</u>	<u>205 SKs @ 704' per, 4% / a l 1/4" # Flow-Seal</u>
<u>100 SKs @ 1016'</u>	
<u>40 SKs @ 306'</u>	
<u>10 SKs @ 40'</u>	
<u>30 SKs in R.H</u>	

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5405N	1	PUMP CHARGE	1,250 <sup>00</sup>	1,250 <sup>00</sup>
5406	10	MILEAGE	5 <sup>00</sup>	50 <sup>00</sup>
1131	205 SKs	60/40 per	14 <sup>35</sup>	2,941 <sup>75</sup>
1118B	704#	Bentonite	.24	168 <sup>96</sup>
1107	51#	Flow-Seal	2 <sup>66</sup>	135 <sup>66</sup>
5407	8.82	Ten Mileage Delivery (min)	15 <sup>8</sup>	410 <sup>00</sup>
<u>240121</u>				
				<u>4,956<sup>32</sup></u>
Loss 25% Disc				<u>- 1,239<sup>09</sup></u>
				<u>3,717<sup>23</sup></u>
				<u>253<sup>22</sup></u>
				<u>3,970<sup>50</sup></u>

RAVIN 3737  
 AUTHORIZATION Rich Wheeler TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
 ESTIMATED TOTAL

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 form.





**TRILOBITE  
TESTING, INC**

# DRILL STEM TEST REPORT

Lario Oil Gas Co.  
301 S. Market St. Wichita Ks. 67202  
ATTN: Wes Hansen

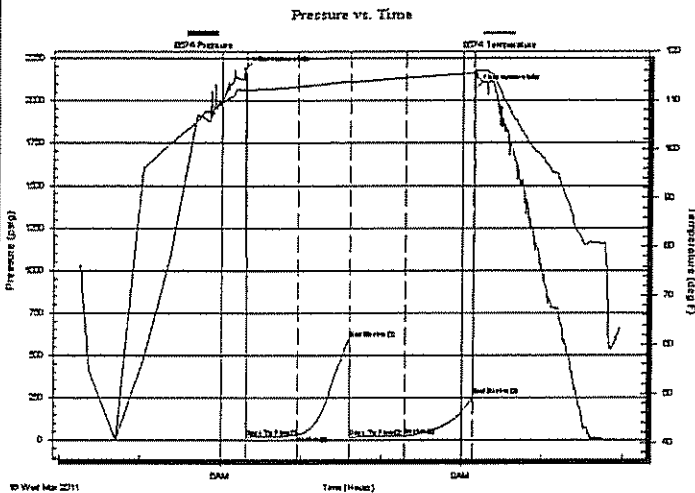
**Rose 1-3**  
**3/15/32**  
Job Ticket: 39415      DST#: 1  
Test Start: 2011.03.16 @ 04:15:00

## GENERAL INFORMATION:

Formation: Cherokee	Test Type: Bottom Hole
Deviated: No Whipstock      ft (KB)	Tester: Harley Davidson
Time Tool Opened: 06:18:40	Unit No: 33
Time Test Ended: 10:57:39	
Interval: 4260.00 ft (KB) To 4293.00 ft (KB) (TVD)	Reference Elevations: 2725.00 ft (KB)
Total Depth: 4293.00 ft (KB) (TVD)	2716.00 ft (CF)
Hole Diameter: 7.78 inches Hole Condition: Fair	KB to GR/CF: 9.00 ft

Serial #: 8674      Outside	Capacity: 8000.00 psig
Press@RunDepth: 25.18 psig @ 4262.00 ft (KB)	Last Calib.: 2011.03.16
Start Date: 2011.03.16      End Date: 2011.03.16	Time On Btrr: 2011.03.16 @ 06:17:30
Start Time: 04:15:05      End Time: 10:57:39	Time Off Btrr: 2011.03.16 @ 09:09:30

TEST COMMENT: IF- Weak surface blow  
IS- No blow back  
FF- No blow  
FS- No blow back



## PRESSURE SUMMARY

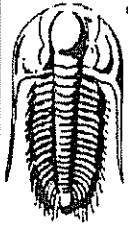
Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	2184.74	112.35	Initial Hydro-static
2	16.94	111.68	Open To Flow (1)
40	28.73	112.77	Shut-In(1)
79	596.53	113.84	End Shut-In(1)
79	18.15	113.48	Open To Flow (2)
120	25.18	114.57	Shut-In(2)
172	261.72	115.57	End Shut-In(2)
172	2072.30	116.31	Final Hydro-static

## Recovery

Length (ft)	Description	Volume (bbl)
5.00	100% mud with skim of oil	0.07

## Gas Rates

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



**TRILOBITE**  
TESTING, INC

**DRILL STEM TEST REPORT**

**FLUID SUMMARY**

Lario Oil Gas Co.  
301 S. Market St. Wichita Ks. 67202  
ATTN: Wes Hansen

**Rose 1-3**  
**3/15/32**  
Job Ticket: 39415      DST#: 1  
Test Start: 2011.03.16 @ 04:15:00

**Mud and Cushion Information**

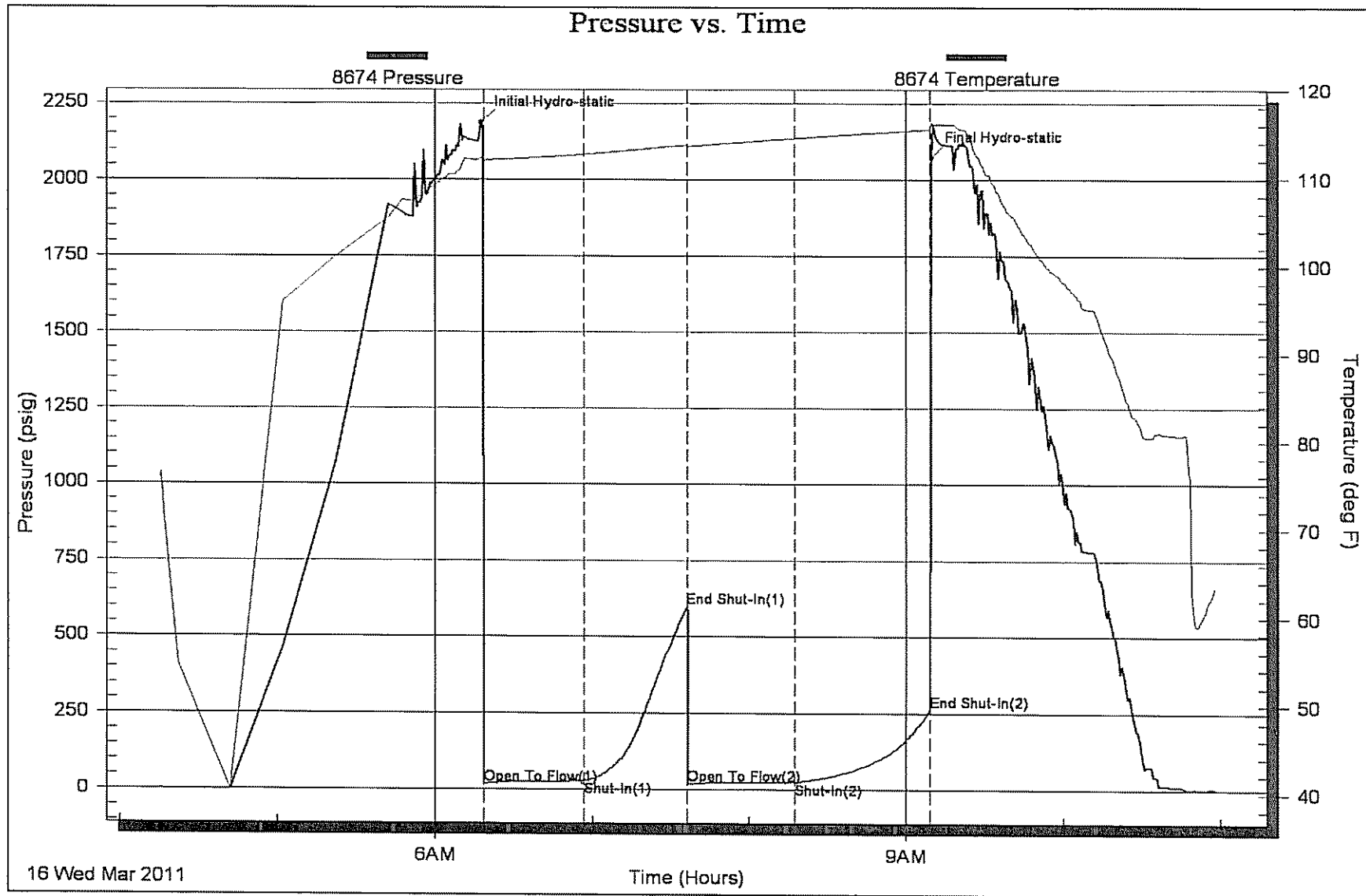
Mud Type: Gel Chem	Cushion Type:	Oil API:	deg API
Mud Weight: 9.00 lb/gal	Cushion Length: ft	Water Salinity:	ppm
Viscosity: 48.00 sec/qt	Cushion Volume: bbl		
Water Loss: 7.99 in <sup>3</sup>	Gas Cushion Type:		
Resistivity: ohm.m	Gas Cushion Pressure: psig		
Salinity: 1500.00 ppm			
Filter Cake: inches			

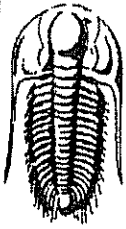
**Recovery Information**

Recovery Table

Length ft	Description	Volume bbl
5.00	100% mud with skim of oil	0.070

Total Length: 5.00 ft      Total Volume: 0.070 bbl  
 Num Fluid Samples: 0      Num Gas Bombs: 0      Serial #:  
 Laboratory Name:      Laboratory Location:  
 Recovery Comments:





**TRIOBITE  
TESTING, INC**

# DRILL STEM TEST REPORT

Lario Oil Gas Co.  
301 S. Market St. Wichita Ks. 67202  
ATTN: Wes Hansen

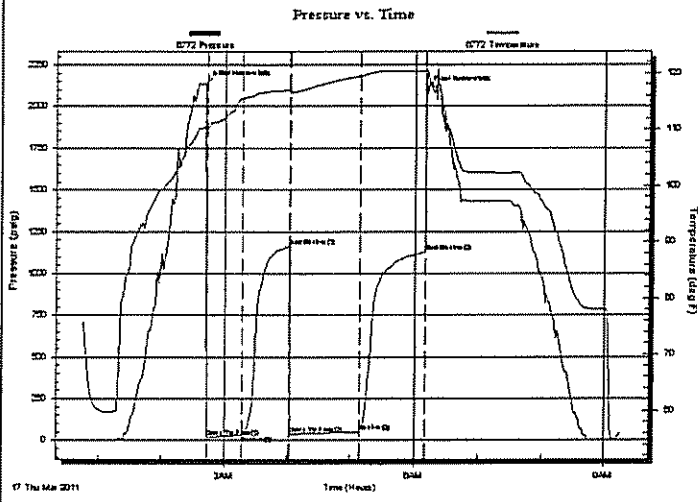
**Rose 1-3**  
**3/15/32**  
Job Ticket: 39416      DST#: 2  
Test Start: 2011.03.17 @ 00:45:00

## GENERAL INFORMATION:

Formation: **Johnson**  
Deviated: **No Whipstock**      ft (KB)  
Time Tool Opened: 02:43:30  
Time Test Ended: 09:16:30  
Interval: **4296.00 ft (KB) To 4346.00 ft (KB) (TVD)**  
Total Depth: **4346.00 ft (KB) (TVD)**  
Hole Diameter: **7.78 inches** Hole Condition: **Fair**  
Test Type: **Conventional Bottom Hole**  
Tester: **Harley Davidson**  
Unit No: **33**  
Reference Elevations: **2725.00 ft (KB)**  
**2716.00 ft (CF)**  
KB to GR/CF: **9.00 ft**

**Serial #: 6772**      **Outside**  
Press@RunDepth: **51.56 psig @ 4298.00 ft (KB)**      Capacity: **8000.00 psig**  
Start Date: **2011.03.17**      End Date: **2011.03.17**      Last Calib.: **2011.03.17**  
Start Time: **00:45:05**      End Time: **09:16:29**      Time On Blm: **2011.03.17 @ 02:41:30**  
Time Off Blm: **2011.03.17 @ 06:10:15**

**TEST COMMENT:** F- Weak building blow 5" in bucket.  
IS- No blow back.  
FF- Weak building blow 6" in bucket.  
FS- No blow back.



## PRESSURE SUMMARY

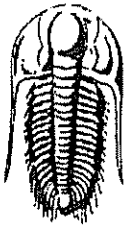
Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	2133.51	110.33	Initial Hydro-static
2	18.87	110.29	Open To Flow (1)
35	30.57	115.51	Shut-In(1)
81	1161.76	117.02	End Shut-In(1)
82	34.82	116.71	Open To Flow (2)
147	51.56	119.47	Shut-In(2)
209	1126.31	120.39	End Shut-In(2)
209	2098.33	120.62	Final Hydro-static

## Recovery

Length (ft)	Description	Volume (bbl)
0.00	250 GIP	0.00
90.00	10% oil 90% mud	1.26

## Gas Rates

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



**TRILOBITE**  
TESTING, INC

## DRILL STEM TEST REPORT

FLUID SUMMARY

Lario Oil Gas Co.  
301 S. Market St. Wichita Ks. 67202  
ATTN: Wes Hansen

Rose 1-3  
3/15/32  
Job Ticket: 39416      DST#: 2  
Test Start: 2011.03.17 @ 00:45:00

### Mud and Cushion Information

Mud Type: Gel Chem	Cushion Type:	Oil API:	deg API
Mud Weight: 9.00 lb/gal	Cushion Length: ft	Water Salinity:	ppm
Viscosity: 48.00 sec/qt	Cushion Volume: bbl		
Water Loss: 7.99 in <sup>3</sup>	Gas Cushion Type:		
Resistivity: ohm.m	Gas Cushion Pressure: psig		
Salinity: 1500.00 ppm			
Filter Cake: inches			

### Recovery Information

Recovery Table

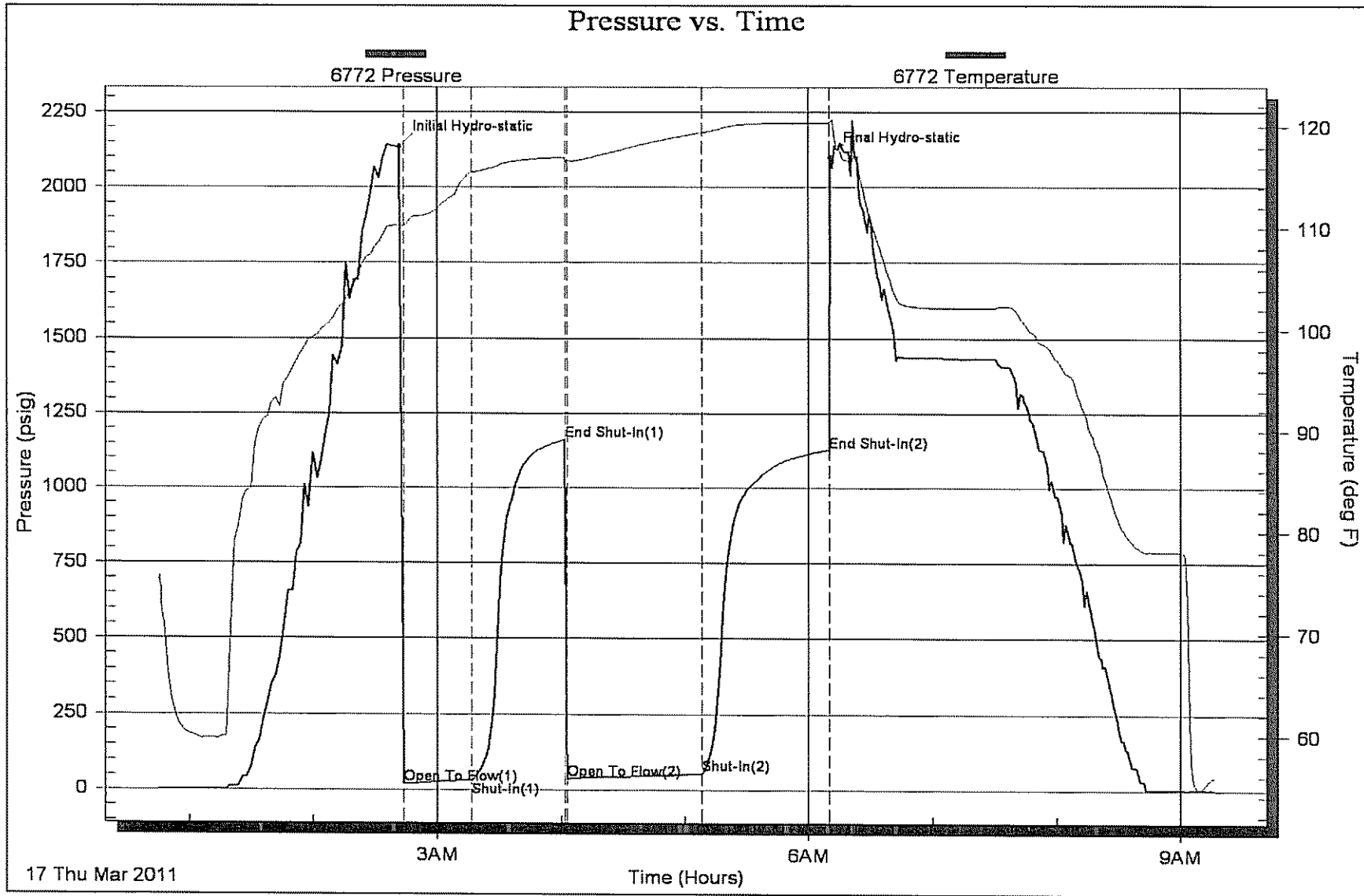
Length ft	Description	Volume bbl
0.00	250 GIP	0.000
90.00	10% oil 90% mud	1.262

Total Length: 90.00 ft      Total Volume: 1.262 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

April 01, 2011

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

Re: ACO1  
API 15-109-20986-00-00  
Rose 1-3  
NW/4 Sec.03-15S-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