

**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 DistributionALT 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 Yes No
(Attach Additional Sheets)

Samples Sent to Geological Survey Yes No

Cores Taken Yes No

Electric Log Run Yes No

Electric Log Submitted Electronically Yes No
(If no, Submit Copy)

List All E. Logs Run:

Log Formation (Top), Depth and Datum Sample
Name Top Datum

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

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				

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	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
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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	Lario Oil & Gas Company
Well Name	Andersen Unit 1-34
Doc ID	1054248

Tops

Name	Top	Datum
Heebner	3970	-1016
Lansing	4015	-1061
Hushpuckney	4276	-1322
Base KC	4310	-1356
Marmaton	4369	-1415
Ft. Scott	4462	-1508
Johnson	4564	-1610
Basal Penn	4603	-1649
Mississippian	4608	-1654
Spergen	4675	-1721

Summary of Changes

Lease Name and Number: Andersen Unit 1-34

API/Permit #: 15-063-21884-00-00

Doc ID: 1054248

Correction Number: 1

Approved By: NAOMI JAMES

Field Name	Previous Value	New Value
Approved Date	04/18/2011	04/19/2011
Lease Name	Anderson Unit	Andersen Unit
Save Link	../..kcc/detail/operatorEditDetail.cfm?docID=1050996	../..kcc/detail/operatorEditDetail.cfm?docID=1054248



CONFIDENTIAL

WELL COMPLETION FORM

Form Must Be Typed
Form must be Signed
All blanks must be Filled

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: _____



1050996

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
_____ 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
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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> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	Lario Oil & Gas Company
Well Name	Anderson Unit 1-34
Doc ID	1050996

Tops

Name	Top	Datum
Heebner	3970	-1016
Lansing	4015	-1061
Hushpuckney	4276	-1322
Base KC	4310	-1356
Marmaton	4369	-1415
Ft. Scott	4462	-1508
Johnson	4564	-1610
Basal Penn	4603	-1649
Mississippian	4608	-1654
Spergen	4675	-1721



PO BOX 31 Russell, KS 67665

INVOICE

Invoice Number: 126164

Invoice Date: Feb 9, 2011

Page: 1

Voice: (785) 483-3887

Fax: (785) 483-5566

Bill To:
Lario Oil & Gas Co. <i>P.O. Box 1093</i> <i>Garden City, Ks 67846</i>

Federal Tax I.D.#: 20-5975804

Customer ID	Well Name# or Customer P.O.	Payment Terms	
Lario	<u>Andersen Unit #1-34</u>	Net 30 Days	
Job Location	Camp Location	Service Date	Due Date
KS1-02	Oakley	Feb 9, 2011	3/11/11

Quantity	Item	Description	Unit Price	Amount
125.00	MAT	ASC Class A	18.60	2,325.00
625.00	MAT	Gilsonite	0.89	556.25
500.00	MAT	WFR-2	1.27	635.00
125.00	SER	Handling	2.40	300.00
1.00	SER	Handling Mileage Charge	312.00	312.00
1.00	SER	Two Stage - Bottom	2,011.00	2,011.00
20.00	SER	Pump Truck Mileage	7.00	140.00
1.00	EQP	5.5 AFU Float Shoe	214.00	214.00
9.00	EQP	5.5 Centralizer	35.00	315.00
1.00	EQP	5.5 Basket	161.00	161.00
1.00	EQP	5.5 D V Tool	4,500.00	4,500.00
1.00	EQP	5.5 Latch Down Assembly	164.00	164.00

Drilling
AFE-11-026
CK 2/16/11

OK TO PAY			
Acct	Expt	File	
GC			
KG			DB
HY			MM
PV			DM
OD	KF	GV	SF

FEB 18 2011

ALL PRICES ARE NET, PAYABLE 30 DAYS FOLLOWING DATE OF INVOICE. 1 1/2% CHARGED THEREAFTER. IF ACCOUNT IS CURRENT, TAKE DISCOUNT OF

\$ 2326.65

ONLY IF PAID ON OR BEFORE
Mar 6, 2011

Subtotal	11,633.25
Sales Tax	714.06
Total Invoice Amount	12,347.31
Payment/Credit Applied	
TOTAL	12,347.31

ALLIED CEMENTING CO., LLC. 040876

Federal Tax I.D.# 20-5975804

REMIT TO P.O. BOX 31
RUSSELL, KANSAS 67665

SERVICE POINT:

Golden KS
2-19-11

DATE <u>2-9-11</u>	SEC <u>34</u>	TWP. <u>12</u>	RANGE <u>31</u>	CALLED OUT	ON LOCATION <u>9:00am</u>	JOB START	JOB FINISH
ADDRESS <u>LEASE UNIT</u>	WELL# <u>1-34</u>	LOCATION <u>Gove Rd 6E-1 1/2 N</u>	COUNTY <u>Gove</u>		STATE <u>KS</u>		
OLD OR <u>(NEW)</u> (Circle one)		<u>Wt 5 in</u>					

CONTRACTOR Murphy #21
 TYPE OF JOB 2-stage (Bottom)
 HOLE SIZE 7 1/8 4" T.D. 4726'
 CASING SIZE 5 1/2 DEPTH 4716'
 TUBING SIZE _____ DEPTH _____
 DRILL PIPE _____ DEPTH _____
 TOOL DU Tool DEPTH 2221
 PRES. MAX _____ MINIMUM _____
 MEAS. LINE _____ SHOE JOINT 13.04
 CEMENT LEFT IN CSG. 13.04
 PERFS. _____
 DISPLACEMENT 54.1 mud - 60.5 water

OWNER _____
 CEMENT
 AMOUNT ORDERED 125 SKS ASC
29000 1090 salt 54 G.I
500 gal WFR II
 COMMON _____ @ _____
 POZMIX _____ @ _____
 GEL _____ 2 @ 20.00 W/C
 CHLORIDE _____ @ _____
 ASC _____ 125 @ 18.00 2325.00
 _____ @ _____
Salt 16 @ 23.95 W/C
 _____ @ _____
G.I. salt 625 @ .89 556.25
 _____ @ _____
WFR II 500 gal @ 1.27 635.00
 _____ @ _____
 _____ @ _____
 HANDLING 125 @ 2.40 300.00
 MILEAGE 10 x 5# x mile 312.00
 TOTAL 4128.25

EQUIPMENT

PUMP TRUCK CEMENTER Fuzz4
 # 431 HELPER Darren Wayne
 BULK TRUCK
 # 384 DRIVER Jerry
 BULK TRUCK
 # 404 DRIVER Mike

REMARKS:

Pump SBAK under 500 gal WFR II, SBAK under
WFR 125 SKS cement, wash pump & lines
Drop plus & displace to catch down
1000' lift 1800' haul: Plant hold
plus down @ 9:10. Drop DU Bank upon
tool @ 1000' circ 3 hrs
Thanks Fuzz4 crew

SERVICE

DEPTH OF JOB _____
 PUMP TRUCK CHARGE _____ 2011.00
 EXTRA FOOTAGE _____ @ _____
 MILEAGE 20 @ 7.00 140.00
 MANIFOLD _____ @ _____
 _____ @ _____
 _____ @ _____
 TOTAL 2151.00

CHARGE TO: hario G.I + Gas
 STREET _____
 CITY _____ STATE _____ ZIP _____

PLUG & FLOAT EQUIPMENT

5 1/2 {
 1-AFU Float shoe 214.00
 9-Centrizers @ 35.00 315.00
 1-Basket @ _____ 161.00
 1-DU Tool (W) @ _____ 4500.00
 1-Latchdown Aug @ (F)(W) 164.00
 _____ @ _____
 TOTAL 5354.00

To Allied Cementing Co., LLC.
 You are hereby requested to rent cementing equipment and furnish cementer and helper(s) to assist owner or contractor to do work as is listed. The above work was done to satisfaction and supervision of owner agent or contractor. I have read and understand the "GENERAL TERMS AND CONDITIONS" listed on the reverse side.

SALES TAX (If Any) _____
 TOTAL CHARGES _____
 DISCOUNT _____ IF PAID IN 30 DAYS

PRINTED NAME Jay Fletcher
 SIGNATURE Jay Fletcher

Bid



PO BOX 31 Russell, KS 67665

INVOICE

Invoice Number: 126165

Invoice Date: Feb 9, 2011

Page: 1

Voice: (785) 483-3887

Fax: (785) 483-5566

Bill To:
Lario Oil & Gas Co. <i>P.O. Box 1093</i> <i>Garden City, KS 67846</i>

Federal Tax I.D.#: 20-5975804

Customer ID	Well Name# or Customer P.O.	Payment Terms	
Lario	<u>Andersen Unit #1-34</u>	Net 30 Days	
Job Location	Camp Location	Service Date	Due Date
KS1-02	Oakley	Feb 9, 2011	3/11/11

Quantity	Item	Description	Unit Price	Amount
420.00	MAT	Lightweight Class A for Top Stage	14.05	5,901.00
105.00	MAT	Flo Seal	2.50	262.50
445.00	SER	Handling	2.40	1,068.00
20.00	SER	Mileage 445 sxk @ .10 per sk per mi	44.50	890.00
<p><i>Drilling</i> <i>APE-11-026</i> <i>OK 2/16/11</i></p>				

ALL PRICES ARE NET, PAYABLE 30 DAYS FOLLOWING DATE OF INVOICE. 1 1/2% CHARGED THEREAFTER. IF ACCOUNT IS CURRENT, TAKE DISCOUNT OF

\$ 1624.30

ONLY IF PAID ON OR BEFORE
Mar 6, 2011

Subtotal	8,121.50
Sales Tax	496.16
Total Invoice Amount	8,617.66
Payment/Credit Applied	
TOTAL	8,617.66



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 # 239409

Invoice Date: 01/31/2011 Terms: 0/0/30,n/30

Page 1

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

ANDERSON UNIT 1-34
27979
34-12-31
1-28-11

Part Number	Description	Qty	Unit Price	Total
1104S	CLASS "A" CEMENT (SALE)	160.00	16.0000	2560.00
1102	CALCIUM CHLORIDE (50#)	450.00	.8800	396.00
1118B	PREMIUM GEL / BENTONITE	300.00	.2000	60.00
4432	8 5/8" WOODEN PLUG	1.00	92.0000	92.00

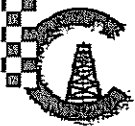
Sublet Performed	Description	Total
9999-100	CASH DISCOUNT	-1132.00

Description	Hours	Unit Price	Total
439 MIN. BULK DELIVERY	1.00	390.00	390.00
463 CEMENT PUMP (SURFACE)	1.00	985.00	985.00
463 EQUIPMENT MILEAGE (ONE WAY)	10.00	4.50	45.00

				OK TO PAY			
Acct	Expl	File					
GC							
KG							DB
HY							MM
PV							
OD	US	KE	GV	SF	DM		

Parts:	3108.00	Freight:	.00	Tax:	226.89	AR	3622.89
Labor:	.00	Misc:	.00	Total:	3622.89		
Sublt:	-1132.00	Supplies:	.00	Change:	.00		

Signed _____ Date _____



CONSOLIDATED
Oil Well Services, LLC

W.D

TICKET NUMBER 27979

LOCATION Oakley, Ks

FOREMAN Pat Heister

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
1-28-11	4793	Anderson Unit 1-34	34	12 ^s	31 ^w	Gove
CUSTOMER <u>Lario Oil & Gas</u>						
MAILING ADDRESS:						
CITY						
STATE						
ZIP CODE						
TRUCK #	DRIVER	TRUCK #	DRIVER			
463	Miles Shaw					
439	Josh Gackle					

JOB TYPE Surface - 0 HOLE SIZE 12 1/4 HOLE DEPTH 230' CASING SIZE & WEIGHT 8 5/8 - 23#
 CASING DEPTH 230' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 15 +/-
 DISPLACEMENT 13 1/2 DISPLACEMENT PSI _____ MIX PSI _____ RATE 5 BPM

REMARKS: Safety meeting, Rig up to circ,
mix 160 sks com, 3% cc - 2% cel, release plug & displace 13 1/2 BBL H₂O
Contract Did Circ.

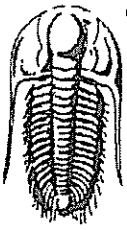
*Thank You
Pat & Crew*

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
54015	1	PUMP CHARGE	985.00	985.00
5406	10	MILEAGE	45.00	450.00
11045	160 SKS	Class A Cement	16.00	2,560.00
1102	450 #	Calcium Chloride	188	84,600.00
1118 B	300 #	Bentonite	.20	60.00
4432	1	8 5/8 Plug	92.00	92.00
5407	7.52	Ten Mileage Delivery	150	1,128.00
				4528.00
Less 25% Disc.				1,132.00
				3396.00
SALES TAX				226.89
ESTIMATED TOTAL				3622.89

Flavin 3737
AUTHORIZATION Juan Turro

TITLE _____ DATE _____

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



**TRILOBITE
TESTING, INC.**

DRILL STEM TEST REPORT

Lario Oil & Gas Co.

301 S. Market St.
Wichita, Ks 67202

ATTN: Vern Schrag

Anderson Unit 1-34

34 12s 31w Gove

Job Ticket: 40662

DST#: 1

Test Start: 2011.02.01 @ 03:30:00

GENERAL INFORMATION:

Formation: **Lansing**

Deviated: No Whipstock: ft (KB)

Time Tool Opened: 06:11:00

Time Test Ended: 12:40:30

Test Type: Conventional Bottom Hole

Tester: Bradley Walter

Unit No: 40

Interval: 3967.00 ft (KB) To 4037.00 ft (KB) (TVD)

Total Depth: 4037.00 ft (KB) (TVD)

Hole Diameter: 7.85 inches Hole Condition: Fair

Reference Elevations: 2954.00 ft (KB)

2943.00 ft (CF)

KB to GRVCF: 11.00 ft

Serial #: 8654

Inside

Press@RunDepth: 795.79 psig @ 3968.00 ft (KB)

Start Date: 2011.02.01

End Date:

2011.02.01

Capacity: 8000.00 psig

Last Calib.: 2011.02.01

Start Time: 03:30:05

End Time:

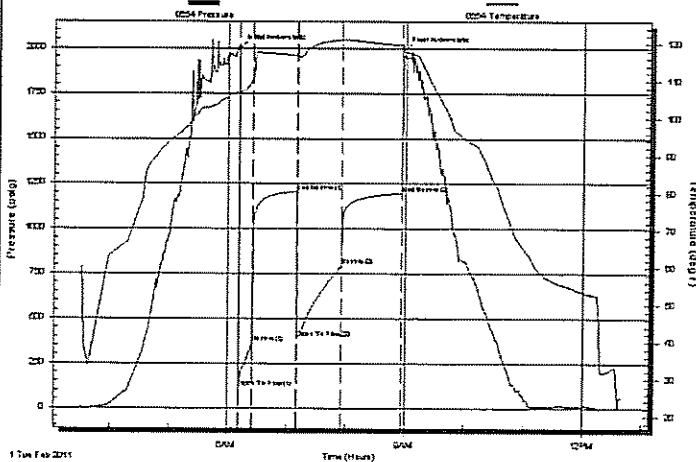
12:40:30

Time On Btm: 2011.02.01 @ 06:10:45

Time Off Btm: 2011.02.01 @ 08:58:15

TEST COMMENT: IF: BOB in 5 minutes.

Pressure vs. Time



PRESSURE SUMMARY

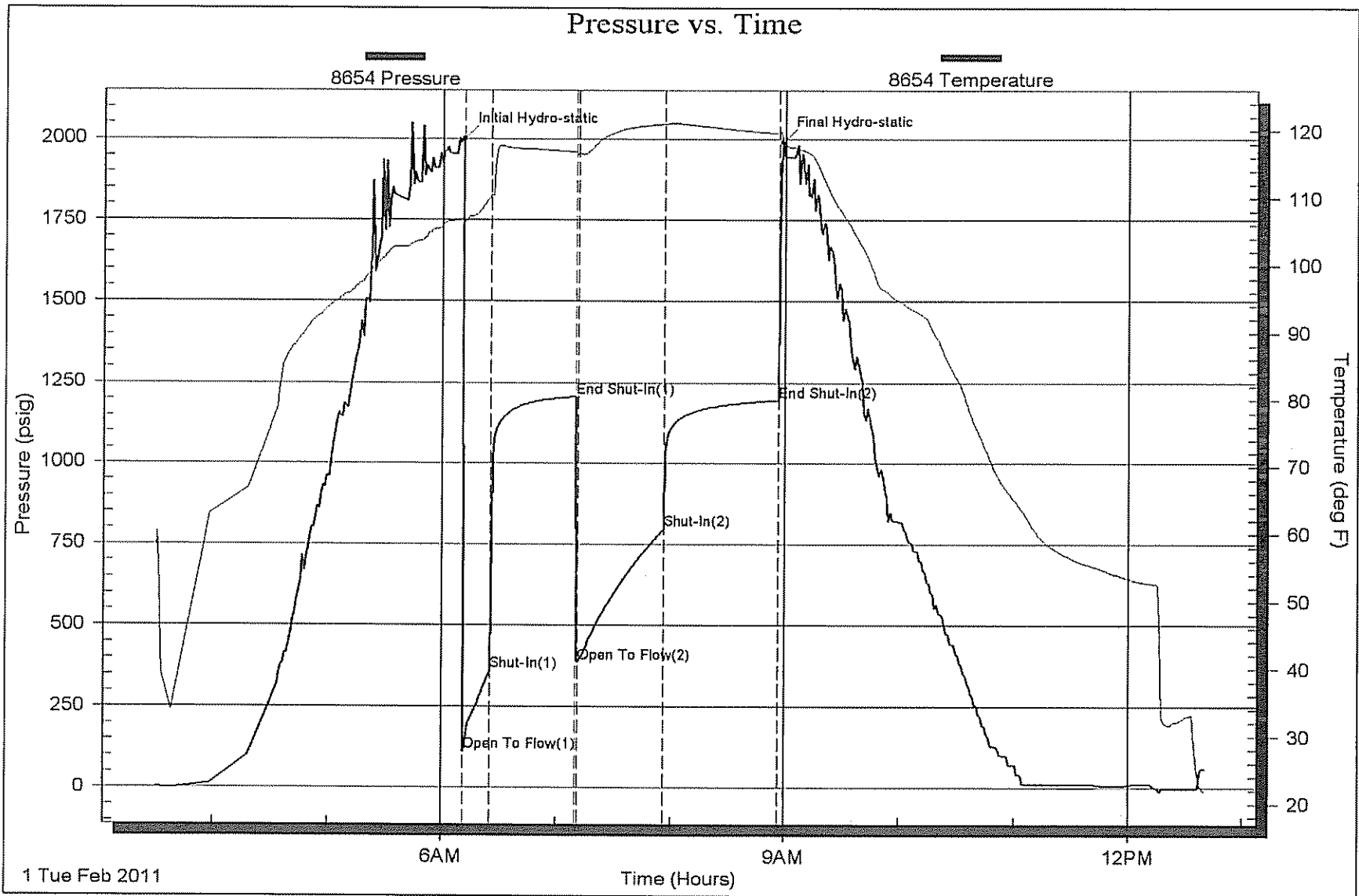
Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	1999.76	106.96	Initial Hydro-static
1	111.91	106.06	Open To Flow (1)
15	360.43	110.43	Shut-In(1)
60	1205.37	116.86	End Shut-In(1)
60	385.87	116.65	Open To Flow (2)
105	795.79	121.04	Shut-In(2)
166	1194.93	119.63	End Shut-In(2)
168	1989.55	118.43	Final Hydro-static

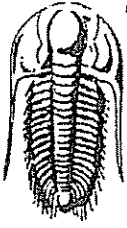
Recovery

Length (ft)	Description	Volume (bbl)
120.00	mud (heavy)	0.59
720.00	omcw 1%o 4%m 95%w	9.00
360.00	mcw 30%m 70%w	5.05
330.00	mud 100%m	4.63

Gas Rates

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





**TRILOBITE
TESTING, INC**

DRILL STEM TEST REPORT

Lario Oil & Gas Co.

Anderson Unit 1-34

301 S. Market St.
Wichita, Ks 67202

34 12s 31w Gove

ATTN: Vern Schrag

Job Ticket: 40663

DST#: 2

Test Start: 2011.02.03 @ 18:27:00

GENERAL INFORMATION:

Formation: **Lansing D**

Deviated: **No** Whipstock: **ft (KB)**

Time Tool Opened: 20:39:30

Time Test Ended: 01:22:30

Test Type: **Conventional Bottom Hole**

Tester: **Bradley Walter**

Unit No: **40**

Interval: **4089.00 ft (KB) To 4105.00 ft (KB) (TVD)**

Reference Elevations: **2954.00 ft (KB)**

Total Depth: **4089.00 ft (KB) (TVD)**

2943.00 ft (CF)

Hole Diameter: **7.85 inches** Hole Condition: **Fair**

KB to GR/CF: **11.00 ft**

Serial #: **8654**

Inside

Press@RunDepth: **29.03 psig @ 4090.00 ft (KB)**

Capacity: **8000.00 psig**

Start Date: **2011.02.03**

End Date:

2011.02.04

Last Calib.: **2011.02.04**

Start Time: **18:27:05**

End Time:

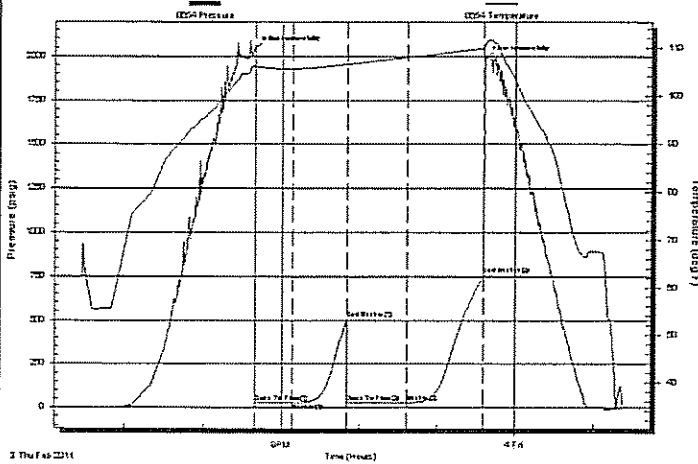
01:22:29

Time On Btm: **2011.02.03 @ 20:39:00**

Time Off Btm: **2011.02.03 @ 23:36:30**

TEST COMMENT: IF: Surface blow.
IS: No return blow.
FF: No blow.
FSI: No return blow.

Pressure vs. Time



PRESSURE SUMMARY

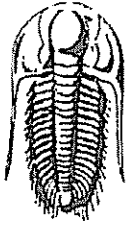
Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	2034.57	106.49	Initial Hydro-static
1	28.43	105.61	Open To Flow (1)
29	29.85	105.69	Shut-In(1)
72	510.84	106.70	End Shut-In(1)
72	29.02	106.61	Open To Flow (2)
118	29.03	108.11	Shut-In(2)
177	762.19	109.95	End Shut-In(2)
178	1979.73	110.49	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
5.00	mud 100% m	0.02

Gas Rates

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



TRILOBITE
TESTING, INC

DRILL STEM TEST REPORT

FLUID SUMMARY

Lario Oil & Gas Co.

Anderson Unit 1-34

301 S. Market St.
Wichita, Ks 67202

34 12s 31w Gove

Job Ticket: 40663

DST#: 2

ATTN: Vern Schrag

Test Start: 2011.02.03 @ 18:27:00

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: 56.00 sec/qt	Cushion Volume: bbl		
Water Loss: 8.78 in ³	Gas Cushion Type:		
Resistivity: ohm.m	Gas Cushion Pressure: psig		
Salinity: 2500.00 ppm			
Filter Cake: 1.00 inches			

Recovery Information

Recovery Table

Length ft	Description	Volume bbl
5.00	mud 100% _m	0.025

Total Length: 5.00 ft Total Volume: 0.025 bbl

Num Fluid Samples: 0

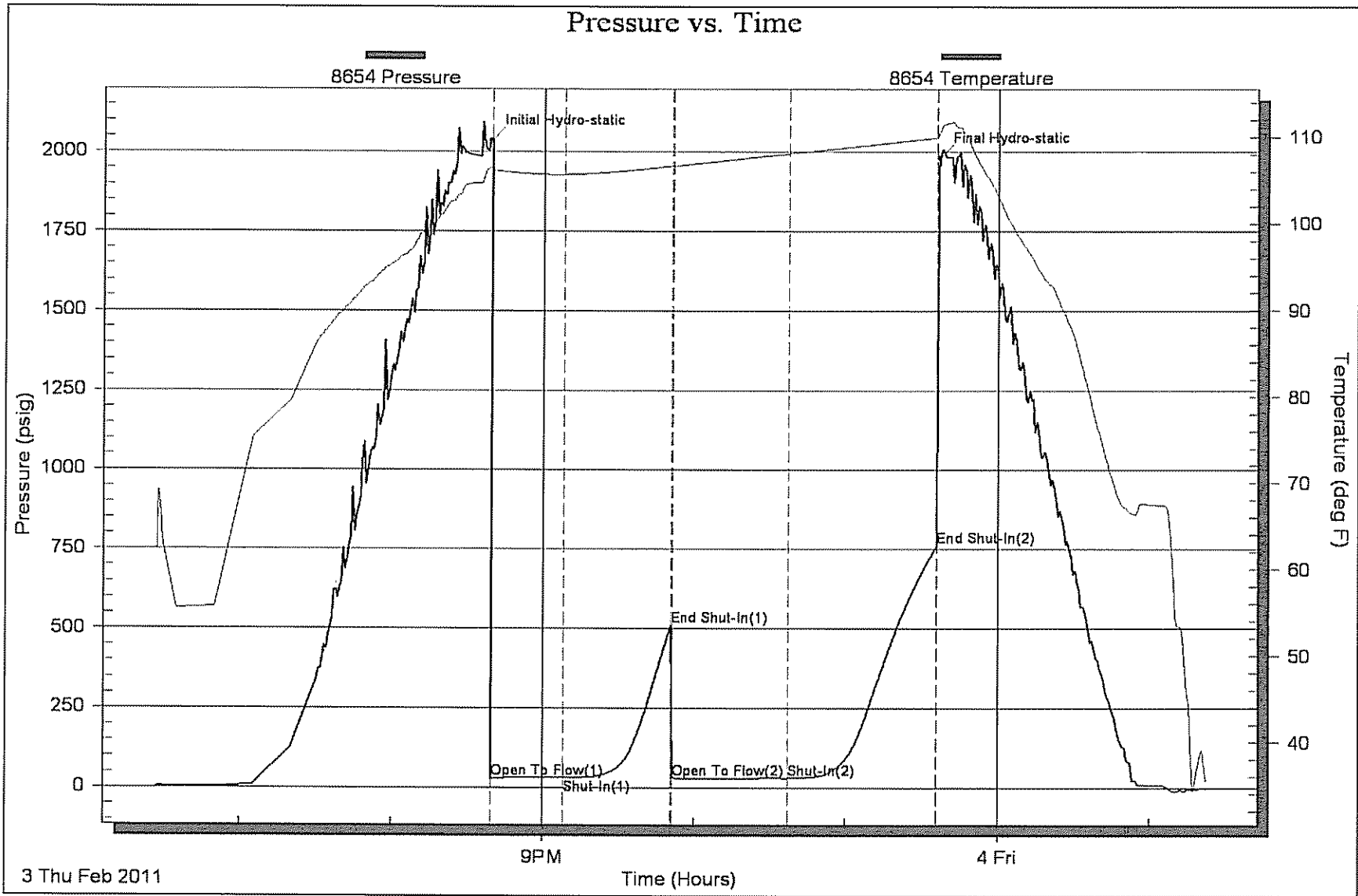
Num Gas Bombs: 0

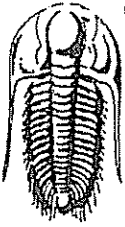
Serial #:

Laboratory Name:

Laboratory Location:

Recovery Comments:





**TRILOBITE
TESTING, INC**

DRILL STEM TEST REPORT

Lario Oil & Gas Co.

301 S. Market St.
Wichita, Ks 67202

ATTN: Vern Schrag

Anderson Unit 1-34

34 12s 31w Gove

Job Ticket: 40664

DST#: 3

Test Start: 2011.02.04 @ 19:52:00

GENERAL INFORMATION:

Formation: **Lansing K**

Deviated: **No Whipstock** ft (KB)

Time Tool Opened: 21:57:30

Time Test Ended: 01:47:15

Interval: **4239.00 ft (KB) To 4255.00 ft (KB) (TVD)**

Total Depth: **4255.00 ft (KB) (TVD)**

Hole Diameter: **7.85 inches** Hole Condition: **Fair**

Test Type: **Conventional Bottom Hole**

Tester: **Bradley Walter**

Unit No: **40**

Reference Elevations: **2954.00 ft (KB)**

2943.00 ft (CF)

KB to GR/CF: **11.00 ft**

Serial #: 8654

Inside

Press@RunDepth: **50.12 psig @ 4240.00 ft (KB)**

Capacity: **8000.00 psig**

Start Date: **2011.02.04**

End Date:

2011.02.05

Last Calib.: **2011.02.05**

Start Time: **19:52:05**

End Time:

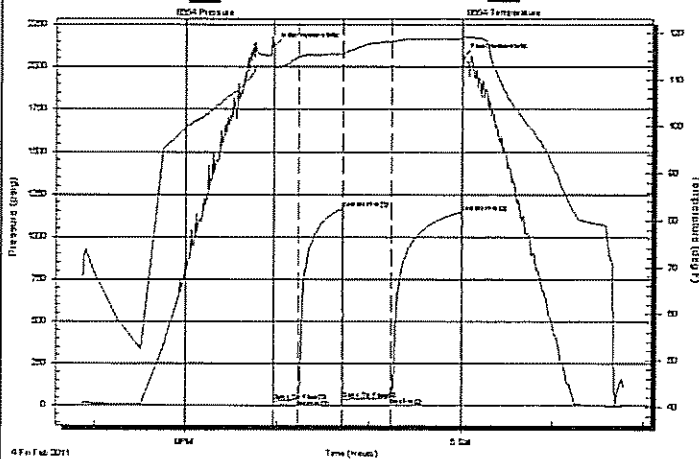
01:47:14

Time On Bltt: **2011.02.04 @ 21:57:15**

Time Off Bltt: **2011.02.05 @ 00:00:45**

TEST COMMENT: IF: 1/2 inch blow .
IS: No return blow .
FF: Surface Blow .
FSI: No return blow .

Pressure vs. Time



PRESSURE SUMMARY

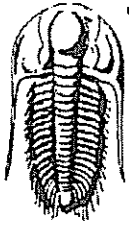
Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	2118.27	113.13	Initial Hydro-static
1	27.07	112.34	Open To Flow (1)
17	34.95	114.84	Shut-In(1)
46	1165.59	115.56	End Shut-In(1)
46	36.14	115.33	Open To Flow (2)
78	50.12	118.18	Shut-In(2)
123	1142.95	118.86	End Shut-In(2)
124	2056.27	119.17	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
20.00	mud 100%m	0.10

Gas Rates

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



**TRILOBITE
TESTING, INC**

DRILL STEM TEST REPORT

FLUID SUMMARY

Lario Oil & Gas Co.

Anderson Unit 1-34

301 S. Market St.
Wichita, Ks 67202

34 12s 31w Gove

Job Ticket: 40664

DST#: 3

ATTN: Vern Schrag

Test Start: 2011.02.04 @ 19:52:00

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:	52.00 sec/qt	Cushion Volume:	bbbl		
Water Loss:	7.20 in ³	Gas Cushion Type:			
Resistivity:	ohm.m	Gas Cushion Pressure:	psig		
Salinity:	3000.00 ppm				
Filter Cake:	1.00 inches				

Recovery Information

Recovery Table

Length ft	Description	Volume bbbl
20.00	mud 100% _m	0.098

Total Length: 20.00 ft Total Volume: 0.098 bbl

Num Fluid Samples: 0

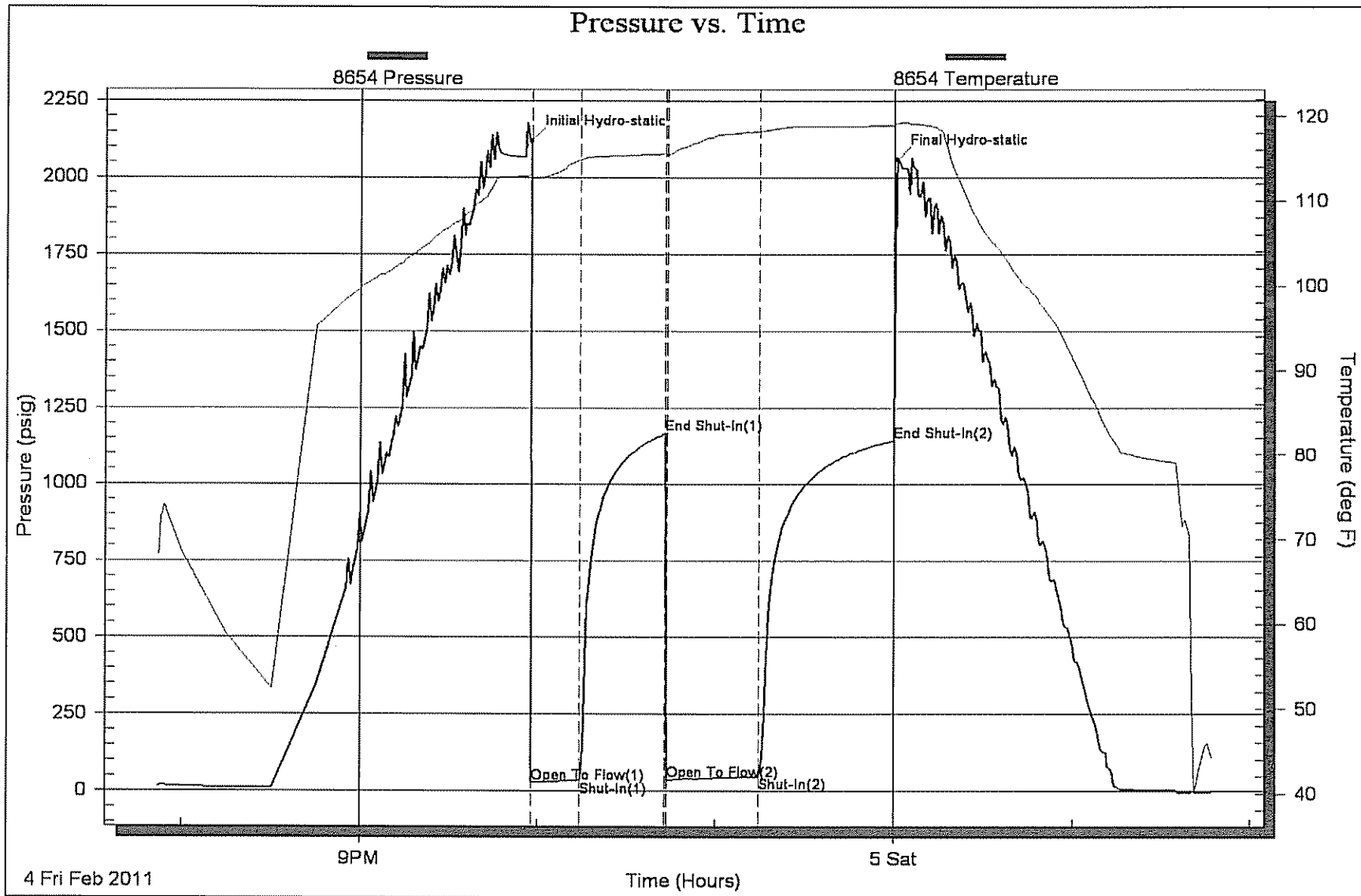
Num Gas Bombs: 0

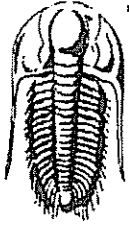
Serial #:

Laboratory Name:

Laboratory Location:

Recovery Comments:





TRILOBITE
TESTING, INC

DRILL STEM TEST REPORT

FLUID SUMMARY

Lario Oil & Gas Co.

Anderson Unit 1-34

301 S. Market St.
Wichita, Ks 67202

34 12s 31w Gove

Job Ticket: 40665

DST#: 4

ATTN: Vern Schrag

Test Start: 2011.02.06 @ 11:45:30

Mud and Cushion Information

Mud Type: Gel Chem	Cushion Type:	Oil API:	deg API
Mud Weight: 10.00 lb/gal	Cushion Length: ft	Water Salinity:	ppm
Viscosity: 55.00 sec/qt	Cushion Volume: bbl		
Water Loss: 8.79 in ³	Gas Cushion Type:		
Resistivity: ohm.m	Gas Cushion Pressure: psig		
Salinity: 3400.00 ppm			
Filter Cake: 1.00 inches			

Recovery Information

Recovery Table

Length ft	Description	Volume bbl
900.00	mud Missrun (oil spots in tool)	10.429

Total Length: 900.00 ft Total Volume: 10.429 bbl

Num Fluid Samples: 0

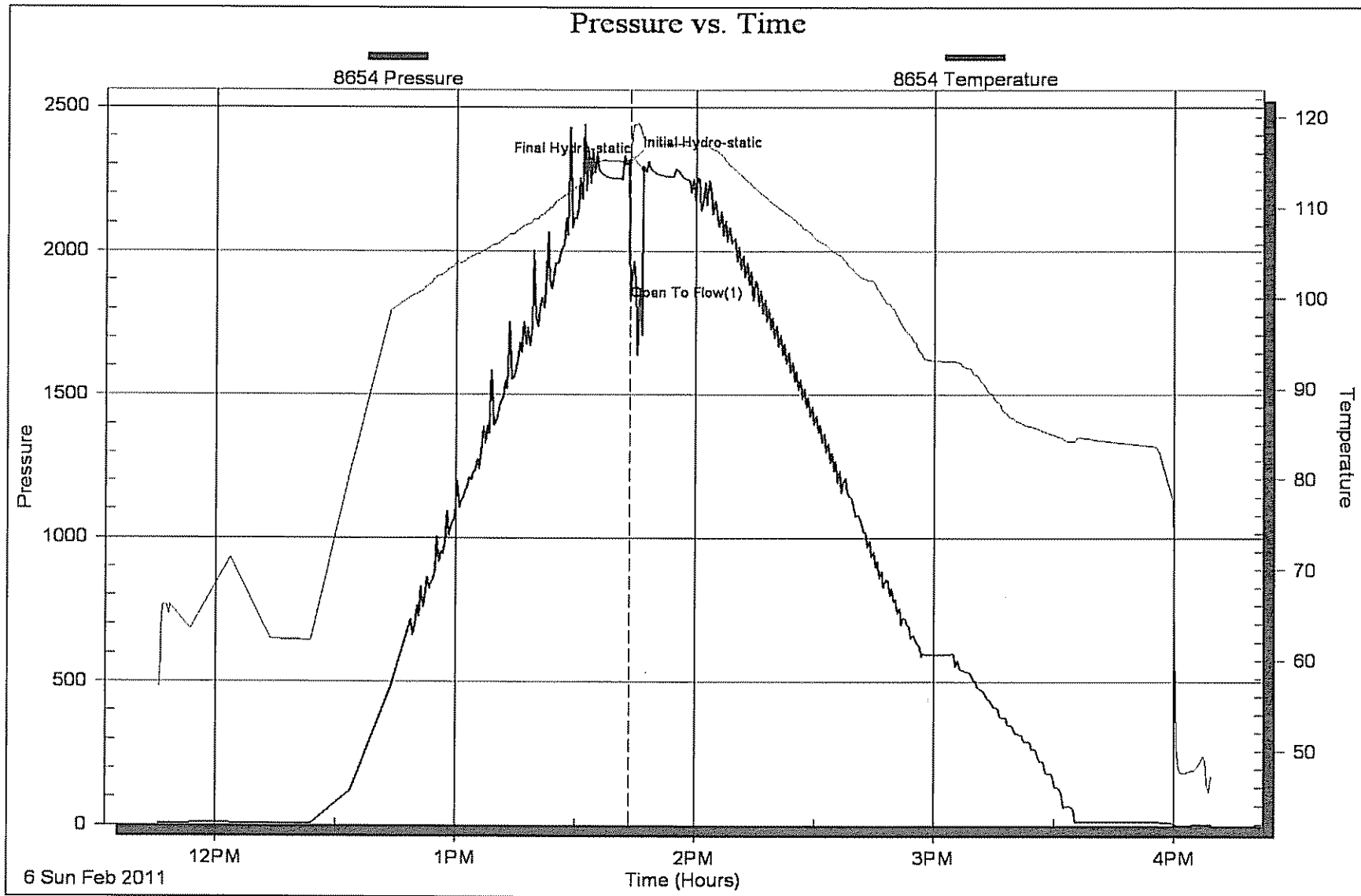
Num Gas Bombs: 0

Serial #:

Laboratory Name:

Laboratory Location:

Recovery Comments: Missrun





**TRILOBITE
TESTING, INC**

DRILL STEM TEST REPORT

Lario Oil & Gas Co.

Anderson Unit 1-34

301 S. Market St.
Wichita, Ks 67202

34 12s 31w Gove

ATTN: Vern Schrag

Job Ticket: 40666

DST#: 5

Test Start: 2011.02.06 @ 16:27:00

GENERAL INFORMATION:

Formation: **Cherokee Sand**
 Deviated: No Whipstock ft (KB)
 Time Tool Opened: 18:10:30
 Time Test Ended: 20:45:00

Test Type: Conventional Bottom Hole
 Tester: Bradley Walter
 Unit No: 40

Interval: 4554.00 ft (KB) To 4627.00 ft (KB) (TVD)
 Total Depth: 4037.00 ft (KB) (TVD)
 Hole Diameter: 7.85 inches Hole Condition: Fair

Reference Elevations: 2954.00 ft (KB)
 2943.00 ft (CF)
 KB to GR/CF: 11.00 ft

Serial #: 8654

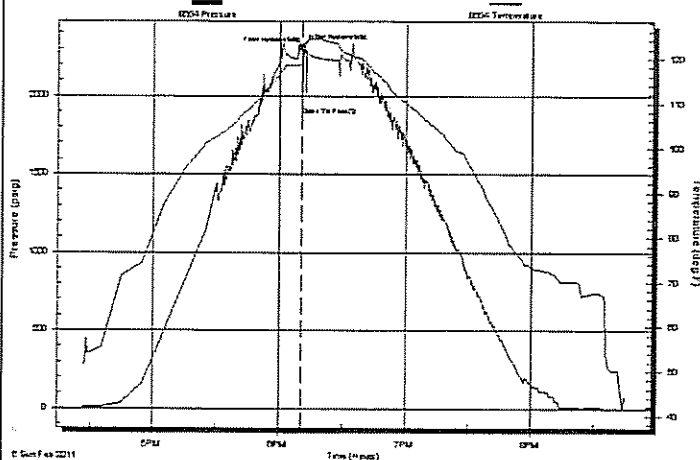
Inside

Press@RunDepth: psig @ 4555.00 ft (KB)
 Start Date: 2011.02.06 End Date: 2011.02.06
 Start Time: 16:27:05 End Time: 20:44:59

Capacity: 8000.00 psig
 Last Calib.: 2011.02.06
 Time On Btrr: 2011.02.06 @ 18:10:00
 Time Off Btrr: 2011.02.06 @ 18:12:30

TEST COMMENT: Miss-Run.

Pressure vs. Time



PRESSURE SUMMARY

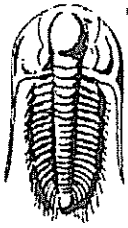
Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	2302.44	118.78	Initial Hydro-static
1	1878.02	118.88	Open To Flow (1)
3	2284.70	123.99	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
400.00	mud (miss run)	3.42

Gas Rates

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



TRILOBITE
TESTING, INC

DRILL STEM TEST REPORT

FLUID SUMMARY

Lario Oil & Gas Co.

Anderson Unit 1-34

301 S. Market St.
Wichita, Ks 67202

34 12s 31w Gove

Job Ticket: 40666

DST#: 5

ATTN: Vern Schrag

Test Start: 2011.02.06 @ 16:27:00

Mud and Cushion Information

Mud Type: Gel Chem

Cushion Type:

Oil API:

0 deg API

Mud Weight: 10.00 lb/gal

Cushion Length:

ft

Water Salinity:

0 ppm

Viscosity: 55.00 sec/qt

Cushion Volume:

bbl

Water Loss: 8.78 in³

Gas Cushion Type:

Resistivity: ohm.m

Gas Cushion Pressure:

psig

Salinity: 3400.00 ppm

Filter Cake: 1.00 inches

Recovery Information

Recovery Table

Length ft	Description	Volume bbl
400.00	mud (miss run)	3.416

Total Length: 400.00 ft Total Volume: 3.416 bbl

Num Fluid Samples: 0

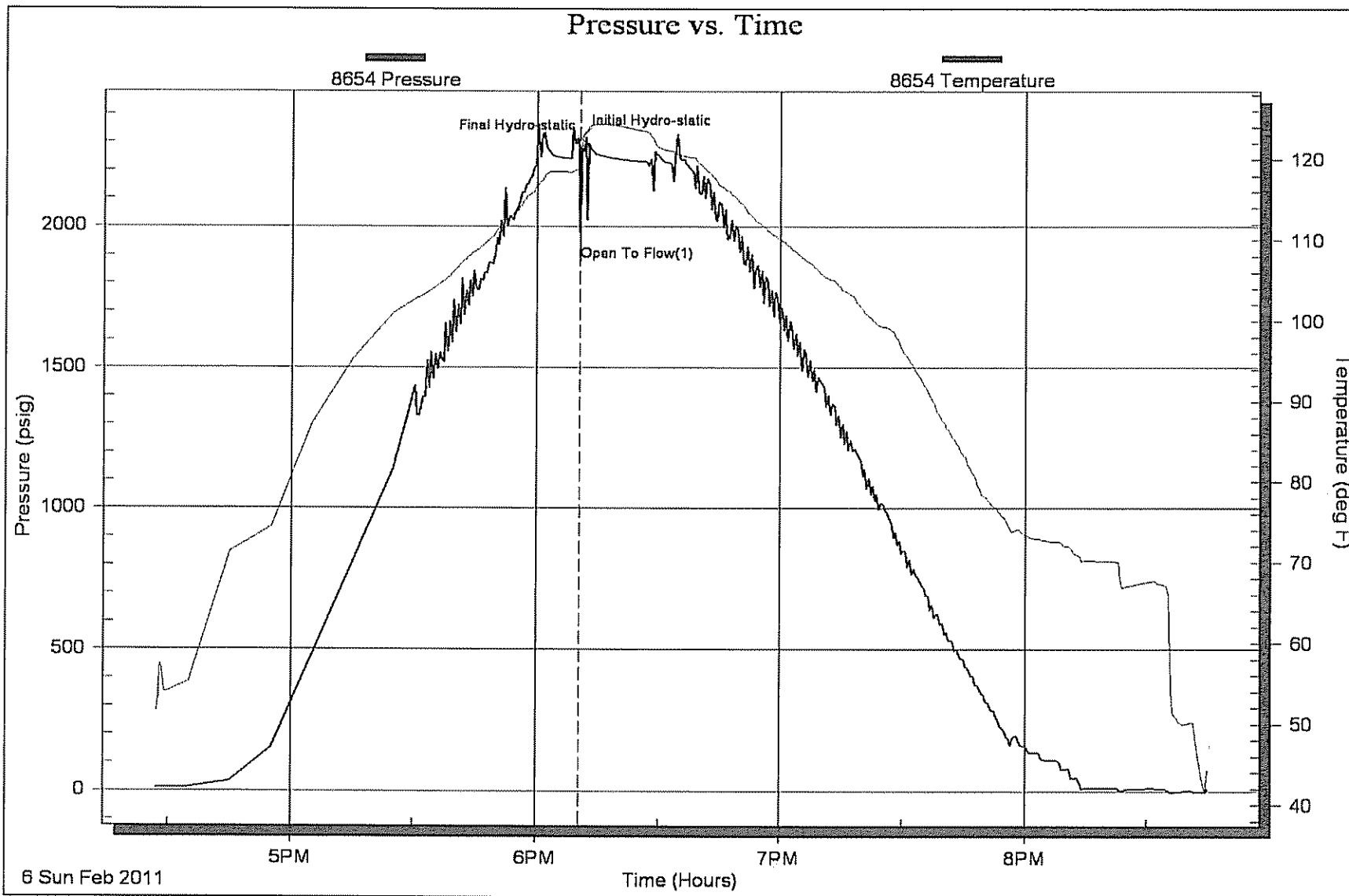
Num Gas Bombs: 0

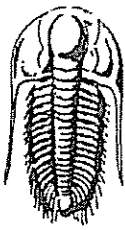
Serial #:

Laboratory Name:

Laboratory Location:

Recovery Comments:





**TRIOBITE
TESTING, INC**

DRILL STEM TEST REPORT

Lario Oil & Gas Co.

Anderson Unit 1-34

301 S. Market St.
Wichita, Ks 67202

34 12s 31w Gove

Job Ticket: 40667

DST#: 6

ATTN: Vern Schrag

Test Start: 2011.02.07 @ 16:02:00

GENERAL INFORMATION:

Formation: **Lansing L**

Deviated: **No** Whipstock: **ft (KB)**

Time Tool Opened: 18:35:45

Time Test Ended: 00:42:00

Test Type: **Conventional Straddle**

Tester: **Bradley Walter**

Unit No: **40**

Interval: **4274.00 ft (KB) To 4298.00 ft (KB) (TVD)**

Reference Elevations: **2954.00 ft (KB)**

Total Depth: **4730.00 ft (KB) (TVD)**

2943.00 ft (CF)

Hole Diameter: **7.85 inches** Hole Condition: **Fair**

KB to GR/CF: **11.00 ft**

Serial #: **6753** Inside

Press@RunDepth: **295.61 psig @ 4275.00 ft (KB)**

Capacity: **8000.00 psig**

Start Date: **2011.02.07**

End Date:

2011.02.08

Last Calib.: **2011.02.08**

Start Time: **16:02:05**

End Time:

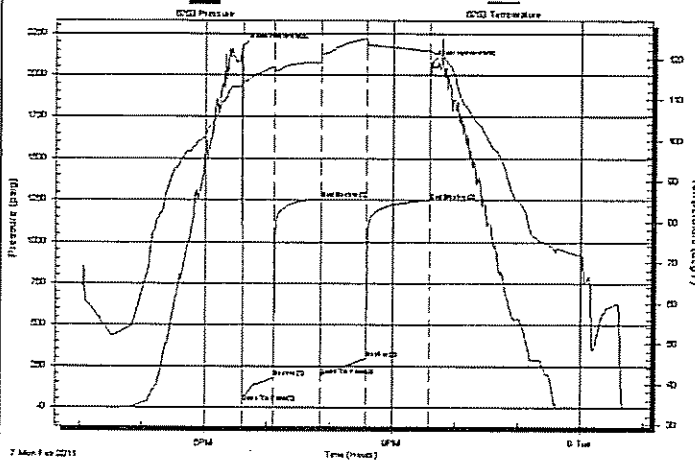
00:42:00

Time On Btrr: **2011.02.07 @ 18:35:30**

Time Off Btrr: **2011.02.07 @ 21:35:45**

TEST COMMENT: IF: BOB 25 minutes.
IS: Surface blow.
FF: BOB 25 minutes.
FS: 3 inches blow.

Pressure vs. Time



PRESSURE SUMMARY

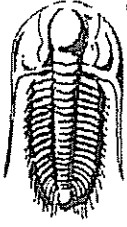
Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	2169.46	113.39	Initial Hydro-static
1	27.68	113.52	Open To Flow (1)
31	179.81	118.12	Shut-In(1)
76	1257.75	119.00	End Shut-In(1)
76	191.75	120.84	Open To Flow (2)
119	295.61	124.87	Shut-In(2)
180	1247.29	121.87	End Shut-In(2)
181	2069.80	121.89	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
20.00	mud 100%m	0.10
460.00	mcw 40%m 60%w	4.44
40.00	wmcw 30%w 30%m 40%o	0.56
80.00	go 15g 85%o	1.12
0.00	GIP 360ft	0.00

Gas Rates

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



TRILOBITE
TESTING, INC

DRILL STEM TEST REPORT

FLUID SUMMARY

Lario Oil & Gas Co.

Anderson Unit 1-34

301 S. Market St.
Wichita, Ks 67202

34 12s 31w Gove

Job Ticket: 40667

DST#: 6

ATTN: Vern Schrag

Test Start: 2011.02.07 @ 16:02:00

Mud and Cushion Information

Mud Type: Gel Chem
Mud Weight: 9.00 lb/gal
Viscosity: 60.00 sec/qt
Water Loss: 7.98 in³
Resistivity: ohm.m
Salinity: 4100.00 ppm
Filter Cake: 1.00 inches

Cushion Type:
Cushion Length: ft
Cushion Volume: bbl
Gas Cushion Type:
Gas Cushion Pressure: psig

Oil API: 40 deg API
Water Salinity: 0 ppm

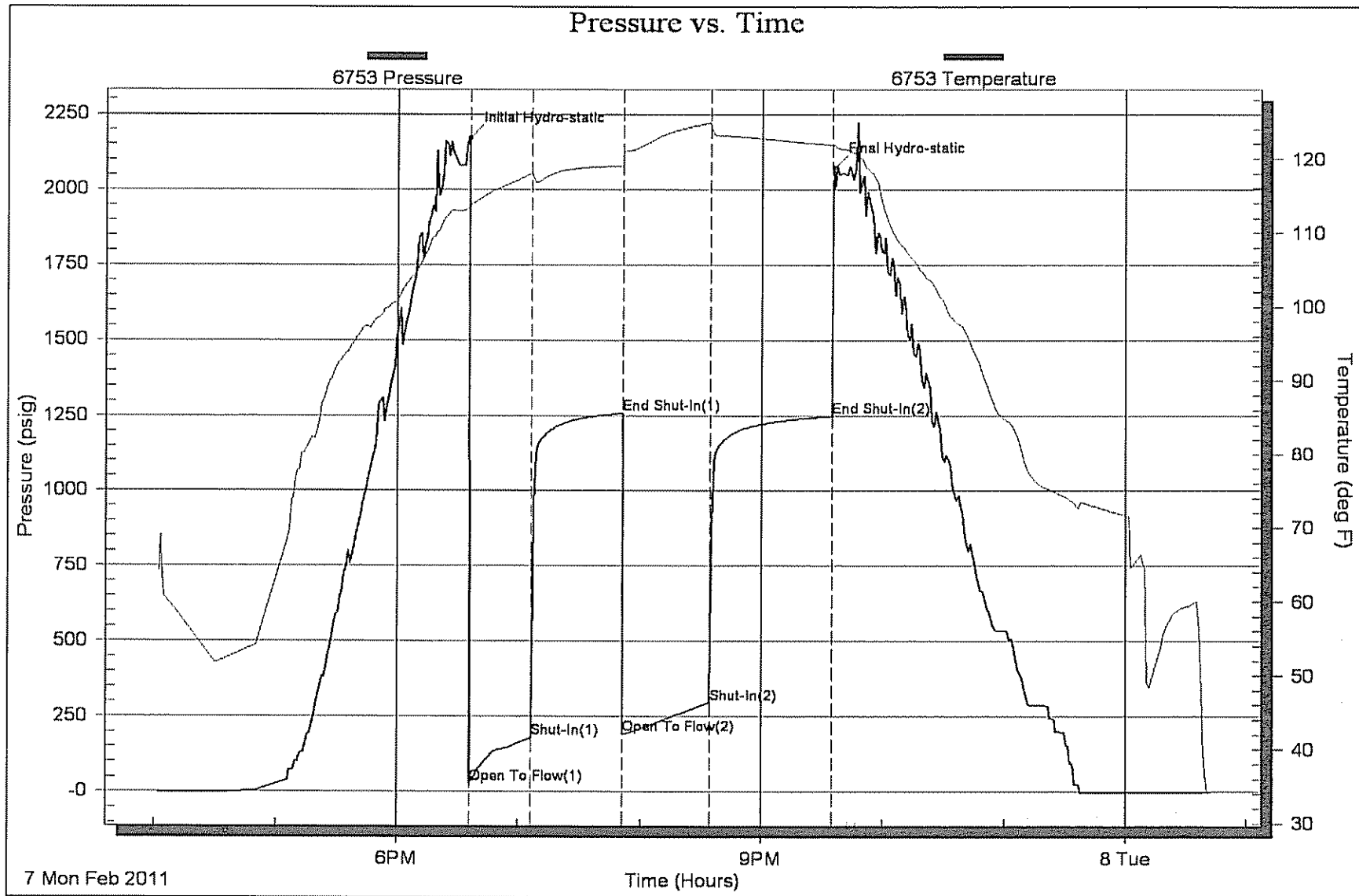
Recovery Information

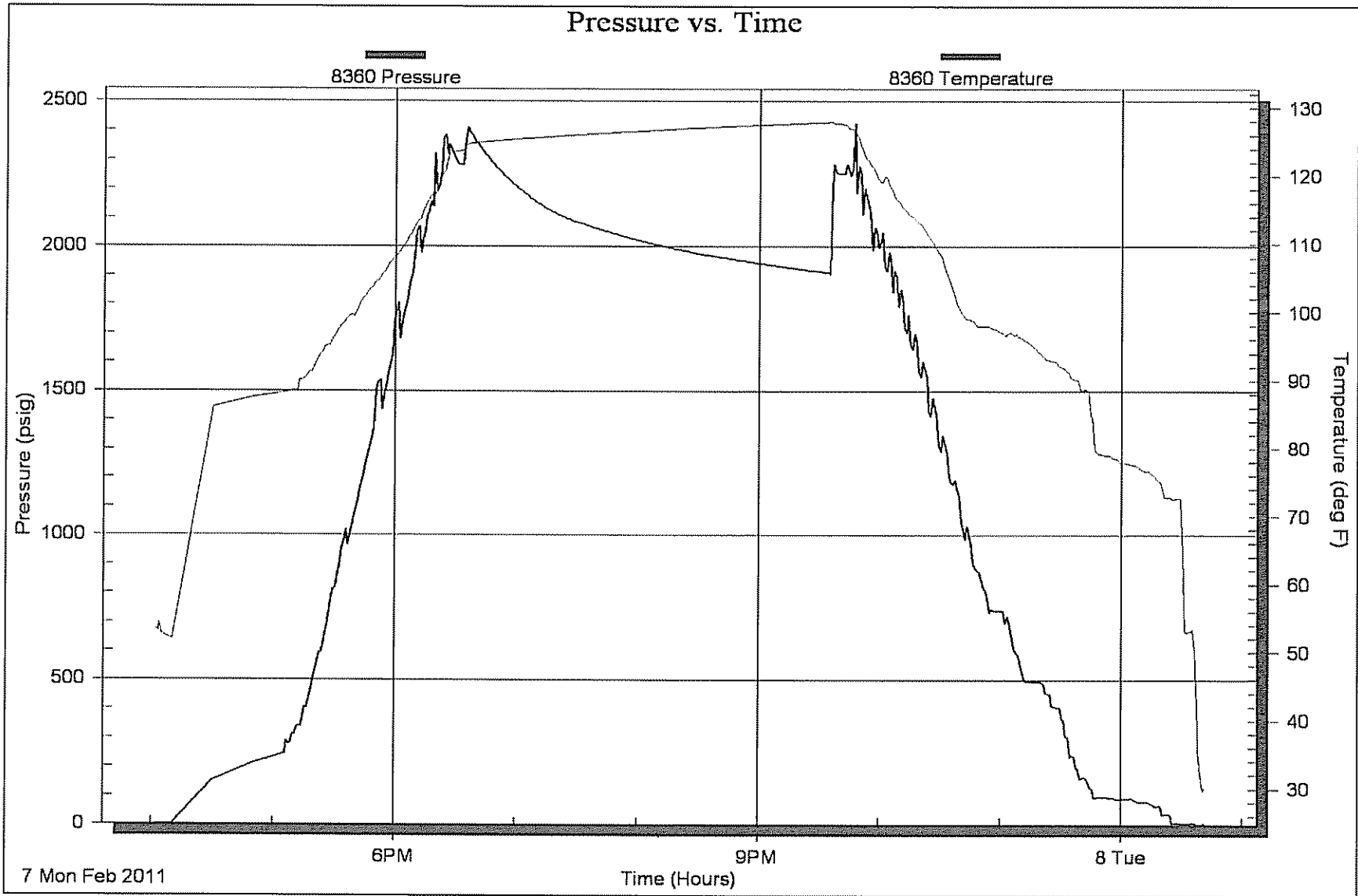
Recovery Table

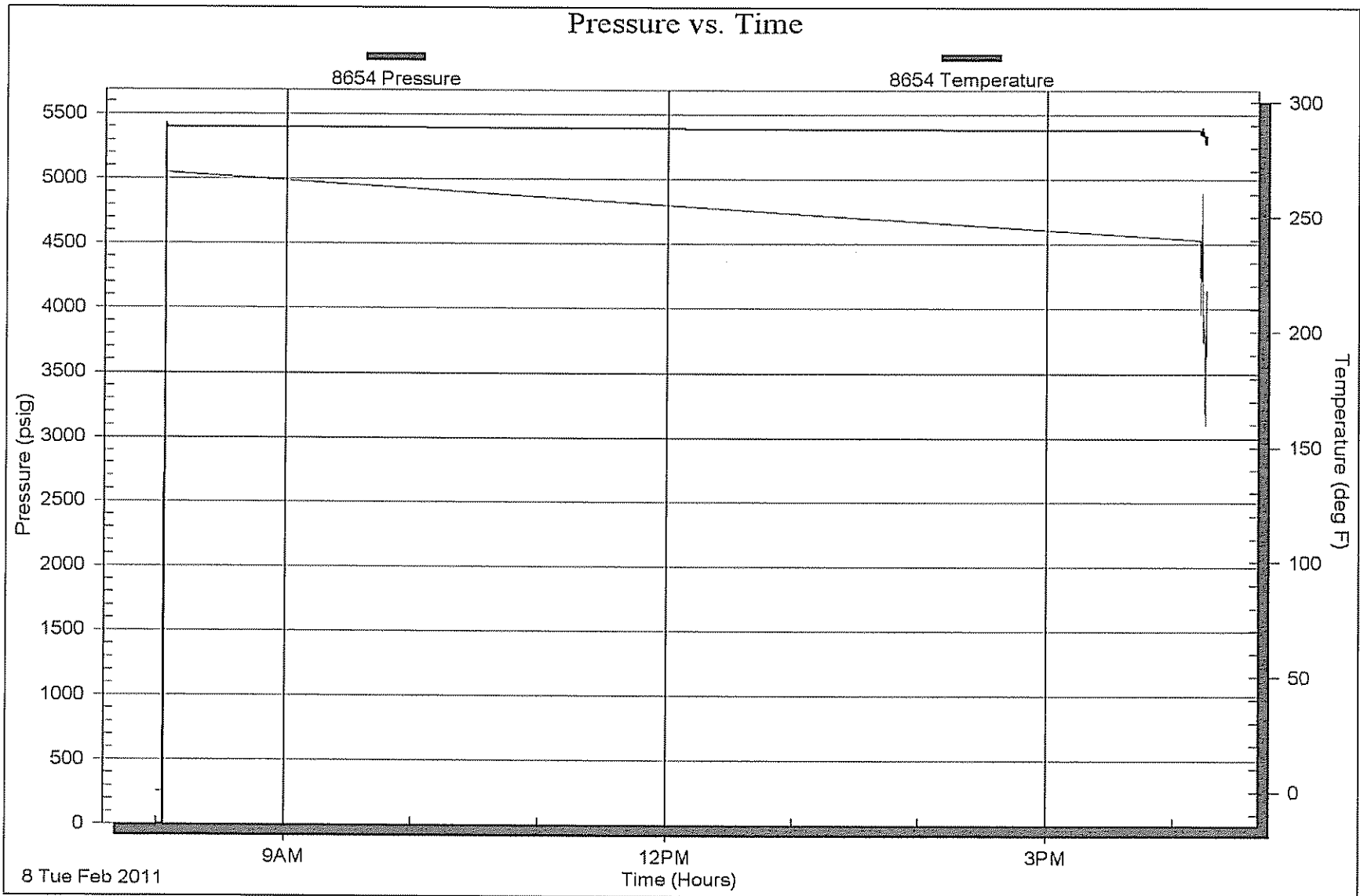
Length ft	Description	Volume bbl
20.00	mud 100%m	0.098
460.00	mcw 40%m 60%w	4.439
40.00	w mco 30%w 30%m 40%o	0.561
80.00	go 15g 85%o	1.122
0.00	GIP 360ft	0.000

Total Length: 600.00 ft Total Volume: 6.220 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 05, 2011

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

Re: ACO1
API 15-063-21884-00-00
Anderson Unit 1-34
NW/4 Sec.34-12S-31W
Gove 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