



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: _____



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: <input type="checkbox"/> Yes <input type="checkbox"/> No
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Date of First, Resumed Production, SWD or ENHR.	Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other <i>(Explain)</i> _____
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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> <input type="checkbox"/> Other <i>(Specify)</i> _____ <i>(Submit ACO-4)</i>	PRODUCTION INTERVAL: _____ _____
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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 # 241511

Invoice Date: 05/24/2011 Terms: 20/20/30,n/30 Page 1

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

KREBS CREDIT SHELTER 1-31
28013
31-14-31
5-17-2011

Part Number	Description	Qty	Unit Price	Total
4432	8 5/8" WOODEN PLUG	1.00	96.0000	96.00
1104S	CLASS "A" CEMENT (SALE)	150.00	16.8000	2520.00
1102	CALCIUM CHLORIDE (50#)	423.00	.8400	355.32
1118B	PREMIUM GEL / BENTONITE	282.00	.2400	67.68

Sublet Performed	Description	Total
9999-130	CASH DISCOUNT	-607.80
9999-130	CASH DISCOUNT	-297.00

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

*BCP
AFC 11-110*

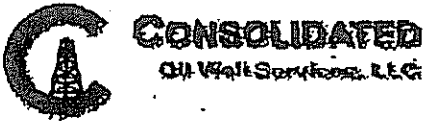
al
4/2

Acc't	Expl	File	OK TO PAY			
GC			MAY 26 2011			
KS						DR
HY						MM
PV						DM
OD						

Amount Due 4768.64 if paid after 06/23/2011

Parts:	3039.00	Freight:	.00	Tax:	195.71	AR	3814.91
Labor:	.00	Misc:	.00	Total:	3814.91		
Sublt:	-904.80	Supplies:	.00	Change:	.00		

Signed _____ Date _____



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

FIELD TICKET & TREATMENT REPORT
CEMENT

TICKET NUMBER 28013
LOCATION Chanute, KS
FOREMAN Walt Dunkel
Kelly Gable

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
4-17-11	4993	Krebs Credit Shutoff-31	31	14S	31W	Grant

CUSTOMER	TRUCK #	DRIVER	TRUCK #	DRIVER
Consolidated Oil & Gas	463	Damon Miller		
MAILING ADDRESS	558	Jack Guchala		

CITY	STATE	ZIP CODE

JOB TYPE Surface-O HOLE SIZE 12 1/4 HOLE DEPTH 202' CASING SIZE & WEIGHT 8 5/8 - 20#
 CASING DEPTH 222' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/stk _____ CEMENT LEFT in CASING .15'
 DISPLACEMENT 13 BBL DISPLACEMENT PSI _____ MIX PSI _____ RATE .5 BPM

REMARKS: Safety meeting, Rig up to casing, mixed 150 sks com, 8% cc -
2% Cal, release Plug & Displace 13 BBL HO, Shut in

Consult Dial Circ

Dubetty

Thank You
Walt & Crew

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
4432	1	8 5/8 Woodline Plug	96.00	96.00
11045	150 sks	Class A Cement	16.80	2520.00
1102	423 #	Calcium Chloride	84	35532
1118B	282	Restonite	124	6768
5407	7.05	Ton Mileage Delivery	158	410.00
<u>241511</u>				
<u>Loss 20% Discount</u>				
			SALES TAX	295.71
			ESTIMATED TOTAL	3814.91

AUTHORIZATION Rich White

TITLE T.P.

DATE _____



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 # 241622

Invoice Date: 05/31/2011 Terms: 15/15/30,n/30 Page 1

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

KREBS CREDIT SHELTER 1-31
28080
31-14-31
5-25-11
KS

Part Number	Description	Qty	Unit Price	Total
1131	60/40 POZ MIX	205.00	14.3500	2941.75
1118B	PREMIUM GEL / BENTONITE	705.00	.2400	169.20
1107	FLO-SEAL (25#)	51.00	2.6600	135.66
4432	8 5/8" WOODEN PLUG	1.00	96.0000	96.00

Sublet Performed	Description	Total
9999-130	CASH DISCOUNT	-501.40
9999-130	CASH DISCOUNT	-264.00

Description	Hours	Unit Price	Total
399 MIN. BULK DELIVERY	1.00	410.00	410.00
460 P & A NEW WELL	1.00	1250.00	1250.00
460 EQUIPMENT MILEAGE (ONE WAY)	20.00	5.00	100.00

AFC 11-110

Acc	Excl	File	OK TO PAY		
GC					
KG			JUN 2 2011		DB
HY					MM
PV					
GD	JS	RF	GV	SF	DM

Amount Due 5371.69 if paid after 06/30/2011

Parts:	3342.61	Freight:	.00	Tax:	228.72	AR	4565.93
Labor:	.00	Misc:	.00	Total:	4565.93		
Sublt:	-765.40	Supplies:	.00	Change:	.00		

Signed _____

Date _____



CONSOLIDATED
Oil Well Services, LLC

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

TICKET NUMBER 28080

LOCATION Onkley

FOREMAN Fuzz

Dully G

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
S-25-11	4793	Krebs Credit 5th Hrt 1-51	31	14	31	Gove
CUSTOMER Lario Oil & Gas			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS			460	Chad S	Josh	
CITY			399	Chad S		
STATE						
ZIP CODE						

JOB TYPE PTA HOLE SIZE 7 7/8 HOLE DEPTH 4450' CASING SIZE & WEIGHT _____
 CASING DEPTH _____ DRILL PIPE 4 1/2 TUBING _____ OTHER _____
 SLURRY WEIG 14.1 SLURRY VOL 1.40 WATER gal/sk 6.7 CEMENT LEFT in CASING _____
 DISPLACEMENT _____ DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety meeting on Duke #4 Rig up + pump

25 SKS @ 2128'
100 SKS @ 1166'
40 SKS @ 272'
10 SKS @ 40' w/ plug
30 SKS in RH

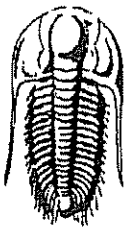
Thanks Fuzz & Crew

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5405N	1	PUMP CHARGE	1250 ⁰⁰	1250 ⁰⁰
5406	20	MILEAGE	5 ⁰⁰	100 ⁰⁰
5407	9.63 hours	Tow mileage Delivery (m.w)	15 ⁰⁰	410 ⁰⁰
1131	205 sk	60/40 pos	14 ³⁵	2941 ⁷⁵
1118B	705 #	Bentonite	.24	169 ²⁰
1107	51 #	flo-seal	2.66	135 ⁶⁶
4432	1	8 7/8 wood plug	96 ⁰⁰	96 ⁰⁰
		subtotal		5102 ⁶¹
		less 1590 disc		765 ⁴⁰
				4337 ²¹
		2416.22		
		8.0590	SALES TAX	228. ⁷⁸
			ESTIMATED TOTAL	4565. ⁹⁹

Form 3737

AUTHORIZATION Sunny TITLE Toolie 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 form.



**TRIOBITE
TESTING, INC.**

DRILL STEM TEST REPORT

Lario Oil & Gas Company

301 S. Market
Wichita, KS 67202

ATTN: Brad Rine

Krebs Credit Shelter 1-31

31-14s-31w Gove, KS

Job Ticket: 042100 DST#: 1

Test Start: 2011.05.21 @ 08:55:16

GENERAL INFORMATION:

Formation: **Lansing B**

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

Time Tool Opened: 11:05:56

Time Test Ended: 15:11:25

Test Type: Conventional Bottom Hole

Tester: Brandon Turley

Unit No: 35

Interval: **3707.00 ft (KB) To 3740.00 ft (KB) (TVD)**

Total Depth: **3740.00 ft (KB) (TVD)**

Hole Diameter: **7.88 inches** - Hole Condition: **Good**

Reference Elevations: **2650.00 ft (KB)**

2640.00 ft (CF)

KB to GR/CF: **10.00 ft**

Serial #: **8373**

Inside

Press@RunDepth: **31.28 psig @ 3708.00 ft (KB)**

Capacity: **8000.00 psig**

Start Date: **2011.05.21**

End Date:

2011.05.21

Last Calib.: **2011.05.21**

Start Time: **08:55:16**

End Time:

15:11:25

Time On Blmt **2011.05.21 @ 11:04:11**

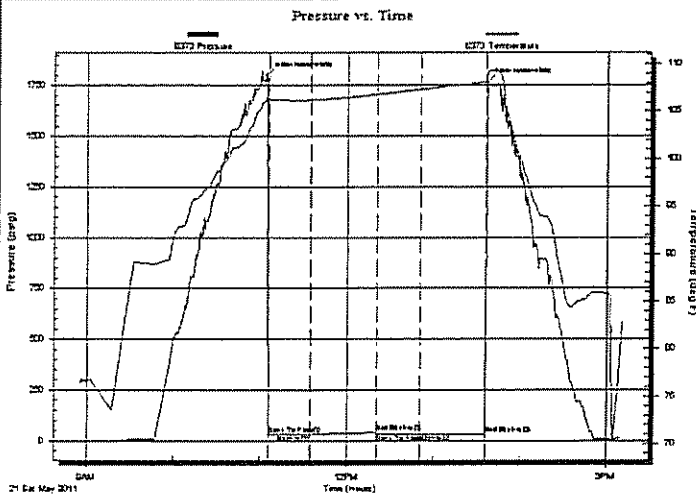
Time Off Blmt **2011.05.21 @ 13:36:40**

TEST COMMENT: IF: 1/2 blow died in 7 min.

IS: No return.

FF: No blow.

FS: No return.



PRESSURE SUMMARY

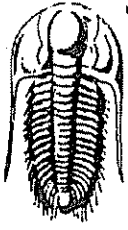
Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	1799.87	106.18	Initial Hydro-static
2	31.83	106.28	Open To Flow (1)
31	31.56	106.21	Shut-In(1)
77	39.88	105.79	End Shut-In(1)
77	32.43	106.79	Open To Flow (2)
107	31.28	107.31	Shut-In(2)
152	33.81	108.10	End Shut-In(2)
153	1764.79	108.73	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
10.00	mud oil spots 100%rn	0.14

Gas Rates

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



**TRILOBITE
TESTING, INC.**

DRILL STEM TEST REPORT

FLUID SUMMARY

Lario Oil & Gas Company

Krebs Credit Shelter 1-31

301 S. Market
Wichita, KS 67202

31-14s-31w Gove, KS

Job Ticket: 042100

DST#: 1

ATTN: Brad Rine

Test Start: 2011.05.21 @ 08:55:16

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: 48.00 sec/qt

Cushion Volume:

bbbl

Water Loss: 7.20 in³

Gas Cushion Type:

Resistivity: 0.00 ohm.m

Gas Cushion Pressure:

psig

Salinity: 2200.00 ppm

Filter Cake: 1.00 inches

Recovery Information

Recovery Table

Length ft	Description	Volume bbl
10.00	mud oil spots 100%m	0.140

Total Length: 10.00 ft Total Volume: 0.140 bbl

Num Fluid Samples: 0

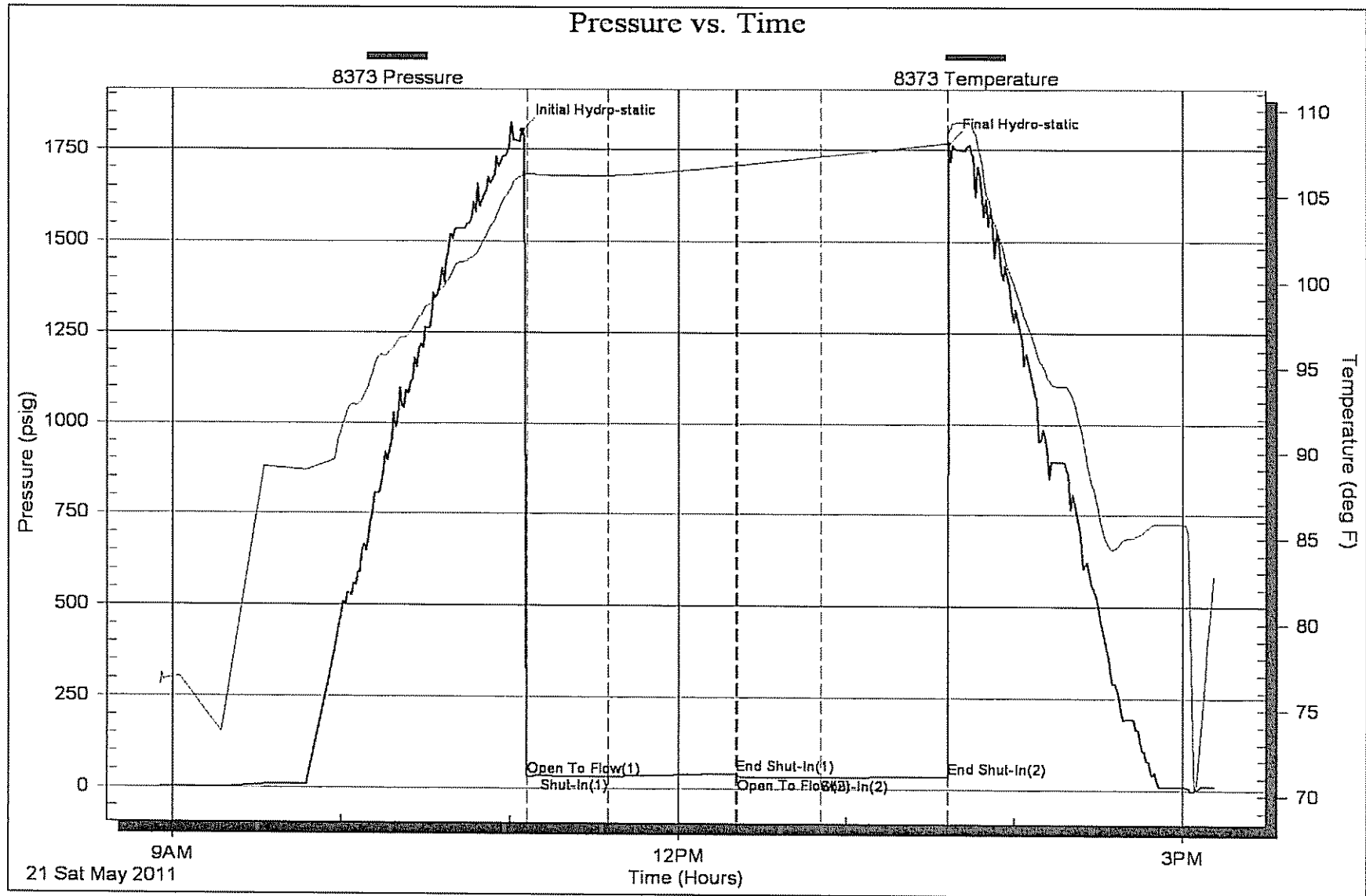
Num Gas Bombs: 0

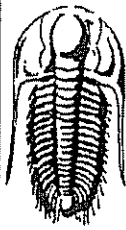
Serial #:

Laboratory Name:

Laboratory Location:

Recovery Comments:





**TRILOBITE
TESTING, INC**

DRILL STEM TEST REPORT

Lario Oil & Gas Company

301 S. Market
Wichita, KS 67202

ATTN: Brad Rine

Krebs Credit Shelter 1-31

31-14s-31w Gove, KS

Job Ticket: 042676 DST#: 2

Test Start: 2011.05.23 @ 20:57:06

GENERAL INFORMATION:

Formation: **Johnson**
 Deviated: **No Whipstock** ft (KB)
 Time Tool Opened: 22:52:01
 Time Test Ended: 02:56:30

Test Type: **Conventional Bottom Hole**
 Tester: **Brandon Turley**
 Unit No: **35**

Interval: **4256.00 ft (KB) To 4312.00 ft (KB) (TVD)**
 Total Depth: **4312.00 ft (KB) (TVD)**
 Hole Diameter: **7.88 inches** Hole Condition: **Good**

Reference Elevations: **2650.00 ft (KB)**
2640.00 ft (CF)
 KB to GR/CF: **10.00 ft**

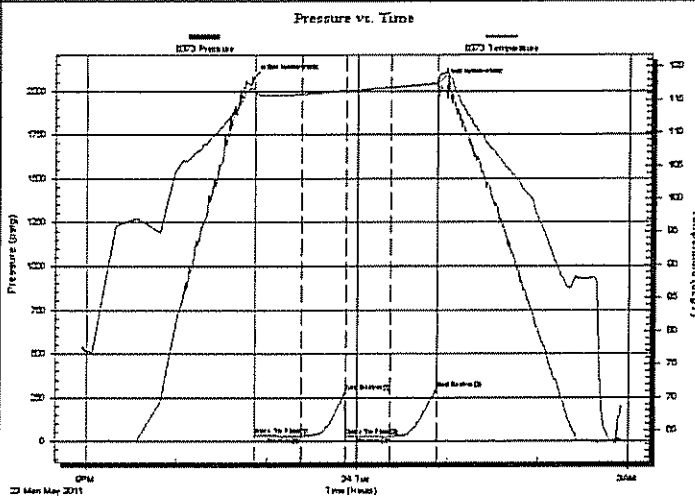
Serial #: **8373**

Inside

Press@RunDepth: **29.82 psig @ 4257.00 ft (KB)**
 Start Date: **2011.05.23** End Date: **2011.05.24**
 Start Time: **20:57:06** End Time: **02:56:30**

Capacity: **8000.00 psig**
 Last Calib.: **2011.05.24**
 Time On Blrm: **2011.05.23 @ 22:50:46**
 Time Off Blrm: **2011.05.24 @ 00:53:31**

TEST COMMENT: IF: Surface blow died in 6 min.
 IS: No return.
 FF: No blow.
 FS: No return.



PRESSURE SUMMARY

Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	2073.89	116.72	Initial Hydro-static
2	35.45	115.92	Open To Flow (1)
32	30.73	115.83	Shut-In(1)
61	280.09	116.44	End Shut-In(1)
62	29.73	116.31	Open To Flow (2)
92	29.82	116.83	Shut-In(2)
123	298.47	117.47	End Shut-In(2)
123	2047.20	118.15	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
5.00	mud 100% _m	0.07

Gas Rates

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



**TRILOBITE
TESTING, INC**

DRILL STEM TEST REPORT

FLUID SUMMARY

Lario Oil & Gas Company

Krebs Credit Shelter 1-31

301 S. Market
Wichita, KS 67202

31-14s-31W Gove, KS

Job Ticket: 042676

DST#: 2

ATTN: Brad Rine

Test Start: 2011.05.23 @ 20:57:06

Mud and Cushion Information

Mud Type: Gel Chem
Mud Weight: 9.00 lb/gal
Viscosity: 66.00 sec/qt
Water Loss: 7.20 in³
Resistivity: 0.00 ohm.m
Salinity: 3200.00 ppm
Filter Cake: 1.00 inches

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

Oil API: 0 deg API
Water Salinity: 0 ppm

Recovery Information

Recovery Table

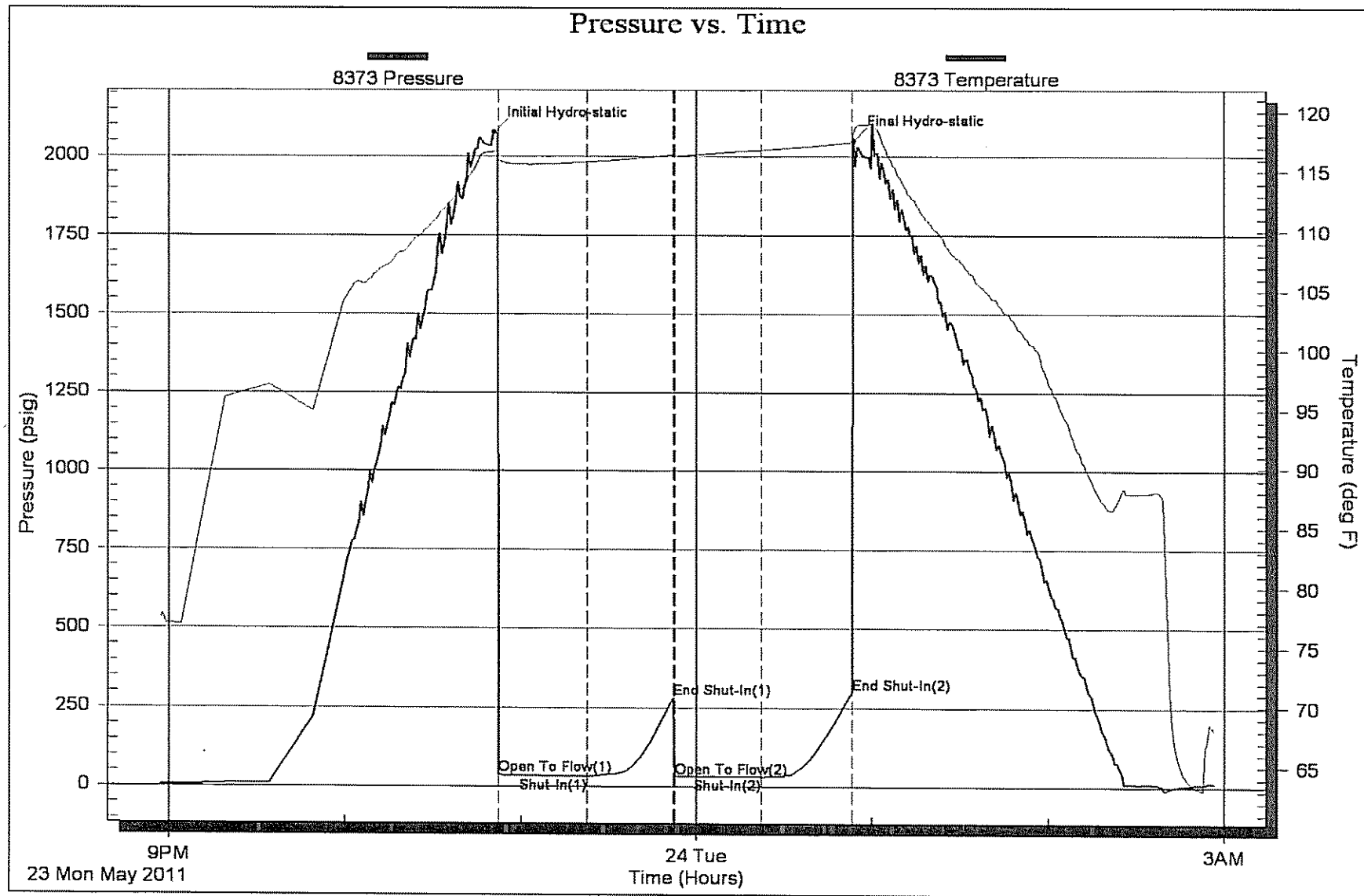
Length ft	Description	Volume bbl
5.00	mud 100% _m	0.070

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:



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/>

Mark Sievers, Chairman
Ward Loyd, Commissioner
Thomas E. Wright, Commissioner

Sam Brownback, Governor

June 03, 2011

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

Re: ACO1
API 15-063-21911-00-00
Krebs Credit Shelter 1-31
NW/4 Sec.31-14S-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