



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



1058862

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> <input type="checkbox"/> Other <i>(Specify)</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	Robinson Farms 1-30
Doc ID	1058862

All Electric Logs Run

CDL/CNL/PE
MEL
SONIC
DIL

Form	ACO1 - Well Completion
Operator	Lario Oil & Gas Company
Well Name	Robinson Farms 1-30
Doc ID	1058862

Tops

Name	Top	Datum
Heebner	3992	-834
Lansing	4038	-880
Stark Shale	4343	-1185
Hushpuckney	4400	-1242
Base KC	4472	-1314
Marmaton	4502	-1344
Pawnee	4594	-1436
Ft. Scott	4618	-1460
Cherokee Sh	4630	-1472
Morrow Sh	4804	-1646
Basal Penn	4842	-1684
Mississippian	4870	-1712
St. Louis	4932	-1774

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

September 23, 2011

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

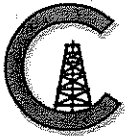
Re: ACO1  
API 15-171-20813-00-00  
Robinson Farms 1-30  
SW/4 Sec.30-18S-34W  
Scott County, Kansas

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



**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 # 242431

Invoice Date: 06/30/2011 Terms: 15/15/30,n/30

Page 1

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

ROBINSON FARMS 1-30  
28096  
30-18-34  
6-30-11  
KS

Part Number	Description	Qty	Unit Price	Total
1104	CLASS "A" CEMENT	220.00	16.8000	3696.00
1102	CALCIUM CHLORIDE (50#)	621.00	.8400	521.64
1118B	PREMIUM GEL / BENTONITE	414.00	.2400	99.36

Sublet Performed	Description	Total
9999-130	CASH DISCOUNT	-647.55
9999-130	CASH DISCOUNT	-281.77

Description	Hours	Unit Price	Total
439 MIN. BULK DELIVERY	1.00	653.49	653.49
463 CEMENT PUMP (SURFACE)	1.00	1025.00	1025.00
463 EQUIPMENT MILEAGE (ONE WAY)	40.00	5.00	200.00

*BCP  
AFE 11-160*

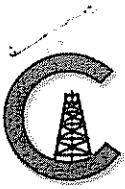
		OK TO PAY	
Acct	Expl	File	
GC			
KG	JUL 8 2011		DB
HY			MM
PV			
OD	KE	GV	SF DM

Amount Due 6553.81 if paid after 07/30/2011

Parts:	4317.00	Freight:	.00	Tax:	304.57	AR	5570.74
Labor:	.00	Misc:	.00	Total:	5570.74		
Sublt:	-929.32	Supplies:	.00	Change:	.00		

Signed \_\_\_\_\_ 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 # 242687

Invoice Date: 07/19/2011 Terms: 15/15/30,n/30

Page 1

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

ROBINSON FARMS 1-30  
30719  
30-18-34  
7-13-11  
KS

Part Number	Description	Qty	Unit Price	Total
1131	60/40 POZ MIX	300.00	14.3500	4305.00
1118B	PREMIUM GEL / BENTONITE	600.00	.2400	144.00
1107	FLO-SEAL (25#)	75.00	2.6600	199.50

Sublet Performed	Description	Total
9999-130	CASH DISCOUNT	-697.28
9999-130	CASH DISCOUNT	-339.78

Description	Hours	Unit Price	Total
399 P & A NEW WELL	1.00	1250.00	1250.00
399 EQUIPMENT MILEAGE (ONE WAY)	40.00	5.00	200.00
T-127 TON MILEAGE DELIVERY	1.00	815.20	815.20

*AFE 11-160*

*xl*

*OK*

*JK*

JUL 21 2011

Stamp: OK, KG, CHY, EV, MAIL, DM

Amount Due 7299.53 if paid after 08/18/2011

Parts:	4648.50	Freight:	.00	Tax:	327.96	AR	6204.60
Labor:	.00	Misc:	.00	Total:	6204.60		
Sublt:	-1037.06	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 30719

LOCATION Oakley

FOREMAN Kelly/Walt

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

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
7-13-11	41793	Robinson Farms 1-30	30	18	340	scott
CUSTOMER <u>Lario Oil Gas</u>			TRUCK #			
MAILING ADDRESS			DRIVER		TRUCK #	
CITY			DRIVER		TRUCK #	
STATE			DRIVER		TRUCK #	
ZIP CODE			DRIVER		TRUCK #	

JOB TYPE P+A HOLE SIZE 7 7/8 HOLE DEPTH 5015 CASING SIZE & WEIGHT \_\_\_\_\_  
 CASING DEPTH \_\_\_\_\_ DRILL PIPE \_\_\_\_\_ TUBING \_\_\_\_\_ OTHER \_\_\_\_\_  
 SLURRY WEIGHT 14' SLURRY VOL 1.40 WATER gal/sk 6.7 CEMENT LEFT in CASING \_\_\_\_\_  
 DISPLACEMENT \_\_\_\_\_ DISPLACEMENT PSI \_\_\_\_\_ MIX PSI \_\_\_\_\_ RATE \_\_\_\_\_

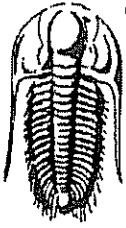
REMARKS: Safety meeting, Rigged up on W&W drilling rig #2, Pumped cement plugs, washed up, cleaned up & washed out lines, sacked up and left location.

*2 hauler  
Kelly & crew*

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5405N	1	PUMP CHARGE	1250 <sup>00</sup>	1250 <sup>00</sup>
5406	40mi	MILEAGE	5.00	200 <sup>00</sup>
1131	300	60/40 Poz mix	14 <sup>35</sup>	4305 <sup>00</sup>
1118B	600#	Bentonite	24	1440 <sup>00</sup>
1107	75#	Flc-seal	266	1995 <sup>00</sup>
5407A	12.9	Ton Mileage delivery	158	815 <sup>20</sup>
			<u>Sub total</u>	<u>6913.10</u>
			<u>Less 15% discount</u>	<u>1037.00</u>
			<u>8.3%</u>	<u>SALES TAX - 327.90</u>
			<u>ESTIMATED TOTAL</u>	<u>6204.60</u>

AUTHORIZATION [Signature] TITLE \_\_\_\_\_ DATE 7-14-11

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 Company  
301 S. Market St.  
Wichita KS  
67202  
ATTN: Brad Fine

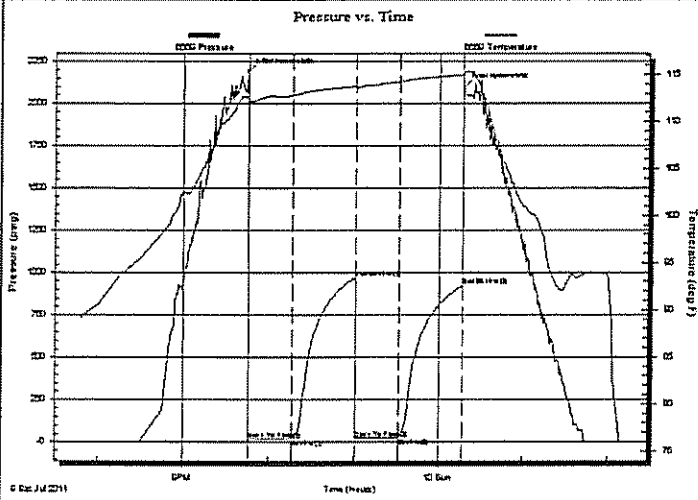
**Robinson Farms 1-30**  
**30-18-34w Scott CO**  
Job Ticket: 43166      DST#: 1  
Test Start: 2011.07.09 @ 19:48:15

## GENERAL INFORMATION:

Formation: I  
Deviated: No Whipstock      ft (KB)      Test Type: Conventional Bottom Hole  
Time Tool Opened: 21:45:45      Tester: Mike Roberts  
Time Test Ended: 02:09:00      Unit No: 48  
Interval: 4280.00 ft (KB) To 4310.00 ft (KB) (TVD)      Reference Elevations: 3157.00 ft (KB)  
Total Depth: 4310.00 ft (KB) (TVD)      3152.00 ft (CF)  
Hole Diameter: 7.88 inches      Hole Condition: Fair      KB to GR/CF: 5.00 ft

Serial #: 6669      Outside  
Press@RunDepth: 25.76 psig @ 4305.00 ft (KB)      Capacity: 8000.00 psig  
Start Date: 2011.07.09      End Date: 2011.07.10      Last Calib.: 2011.07.10  
Start Time: 19:48:15      End Time: 02:09:00      Time On Btm: 2011.07.09 @ 21:44:45  
Time Off Btm: 2011.07.10 @ 00:17:30

TEST COMMENT: IF: Built to weak surface blow died in 10 min.  
IS: No return blow  
FF: No blow  
FS: No return blow



## PRESSURE SUMMARY

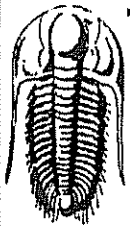
Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	2189.28	112.76	Initial Hydro-static
1	15.41	112.30	Open To Flow (1)
32	20.83	112.82	Shut-In(1)
76	969.69	113.75	End Shut-In(1)
77	21.37	113.30	Open To Flow (2)
108	25.76	114.22	Shut-In(2)
152	923.14	114.92	End Shut-In(2)
153	2095.87	115.17	Final Hydro-static

## 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 Company

Robinson Farms 1-30

301 S. Market St.  
Wichita KS  
67202

30-18-34w Scott CO

Job Ticket: 43166

DST#: 1

ATTN: Brad Rine

Test Start: 2011.07.09 @ 19:48:15

### 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:

bbbl

Water Loss: 10.37 in<sup>2</sup>

Gas Cushion Type:

Resistivity: 0.00 ohm.m

Gas Cushion Pressure:

psig

Salinity: 5000.00 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

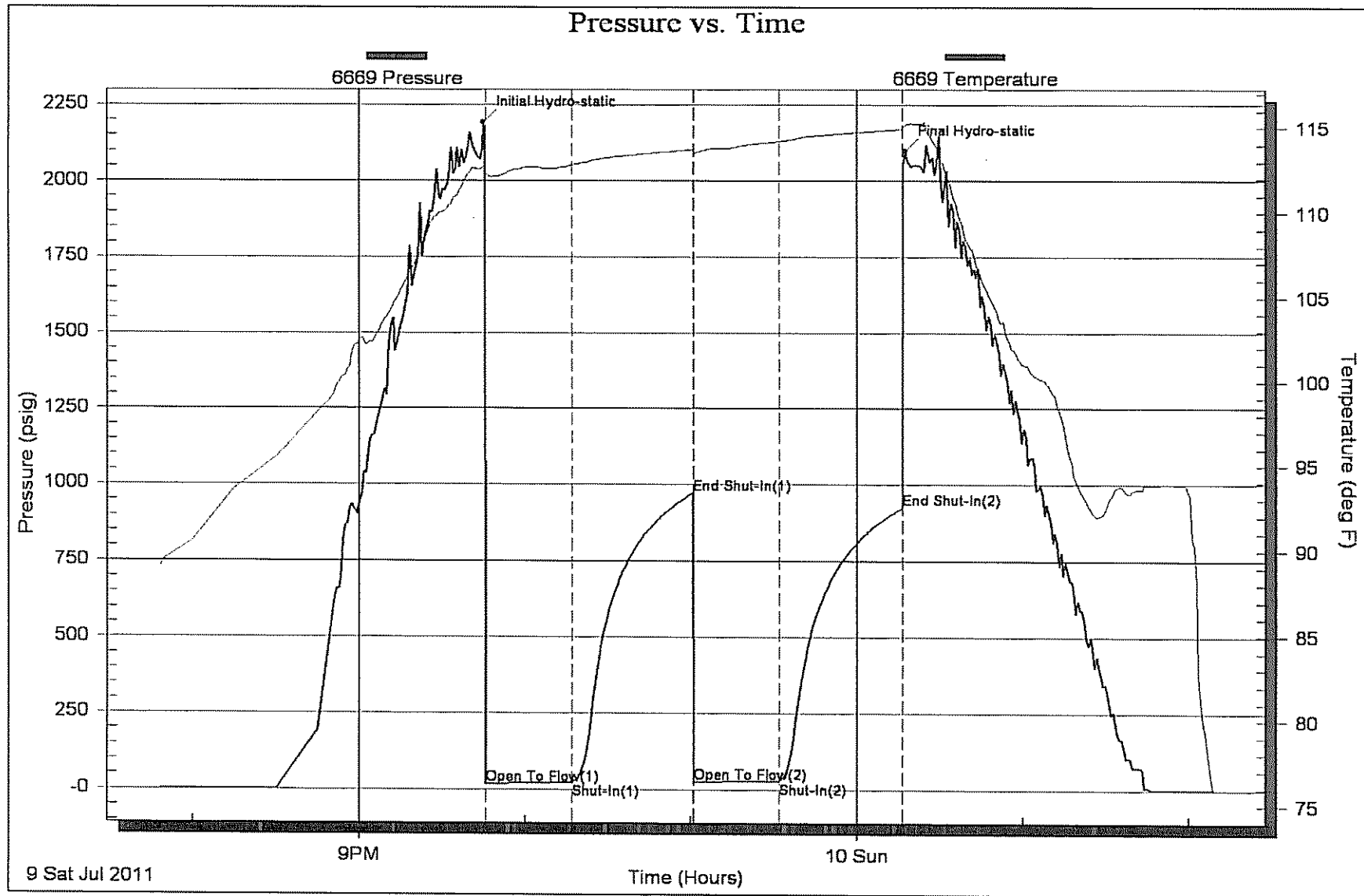
Num Gas Bombs: 0

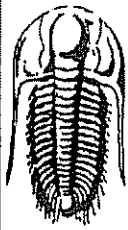
Serial #:

Laboratory Name:

Laboratory Location:

Recovery Comments:





**TRILOBITE  
TESTING, INC.**

## DRILL STEM TEST REPORT

Lario Oil & Gas Company

Robinson Farms 1-30

301 S. Market St.  
Wichita KS  
67202  
ATTN: Brad Rine

30-18-34w Scott CO

Job Ticket: 43167

DST#: 2

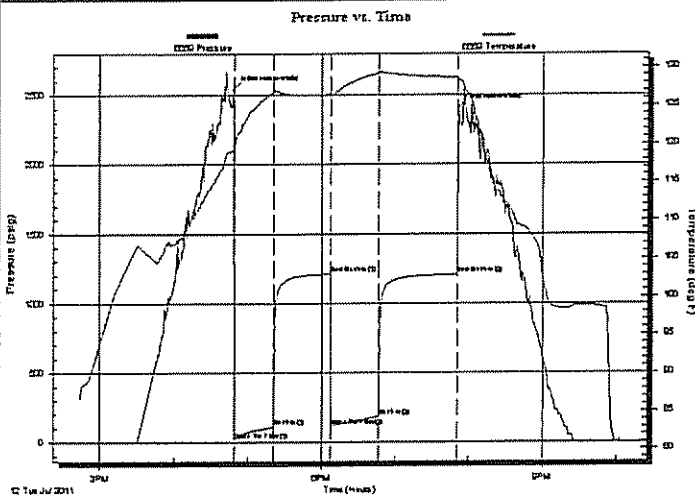
Test Start: 2011.07.12 @ 14:44:15

### GENERAL INFORMATION:

Formation: Miss  
 Deviated: No Whipstock: ft (KB)  
 Time Tool Opened: 16:48:45  
 Time Test Ended: 22:03:15  
 Interval: 4876.00 ft (KB) To 4900.00 ft (KB) (TVD)  
 Total Depth: 4310.00 ft (KB) (TVD)  
 Hole Diameter: 7.88 inches Hole Condition: Fair  
 Test Type: Conventional Bottom Hole  
 Tester: Mike Roberts  
 Unit No: 48  
 Reference Elevations: 3157.00 ft (KB)  
 3152.00 ft (CF)  
 KB to GR/CF: 5.00 ft

Serial #: 6669 Outside  
 Press@RunDepth: 184.80 psig @ 4895.00 ft (KB) Capacity: 8000.00 psig  
 Start Date: 2011.07.12 End Date: 2011.07.12 Last Calib.: 2011.07.12  
 Start Time: 14:44:15 End Time: 22:03:15 Time On Btm: 2011.07.12 @ 16:48:30  
 Time Off Btm: 2011.07.12 @ 19:51:15

TEST COMMENT: IF: Built to 7" blow  
 IS: No return blow  
 FF: BOB in 40 min.  
 FS: No return blow



### PRESSURE SUMMARY

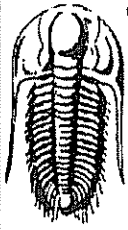
Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	2539.06	119.16	Initial Hydro-static
1	20.36	118.52	Open To Flow (1)
33	112.23	126.74	Shut-In(1)
79	1212.96	126.46	End Shut-In(1)
79	115.69	126.21	Open To Flow (2)
119	184.80	129.17	Shut-In(2)
182	1208.29	128.62	End Shut-In(2)
183	2405.76	128.45	Final Hydro-static

### Recovery

Length (ft)	Description	Volume (bbl)
124.00	mcw 10% m 90% w	0.61
124.00	mcw 20% m 80% w	1.74
72.00	sw m w ith oil spots 50% w 50% m	1.01

### Gas Rates

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



**TRILOBITE  
TESTING, INC.**

**DRILL STEM TEST REPORT**

**FLUID SUMMARY**

Lario Oil & Gas Company

**Robinson Farms 1-30**

301 S. Market St.  
Wichita KS  
67202

**30-18-34w Scott CO**

Job Ticket: 43167

DST#: 2

ATTN: Brad Rine

Test Start: 2011.07.12 @ 14:44:15

**Mud and Cushion Information**

Mud Type: Gel Chem  
Mud Weight: 9.00 lb/gal  
Viscosity: 56.00 sec/qt  
Water Loss: 8.77 in<sup>3</sup>  
Resistivity: 0.00 ohm.m  
Salinity: 6000.00 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: 9500 ppm

**Recovery Information**

Recovery Table

Length ft	Description	Volume bbl
124.00	mcw 10%m 90%w	0.610
124.00	mcw 20%m 80%w	1.739
72.00	sw m with oil spots 50%w 50%m	1.010

Total Length: 320.00 ft      Total Volume: 3.359 bbl

Num Fluid Samples: 0

Num Gas Bombs: 0

Serial #:

Laboratory Name:

Laboratory Location:

Recovery Comments: RW= 57.8 @ 86\*=9500 ppm

