



KANSAS CORPORATION COMMISSION 1065014
OIL & GAS CONSERVATION DIVISION

Form ACO-1

June 2009

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

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
_____ 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) _____

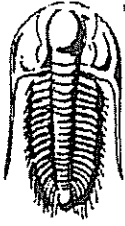
Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
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DISPOSITION OF GAS: <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	METHOD 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 (Specify) _____	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	Lario Oil & Gas Company
Well Name	Wieland 2-31
Doc ID	1065014

Tops

Name	Top	Datum
Heebner	3963	-991
Lansing	4003	-1031
Hushpuckney	4277	-1305
Base KC	4313	-1341
Marmaton	4369	-1397
Pawnee	4454	-1482
Ft. Scott	4480	-1508
Johnson	4578	-1606
Morrow	4598	-1626
Basal Penn	4614	-1642
Mississippian	4664	-1692
Spergen	4706	-1734



**TRILOBITE
TESTING, INC.**

DRILL STEM TEST REPORT

Lario Oil & Gas Co.
301 E Market Street
Wichita, Ks 67202
ATTN: Brad Rine

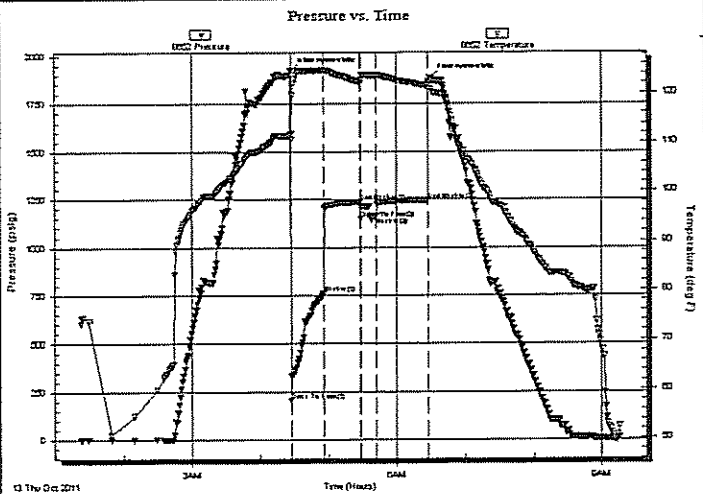
31 12s 31w Gove, Ks
Weiland 1-32
Job Ticket: 44490 DST#: 1
Test Start: 2011.10.13 @ 01:22:00

GENERAL INFORMATION:

Formation: **Lansing A**
Deviated: **No Whipstock:** ft (KB)
Time Tool Opened: 04:27:30
Time Test Ended: 09:16:15
Interval: **3999.00 ft (KB) To 4008.00 ft (KB) (TVD)**
Total Depth: **4008.00 ft (KB) (TVD)**
Hole Diameter: **7.88 inches** Hole Condition: **Good**
Test Type: **Conventional Bottom Hole (Initial)**
Tester: **Bradley Walter**
Unit No: **40**
Reference Elevations: **2972.00 ft (KB)**
2964.00 ft (CF)
KB to GR/CF: **8.00 ft**

Serial #: 8652 Inside
Press@RunDepth: **1156.36 psig @ 4000.00 ft (KB)** Capacity: **8000.00 psig**
Start Date: **2011.10.13** End Date: **2011.10.13** Last Calib.: **2011.10.13**
Start Time: **01:22:05** End Time: **09:16:14** Time On Blmt: **2011.10.13 @ 04:27:15**
Time Off Blmt: **2011.10.13 @ 06:29:30**

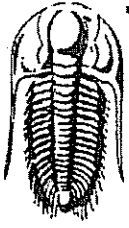
TEST COMMENT: IF: BOB @ 45 seconds.
IS: No return.
FF: BOB @ 11 minutes.
FSI: No return.



PRESSURE SUMMARY			
Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	1919.89	111.63	Initial Hydro-static
1	205.86	110.53	Open To Flow (1)
29	758.88	124.57	Shut-In(1)
61	1233.31	121.92	End Shut-In(1)
62	1144.24	121.90	Open To Flow (2)
75	1156.36	123.56	Shut-In(2)
121	1241.24	121.34	End Shut-In(2)
123	1883.10	120.77	Final Hydro-static

Recovery		
Length (ft)	Description	Volume (bbl)
1750.00	mcw 3m 97w	22.82

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



**TRILOBITE
TESTING, INC.**

DRILL STEM TEST REPORT

FLUID SUMMARY

Lario Oil & Gas Co.
301 E Market Street
Wichita, Ks 67202
ATTN: Brad Rine

31 12s 31w Gove, Ks
Weiland 1-32
Job Ticket: 44490 DST#: 1
Test Start: 2011.10.13 @ 01:22:00

Mud and Cushion Information

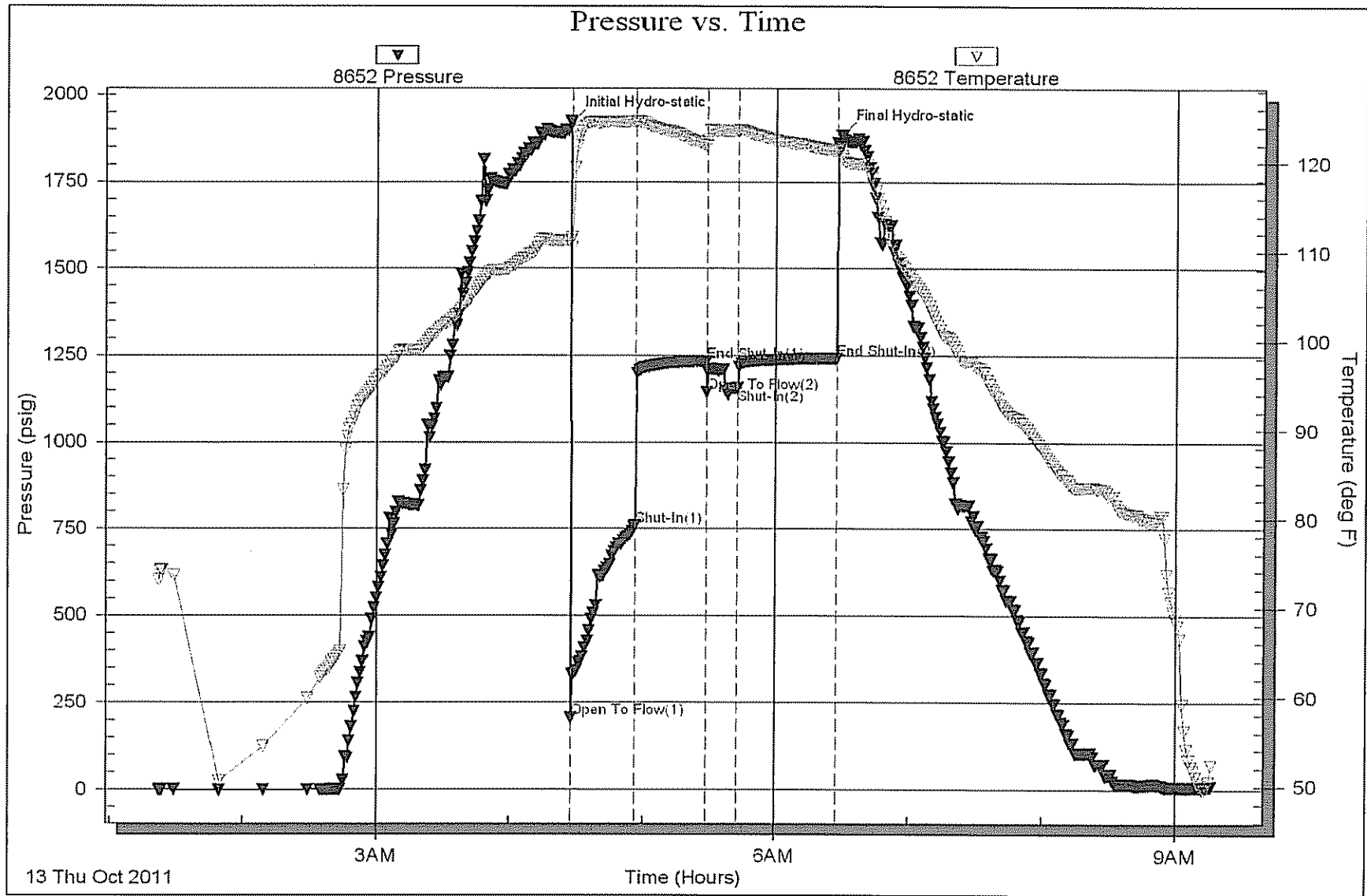
Mud Type: Gel Chem	Cushion Type:	Oil API:	0 deg API
Mud Weight: 9.00 lb/gal	Cushion Length: ft	Water Salinity:	ppm
Viscosity: 53.00 sec/qt	Cushion Volume: bbl		
Water Loss: 7.20 in ³	Gas Cushion Type:		
Resistivity: ohm.m	Gas Cushion Pressure: psig		
Salinity: 1800.00 ppm			
Filter Cake: 1.00 inches			

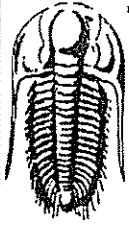
Recovery Information

Recovery Table

Length ft	Description	Volume bbl
1750.00	mcw 3m 97w	22.817

Total Length: 1750.00 ft Total Volume: 22.817 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.
301 E Market Street
Wichita, Ks 67202

ATTN: Brad Rine

31 12s 31w Gove, Ks
Wieland 1-32
Job Ticket: 44491 DST#: 2
Test Start: 2011.10.13 @ 21:45:00

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: 53.00 sec/qt	Cushion Volume: bbl		
Water Loss: 7.19 in ³	Gas Cushion Type:		
Resistivity: ohm.m	Gas Cushion Pressure: psig		
Salinity: 1800.00 ppm			
Filter Cake: 1.00 inches			

Recovery Information

Recovery Table

Length ft	Description	Volume bbl
5.00	mud 100m (Oil spots in tool)	0.025

Total Length: 5.00 ft Total Volume: 0.025 bbl

Num Fluid Samples: 0

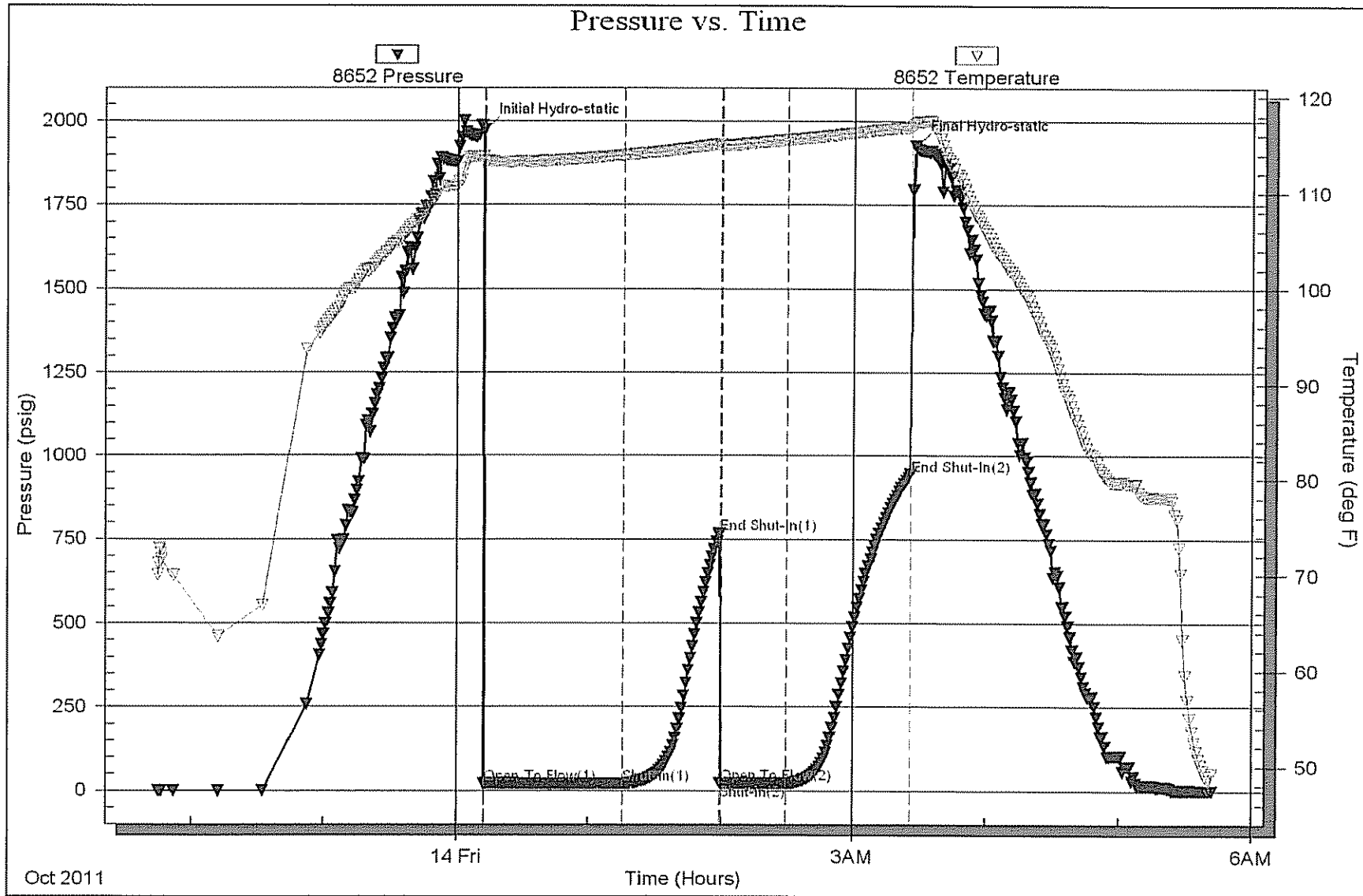
Num Gas Bombs: 0

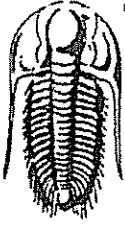
Serial #:

Laboratory Name:

Laboratory Location:

Recovery Comments:





**TRILOBITE
TESTING, INC.**

DRILL STEM TEST REPORT

Lario Oil & Gas Co.

31 12s 31w Gove, Ks

301 E Market Street
Wichita, Ks 67202

Wieland 1-32

Job Ticket: 44492

DST#: 3

ATTN: Brad Rine

Test Start: 2011.10.16 @ 00:58:00

GENERAL INFORMATION:

Formation: **Johnson**

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

Time Tool Opened: 04:03:00

Time Test Ended: 09:03:15

Test Type: **Conventional Bottom Hole (Reset)**

Tester: **Bradley Walter**

Unit No: **40**

Interval: **4553.00 ft (KB) To 4600.00 ft (KB) (TVD)**

Total Depth: **4008.00 ft (KB) (TVD)**

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

Reference Elevations: **2972.00 ft (KB)**

2964.00 ft (CF)

KB to GR/CF: **8.00 ft**

Serial #: **8652**

Inside

Press@RunDepth: **52.86 psig @ 4554.00 ft (KB)**

Start Date: **2011.10.16**

End Date:

2011.10.16

Capacity: **8000.00 psig**

Last Calib.: **2011.10.16**

Start Time: **00:58:05**

End Time:

09:03:14

Time On Btm: **2011.10.16 @ 04:02:45**

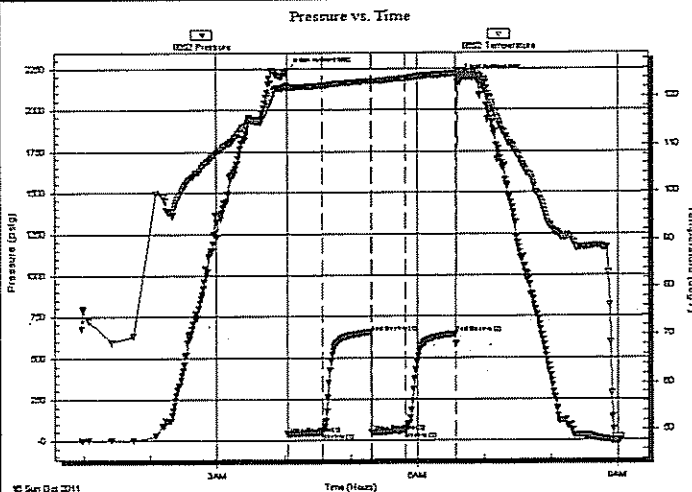
Time Off Btm: **2011.10.16 @ 06:37:15**

TEST COMMENT: IF: Surface blow, died @ 5 minutes.

IS: No return.

FF: No blow.

FS: No return.



PRESSURE SUMMARY

Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	2236.60	122.45	Initial Hydro-static
1	37.02	121.44	Open To Flow (1)
32	45.86	122.29	Shut-in(1)
76	646.44	123.32	End Shut-in(1)
76	46.99	123.11	Open To Flow (2)
107	52.86	123.81	Shut-in(2)
152	640.05	124.86	End Shut-in(2)
155	2188.65	125.37	Final Hydro-static

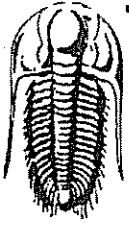
Recovery

Length (ft)	Description	Volume (bbl)
10.00	mud 100m (oil specs in tool)	0.05

* Recovery from multiple tests

Gas Rates

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



**TRILOBITE
TESTING, INC.**

DRILL STEM TEST REPORT

FLUID SUMMARY

Lario Oil & Gas Co.
301 E Market Street
Wichita, Ks 67202
ATTN: Brad Rine

31 12s 31w Gove, Ks
Wieland 1-32
Job Ticket: 44492 DST#: 3
Test Start: 2011.10.16 @ 00:58:00

Mud and Cushion Information

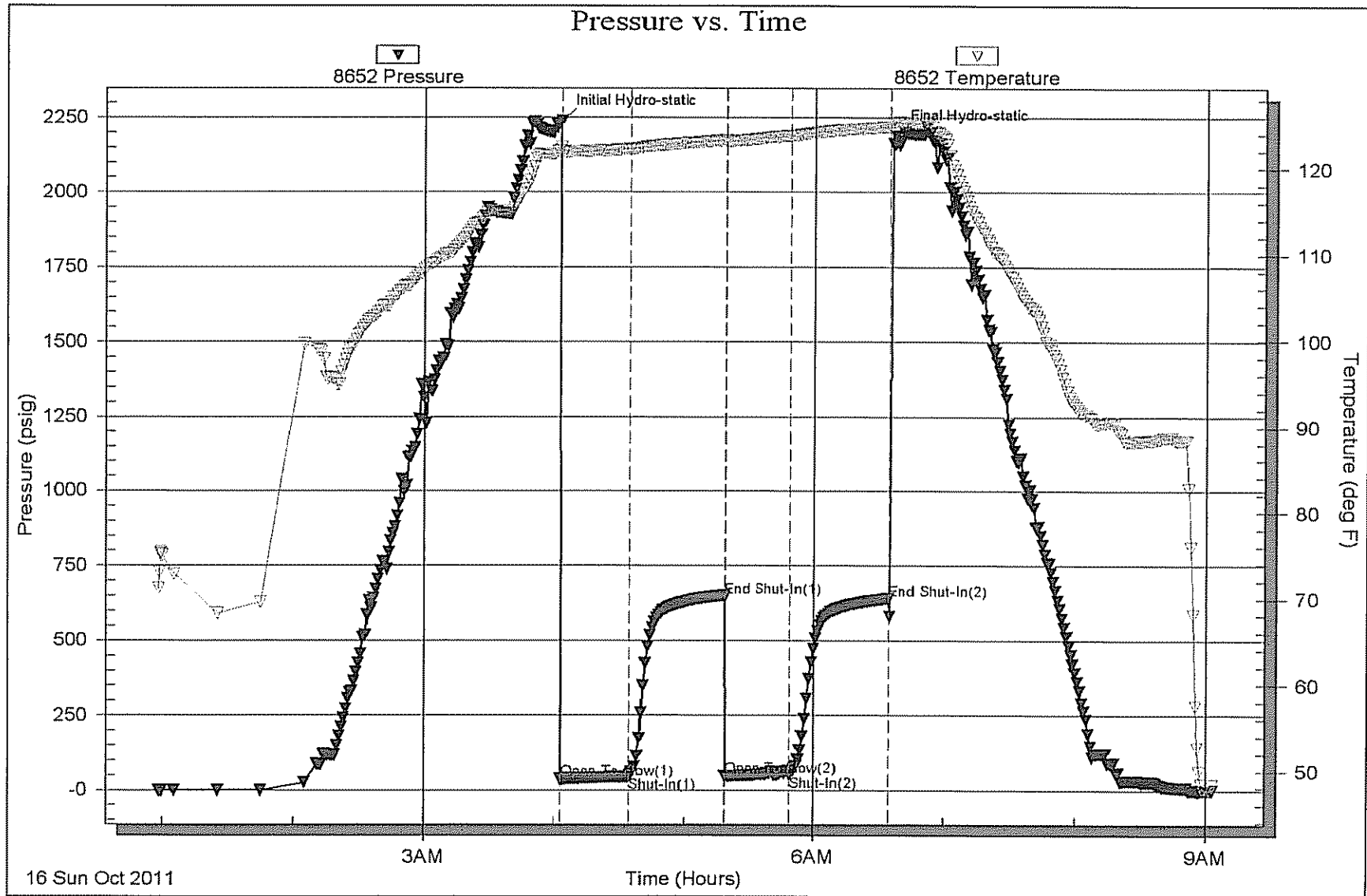
Mud Type: Gel Chem	Cushion Type:	Oil API:	0 deg API
Mud Weight: 9.00 lb/gal	Cushion Length: ft	Water Salinity:	0 ppm
Viscosity: 52.00 sec/qt	Cushion Volume: bbl		
Water Loss: 5.60 in ³	Gas Cushion Type:		
Resistivity: ohm.m	Gas Cushion Pressure: psig		
Salinity: 2000.00 ppm			
Filter Cake: 1.00 inches			

Recovery Information

Recovery Table

Length ft	Description	Volume bbl
10.00	mud 100m (oil specs in tool)	0.049

Total Length: 10.00 ft Total Volume: 0.049 bbl
 Num Fluid Samples: 0 Num Gas Bombs: 0 Serial #:
 Laboratory Name: Laboratory Location:
 Recovery Comments:





24 S. Lincoln Street
P.O. Box 31
Russell, KS 67665-2906

Voice: (817) 546-7282
Fax: (817) 246-3361

INVOICE

Invoice Number: 128844

Invoice Date: Oct 8, 2011

Page: 1

Bill To:
Lario Oil & Gas Co.
P.O. Box 1093
Garden City, K 67846

Federal Tax I.D.#: 20-5975804

Customer ID	Well Name# or Customer P.O.	Payment Terms	
Lario	Weiland #2-31	Net 30 Days	
Job Location	Camp Location	Service Date	Due Date
KS1-01	Oakley	Oct 8, 2011	11/7/11

Quantity	Item	Description	Unit Price	Amount
150.00	MAT	Class A Common	16.25	2,437.50
3.00	MAT	Gel	21.25	63.75
5.00	MAT	Chloride	58.20	291.00
158.00	SER	Handling	2.25	355.50
10.00	SER	Mileage	17.38	173.80
1.00	SER	Surface	1,125.00	1,125.00
20.00	SER	Heavy Vehicle Mileage	7.00	140.00
20.00	SER	Light Vehicle Mileage	4.00	80.00
1.00	CEMENTER	LaRene Wentz		
1.00	EQUIP OPER	Darren Racette		
1.00	OPER ASSIST	Chris Helpingstine		

Drilling
AFR 11-250
10-12-2011 & B

xc
AS
xc

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

\$ 933.31

ONLY IF PAID ON OR BEFORE
Nov 2, 2011

Subtotal	4,666.55
Sales Tax	224.78
Total Invoice Amount	4,891.33
Payment/Credit Applied	
TOTAL	4,891.33

ALLIED CEMENTING CO., LLC. 036082

Federal Tax I.D.# 20-5975804

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

SERVICE POINT:
Dakley, KS

DATE <u>10-8-11</u>	SEC. <u>31</u>	TWP. <u>12</u>	RANGE <u>31</u>	CALLED OUT	ON LOCATION	JOB START <u>8:00am</u>	JOB FINISH <u>7:00pm</u>
LEASE <u>Westland</u>	WELL # <u>2-31</u>	LOCATION <u>Dakley 115 3E N1/4</u>			COUNTY <u>Conroe</u>	STATE <u>Ks</u>	
OLD OR <input checked="" type="radio"/> NEW (Circle one)							

CONTRACTOR Southwind #70

TYPE OF JOB Surface

HOLE SIZE 12 1/4" T.D. 270'

CASING SIZE 8 7/8" DEPTH 270'

TUBING SIZE _____ DEPTH _____

DRILL PIPE _____ DEPTH _____

TOOL _____ DEPTH _____

PRES. MAX _____ MINIMUM _____

MEAS. LINE _____ SHOE JOINT _____

CEMENT LEFT IN CSG. 15H

PERFS. _____

DISPLACEMENT 16,246 bbl

OWNER same

CEMENT AMOUNT ORDERED 16,500 lbs Com 3% CE

2% gel

COMMON	<u>1500 lbs @</u>	<u>16.25</u>	<u>24375.00</u>
POZMIX	@		
GEL	<u>300 lbs @</u>	<u>21.25</u>	<u>6375.00</u>
CHLORIDE	<u>500 lbs @</u>	<u>58.20</u>	<u>29100.00</u>
ASC	@		
	@		
	@		
	@		
	@		
	@		
	@		
HANDLING	<u>138 lbs @</u>	<u>2.25</u>	<u>309.50</u>
MILEAGE	<u>114.5 miles</u>		<u>173.25</u>
TOTAL			<u>33269.75</u>

EQUIPMENT

PUMP TRUCK CEMENTER Lance

431 HELPER Darren

BULK TRUCK

347 DRIVER Chris

BULK TRUCK

_____ DRIVER _____

SERVICE

DEPTH OF JOB	<u>270'</u>	
PUMP TRUCK CHARGE		<u>1125.00</u>
EXTRA FOOTAGE	@	
MILEAGE	<u>10 x 2</u>	@ <u>7.00</u> <u>70.00</u>
MANIFOLD	<u>Hard Rental</u>	@ <u>200.00</u>
	<u>Light vehicle mileage</u>	@ <u>4.00</u> <u>460.00</u>
TOTAL		<u>1745.00</u>
		<u>1545.00</u>

PLUG & FLOAT EQUIPMENT

	@	
	@	
	@	
	@	
	@	

TOTAL _____

SALES TAX (If Any) _____

TOTAL CHARGES _____

DISCOUNT _____ IF PAID IN 30 DAYS

REMARKS:

Mix 16,500 lbs cement down casing

displace with water

Cement did circulate

Thank you

CHARGE TO: Lario Oil & Gas Co

STREET _____

CITY _____ STATE _____ ZIP _____

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.

PRINTED NAME Bob Thompson

SIGNATURE Bob Thompson

B.O.D.



24 S. Lincoln Street
 P.O. Box 31
 Russell, KS 67665-2906
 Voice: (817) 546-7282
 Fax: (817) 246-3361

INVOICE

Invoice Number: 128974
 Invoice Date: Oct 17, 2011
 Page: 1

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

Federal Tax I.D.#: 20-5975804
drilling ARE-11-250
CK 10/31/11

Customer ID	Well Name# or Customer P.O.	Payment Terms	
Lario	Wieland #2-31	Net 30 Days	
Job Location	Camp Location	Service Date	Due Date
KS1-03	Oakley	Oct 10, 2011	11/16/11

Quantity	Item	Description	Unit Price	Amount
132.00	MAT	Class A Common	16.25	2,145.00
88.00	MAT	Pozmix	8.50	748.00
8.00	MAT	Gel	21.25	170.00
55.00	MAT	Flo Seal	2.70	148.50
230.00	SER	Handling	2.25	517.50
10.00	SER	Mileage	25.30	253.00
1.00	SER	Plug To Abandon	1,250.00	1,250.00
20.00	SER	Heavy Vehicle Mileage	7.00	140.00
20.00	SER	Light Vehicle Mileage	4.00	80.00
1.00	EQP	8 5/8 Dry Hole Plug	92.00	92.00
1.00	CEMENTER	Andrew Forslund		
1.00	EQUIP OPER	Jerry Yates		
1.00	OPER ASSIST	Tyler Flipse		

all
xc
 NOV 2 2011
all
xc

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

\$ **1108.80**

ONLY IF PAID ON OR BEFORE
Nov 11, 2011

Subtotal	5,544.00
Sales Tax	446.29
Total Invoice Amount	5,990.29
Payment/Credit Applied	
TOTAL	5,990.29

ALLIED CEMENTING CO., LLC. 043515

Federal Tax I.D.# 20-5975804

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

SERVICE POINT:
Oakley

DATE <u>10-17-11</u>	SEC. <u>31</u>	TWP. <u>12S</u>	RANGE <u>31W</u>	CALLED OUT	ON LOCATION	JOB START <u>11:30am</u>	JOB FINISH <u>12:30am</u>
Wieland LEASE	WELL# <u>2-31</u>	LOCATION <u>Oakley 11S 2 1/2E</u>		COUNTY <u>Gove</u>	STATE <u>Ks</u>		
OLD OR <u>NEW</u> (Circle one)			<u>NINTO</u>				

CONTRACTOR Southwind 70
 TYPE OF JOB PTA
 HOLE SIZE 2 7/8 T.D. 4725'
 CASING SIZE DEPTH
 TUBING SIZE DEPTH
 DRILL PIPE 4 1/2 DEPTH 2475'
 TOOL DEPTH
 PRES. MAX MINIMUM
 MEAS. LINE SHOE JOINT
 CEMENT LEFT IN CSG.
 PERFS.
 DISPLACEMENT

OWNER same

CEMENT
 AMOUNT ORDERED 220 SKS 6940 4% gel
14 Flo-seal

COMMON	<u>132 SKS</u>	@	<u>16.25</u>	<u>2145.00</u>
POZMIX	<u>88 SKS</u>	@	<u>8.50</u>	<u>748.00</u>
GEL	<u>8 SKS</u>	@	<u>21.25</u>	<u>170.00</u>
CHLORIDE		@		
ASC		@		
	<u>Flo-seal 55#</u>	@	<u>2.70</u>	<u>148.50</u>
		@		
		@		
		@		
		@		
		@		
HANDLING	<u>230 SKS</u>	@	<u>2.25</u>	<u>517.50</u>
MILEAGE	<u>114 SK/mile</u>			<u>253.00</u>
TOTAL				<u>3982.00</u>

EQUIPMENT

PUMP TRUCK CEMENTER Andrew
 # 423-281 HELPER Jerry
 BULK TRUCK
 # 404 DRIVER Tyler
 BULK TRUCK
 # DRIVER

REMARKS:

25 SKS @ 2475'
100 SKS @ 1610'
40 SKS @ 320'
10 SKS @ 40'
15 SKS mouse hole
30 SKS Rat hole

Thank you

CHARGE TO: Lario Oil + Gas
 STREET _____
 CITY _____ STATE _____ ZIP _____

SERVICE

DEPTH OF JOB 2475'
 PUMP TRUCK CHARGE 1250.00
 EXTRA FOOTAGE @ _____
 MILEAGE 10 mi. LSK 2 @ 7.00 140.00
 MANIFOLD @ _____
Light vehicle @ 4.00 80.00
 @ _____
 TOTAL 1470.00

PLUG & FLOAT EQUIPMENT

8 7/8
1 Dry hole plug @ 92.00
 @ _____
 @ _____
 @ _____
 @ _____
 TOTAL 92.00

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

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.

PRINTED NAME Gale Thompson

SIGNATURE Gale Thompson

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

November 11, 2011

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

Re: ACO1
API 15-063-21946-00-00
Wieland 2-31
SW/4 Sec.31-12S-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