



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1071243
OIL & GAS CONSERVATION DIVISION

Form ACO-1

August 2013

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
- Plug Back Conv. to GSW Conv. to Producer
- 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

GPS Location: Lat: _____, Long: _____
(e.g. xx.xxxxx) (e.g. -xxx.xxxxx)

Datum: NAD27 NAD83 WGS84

County: _____

Lease Name: _____ Well #: _____

Field Name: _____

Producing Formation: _____

Elevation: Ground: _____ Kelly Bushing: _____

Total Vertical 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

- Confidentiality Requested
Date: _____
- Confidential Release Date: _____
- Wireline Log Received
- Geologist Report Received
- UIC Distribution
- ALT I II III Approved by: _____ Date: _____

1071243

Operator Name: _____ Lease Name: _____ Well #: _____

Sec. _____ Twp. _____ S. R. _____ East West County: _____

INSTRUCTIONS: Show important tops 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.

Final Radioactivity Log, Final Logs run to obtain Geophysical Data and Final Electric Logs must be emailed to kcc-well-logs@kcc.ks.gov. Digital electronic log files must be submitted in LAS version 2.0 or newer AND an image file (TIFF or PDF).

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 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				

Did you perform a hydraulic fracturing treatment on this well? Yes No *(If No, skip questions 2 and 3)*

Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons? Yes No *(If No, skip question 3)*

Was the hydraulic fracturing treatment information submitted to the chemical disclosure registry? Yes No *(If No, fill out Page Three of the ACO-1)*

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> _____
---	--

Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity

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> _____	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	Lario Oil & Gas Company
Well Name	Clark Trust 2-36
Doc ID	1071243

Tops

Name	Top	Datum
Heebner	3968	-984
Lansing	4010	-1026
Stark Shale	4245	-1261
Hushpuckney	4280	-1296
Base KC	4314	-1330
Marmaton	4359	-1375
Pawnee	4456	-1472
Ft. Scott	4482	-1498
Cherokee	4503	-1519
Johnson	4577	-1593
Morrow	4598	-1614
Basal Penn	4628	-1644
Mississippian	4643	-1659



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 # 245596

Invoice Date: 11/10/2011 Terms: 15/15/30,n/30

Page 1

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

CLARK TRUST 2-36
33676
36-12S-34W
11-03-2011
KS

Part Number	Description	Qty	Unit Price	Total
1104S	CLASS "A" CEMENT (SALE)	165.00	16.8000	2772.00
1102	CALCIUM CHLORIDE (50#)	450.00	.8400	378.00
1118B	PREMIUM GEL / BENTONITE	310.00	.2400	74.40

Sublet Performed	Description	Total
9999-130	CASH DISCOUNT	-483.66
9999-130	CASH DISCOUNT	-222.75

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
463 MIN. BULK DELIVERY	1.00	410.00	410.00

AFE 11-254
BCP

ail
xc

NOV 14 2011

ail
xc

Amount Due 4960.90 if paid after 12/10/2011

Parts:	3224.40	Freight:	.00	Tax:	213.77	AR	4216.76
Labor:	.00	Misc:	.00	Total:	4216.76		
Sublt:	-706.41	Supplies:	.00	Change:	.00		

Signed _____

Date _____

BARTLESVILLE, OK
918/338-0808

EL DORADO, KS
316/322-7022

EUREKA, KS
620/583-7664

PONCA CITY, OK
580/762-2303

OAKLEY, KS
785/672-2227

OTTAWA, KS
785/242-4044

THAYER, KS
620/839-5269

GILLETTE, WY
307/686-4914



CONSOLIDATED
Oil Well Services, LLC

TICKET NUMBER 33676
LOCATION Oakley #15
FOREMAN Miles Shaw
Fuzzy MC

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
11-3-11	4793	Clark 2-36 Trust	36	12S	32W	LeFlore
CUSTOMER		MAILING ADDRESS		CITY		STATE
Lario Oil and Gas		9 South 1 East 1/4 South		TRUCK #		DRIVER
				463		Sash G
				460		Wes F

JOB TYPE Surfice HOLE SIZE 12 1/4 HOLE DEPTH 268 CASING SIZE & WEIGHT 8 5/8"
CASING DEPTH 2068' DRILL PIPE _____ TUBING _____ OTHER _____
SLURRY WEIGHT 148 SLURRY VOL 1.36 WATER gal/sk 6.5 CEMENT LEFT in CASING 15'
DISPLACEMENT 16 bbls DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Salty meeting Pickrell #10 R.g + Circulate mix 165 S/S Common 38t
2 1/2 gal gel displaced 15 3/4 bbls and shut in cement did not reach
bottom of cellar

Thanks Miles & 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
5407	7.76	Ton mileage delivery (min)	158	410.00
1104S	165	Common Cement	16.50	2722.00
1102	450 #	Calcium	1.84	378.00
118B	310 #	Bentonite gel	1.24	74.40
			Subtotal	4709.40
			dis -158	706.41
			total	4002.99
		245596	SALES TAX	213.77
			ESTIMATED TOTAL	4216.76

Ravin 3737

AUTHORIZATION [Signature] 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 form.



CONSOLIDATED
Oil Well Services, LLC

REMIT TO
Consolidated Oil Well Services, LLC
Dept. 970
P.O. Box 4346
Houston, TX 77210-4346

MAIN OFFICE
P.O. Box 884
Chanute, KS 66720
620/431-9210 • 1-800/467-8676
Fax 620/431-0012

INVOICE

Invoice # 245828

=====
Invoice Date: 11/17/2011 Terms: 10/10/30,n/30 Page 1
=====

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

CLARK TRUST 2-36
33724
36-12S-32W
11-14-2011
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	-334.26
9999-130	CASH DISCOUNT	-171.00

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

ad
xc
NOV 21 2011

ad
xc

Amount Due 5313.34 if paid after 12/17/2011

Parts:	3342.61	Freight:	.00	Tax:	234.66	AR	4782.01
Labor:	.00	Misc:	.00	Total:	4782.01		
Sublt:	-505.26	Supplies:	.00	Change:	.00		

Signed _____ Date _____



CONSOLIDATED
Oil Well Services, LLC



TICKET NUMBER 33724

LOCATION Oakley

FOREMAN Fuzzz

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

FIELD TICKET & TREATMENT REPORT
CEMENT

KS

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY												
11-14-11	4793	Clark Trust 2-36	36	125	32W	Logan												
CUSTOMER <u>Lorio Oil + Gas</u>			<table border="1"> <thead> <tr> <th>TRUCK #</th> <th>DRIVER</th> <th>TRUCK #</th> <th>DRIVER</th> </tr> </thead> <tbody> <tr> <td>463</td> <td>Josh G</td> <td></td> <td></td> </tr> <tr> <td>429</td> <td>Cory D</td> <td></td> <td></td> </tr> </tbody> </table>				TRUCK #	DRIVER	TRUCK #	DRIVER	463	Josh G			429	Cory D		
TRUCK #	DRIVER	TRUCK #					DRIVER											
463	Josh G																	
429	Cory D																	
MAILING ADDRESS																		
CITY	STATE	ZIP CODE																

JOB TYPE PTA HOLE SIZE 7 7/8 HOLE DEPTH 4700 CASING SIZE & WEIGHT _____
 CASING DEPTH _____ DRILL PIPE 4 1/2 TUBING _____ OTHER _____
 SLURRY WEIGHT 14.1 SLURRY VOL 1.4 WATER gal/sk 6.7 CEMENT LEFT in CASING _____
 DISPLACEMENT _____ DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety meeting on Pick #4 #10. Ris up + plus as ordered.
25 SKS @ 2480' 20 SKS 60/40 49 gal 1/4" seal
100 SKS @ 1530'
40 SKS @ 310'
10 SKS @ 40' w/ plus
30 SKS RH

Thanks Fuzzz + crew

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5405N	1	PUMP CHARGE	1250 ⁰⁰	1250 ⁰⁰
5406	10	MILEAGE	5 ⁰⁰	50 ⁰⁰
5407	8.82 ton	Top mileage Delivery (min)	410 ⁰⁰	410 ⁰⁰
1131	205 SKS	60/40 pos	14 ³⁵	2941 ²⁵
1118B	705 #	Bentonite	.24	169 ²⁰
1107	51 #	fl-o-seal	2 ⁶⁶	135 ⁶⁶
4432	1	8 5/8 wood cup plug	96 ⁰⁰	96 ⁰⁰
		sub total		5052 ⁶¹
		less 1090 d's count		505 ²⁶
		sub total		4547 ³⁵
		245828	SALES TAX	234 ⁶⁶
			ESTIMATED TOTAL	4782.01

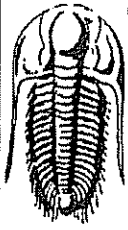
Ravin 3737

AUTHORIZATION

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 form.



**TRILOBITE
TESTING, INC.**

DRILL STEM TEST REPORT

Lario Oil & Gas Company

36-12-32

301 S Market ST,
Wichita, KS 67202 3805

Clark Trust 2-36

Job Ticket: 44345

DST#: 1

ATTN: Tim Lauer

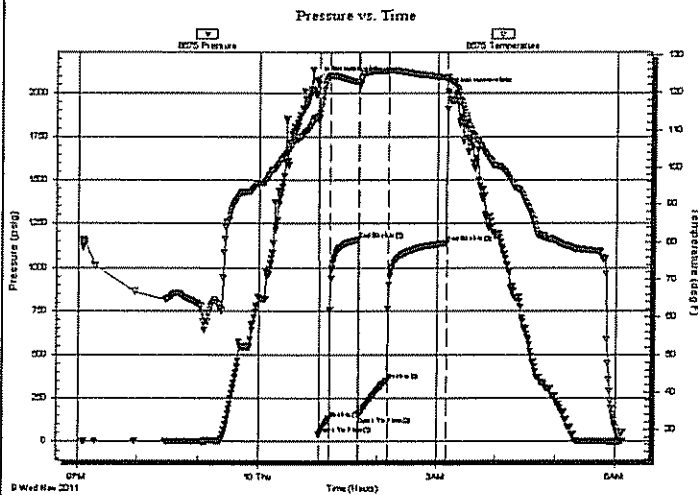
Test Start: 2011.11.09 @ 21:05:00

GENERAL INFORMATION:

Formation: **Kansas City "H"**
 Deviated: **No Whipstock** ft (KB)
 Test Type: **Conventional Bottom Hole (Initial)**
 Time Tool Opened: **01:00:00**
 Tester: **Jace McKinney**
 Time Test Ended: **06:07:45**
 Unit No: **46**
 Interval: **4152.00 ft (KB) To 4184.00 ft (KB) (TVD)**
 Reference Elevations: **2984.00 ft (KB)**
 Total Depth: **4184.00 ft (KB) (TVD)**
2977.00 ft (CF)
 Hole Diameter: **7.88 inches** Hole Condition: **Fair**
 KB to GR/CF: **7.00 ft**

Serial #: 8675 Inside
 Press@RunDepth: **352.66 psig @ 4153.00 ft (KB)** Capacity: **8000.00 psig**
 Start Date: **2011.11.09** End Date: **2011.11.10** Last Calib.: **2011.11.10**
 Start Time: **21:05:01** End Time: **06:07:45** Time On Btrr: **2011.11.10 @ 00:58:00**
 Time Off Btrr: **2011.11.10 @ 03:10:30**

TEST COMMENT: B.O.B in 4 1/2 min.
 Bled off for 5 min, Weak surface return blow
 B.O.B in 5 1/2 min.
 Bled off for 5 min, No return blow



PRESSURE SUMMARY

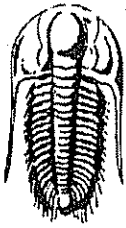
Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	2076.50	113.15	Initial Hydro-static
2	39.17	112.77	Open To Flow (1)
13	132.19	124.20	Shut-In(1)
42	1160.68	122.67	End Shut-In(1)
43	149.17	122.23	Open To Flow (2)
72	352.66	125.68	Shut-In(2)
132	1142.79	123.92	End Shut-In(2)
133	2008.28	123.75	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
280.00	mcw 50%M 50%W	3.93
495.00	w 10%W	6.94

Gas Rates

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



TRILOBITE
TESTING, INC.

DRILL STEM TEST REPORT

FLUID SUMMARY

Lario Oil & Gas Company

36-12-32

301 S Market ST,
Wichita, KS 67202 3805

Clark Trust 2-36

Job Ticket: 44345

DST#: 1

ATTN: Tim Lauer

Test Start: 2011.11.09 @ 21:05:00

Mud and Cushion Information

Mud Type: Gel Chem

Cushion Type:

Oil API:

deg API

Mud Weight: 9.00 lb/gal

Cushion Length:

ft

Water Salinity:

ppm

Viscosity: 54.00 sec/qt

Cushion Volume:

bbbl

Water Loss: 7.20 in³

Gas Cushion Type:

Resistivity: 0.00 ohm.m

Gas Cushion Pressure:

psig

Salinity: 2000.00 ppm

Filter Cake: 1.00 inches

Recovery Information

Recovery Table

Length ft	Description	Volume bbbl
280.00	mcw 50%M 50%W	3.928
495.00	w 10%W	6.944

Total Length: 775.00 ft Total Volume: 10.872 bbl

Num Fluid Samples: 0

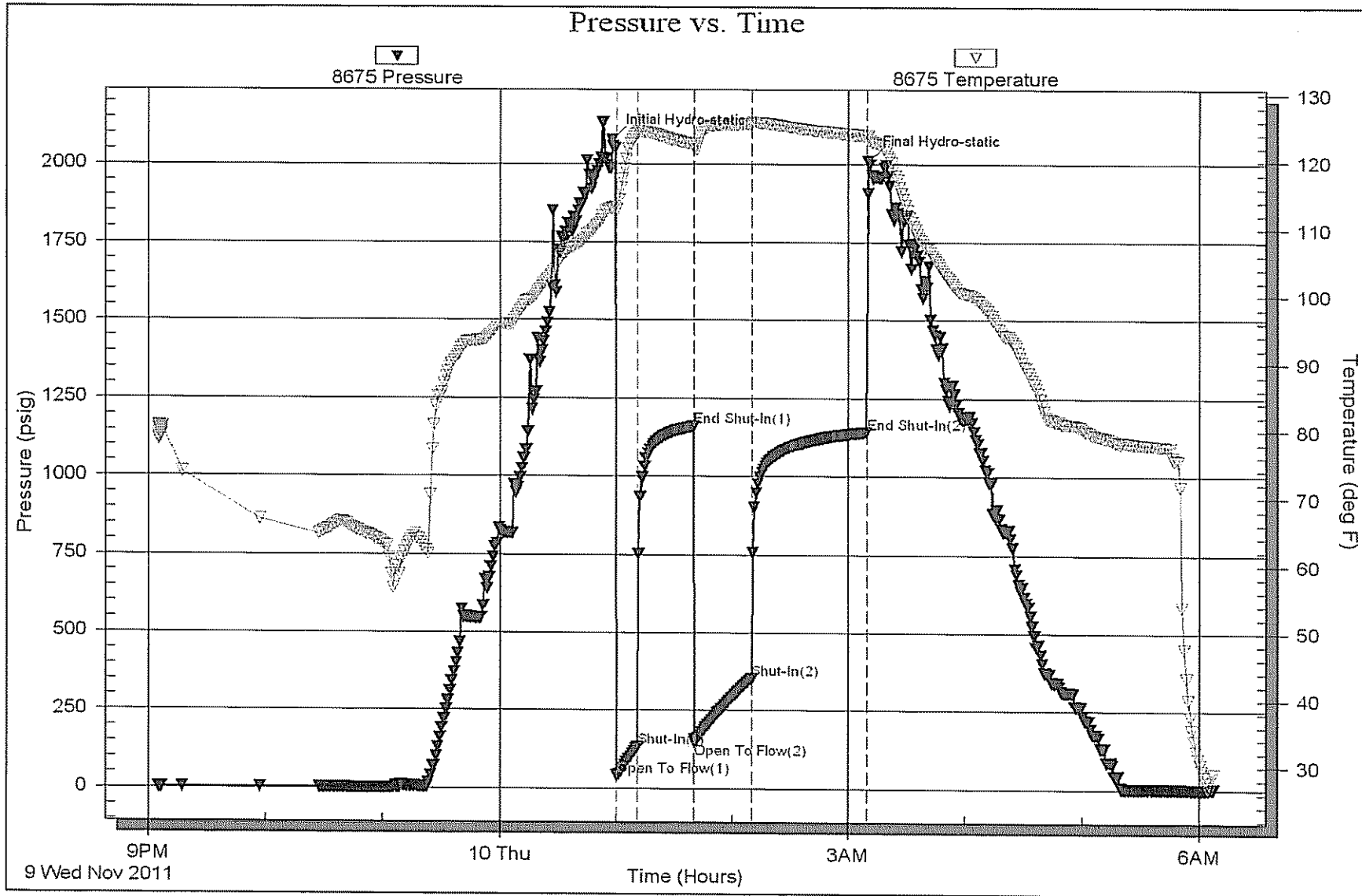
Num Gas Bombs: 0

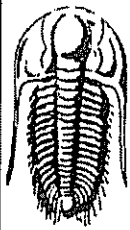
Serial #:

Laboratory Name:

Laboratory Location:

Recovery Comments:





**TRILOBITE
TESTING, INC.**

DRILL STEM TEST REPORT

Lario Oil & Gas Company

36-12-32

301 S Market ST,
Wichita, KS 67202 3805

Clark Trust 2-36

Job Ticket: 44346

DST#: 2

ATTN: Tim Lauer

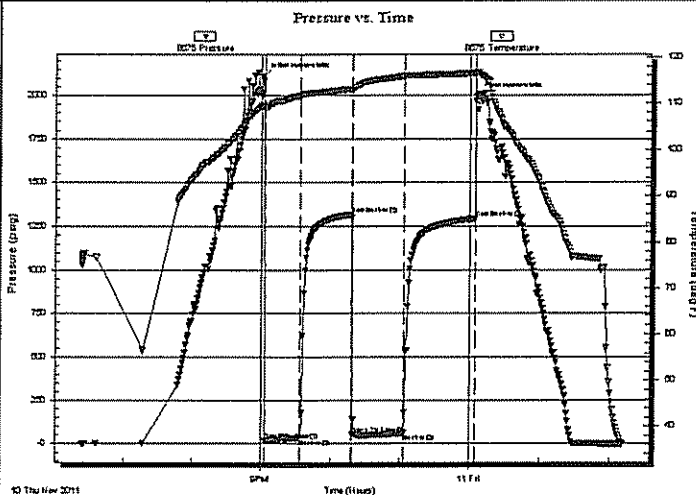
Test Start: 2011.11.10 @ 18:25:00

GENERAL INFORMATION:

Formation: **Kansas City "I-J"**
 Deviated: **No Whipstock** ft (KB)
 Time Tool Opened: 21:03:15
 Time Test Ended: 02:11:30
 Test Type: **Conventional Bottom Hole (Reset)**
 Tester: **Jace McKinney**
 Unit No: **46**
 Interval: **4192.00 ft (KB) To 4246.00 ft (KB) (TVD)**
 Reference Elevations: **2984.00 ft (KB)**
4246.00 ft (KB) (TVD)
2977.00 ft (CF)
 Hole Diameter: **7.88 inches** Hole Condition: **Fair**
 KB to GR/CF: **7.00 ft**

Serial #: 8675 Inside
 Press@RunDepth: **59.66 psig @ 4193.00 ft (KB)** Capacity: **8000.00 psig**
 Start Date: **2011.11.10** End Date: **2011.11.11** Last Calib.: **2011.11.11**
 Start Time: **18:25:01** End Time: **02:11:30** Time On Btm: **2011.11.10 @ 21:01:00**
 Time Off Btm: **2011.11.11 @ 00:06:00**

TEST COMMENT: Built to 3" blow
 No return blow
 Built to 3" blow
 No return blow



PRESSURE SUMMARY

Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	2111.70	109.49	Initial Hydro-static
3	17.94	108.50	Open To Flow (1)
32	32.98	111.65	Shut-In(1)
77	1314.33	113.00	End Shut-In(1)
78	54.11	112.70	Open To Flow (2)
122	59.66	115.89	Shut-In(2)
184	1291.53	116.52	End Shut-In(2)
185	1996.35	116.76	Final Hydro-static

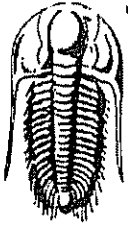
Recovery

Length (ft)	Description	Volume (bbl)
90.00	m 100%M	1.26

* 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 Company

36-12-32

301 S Market ST,
Wichita, KS 67202 3805

Clark Trust 2-36

Job Ticket: 44346

DST#: 2

ATTN: Tim Lauer

Test Start: 2011.11.10 @ 18:25:00

Mud and Cushion Information

Mud Type: Gel Chem
Mud Weight: 9.00 lb/gal
Viscosity: 51.00 sec/qt
Water Loss: 8.79 in³
Resistivity: 0.00 ohm.m
Salinity: 2700.00 ppm
Filter Cake: 1.00 inches

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

Oil API: deg API
Water Salinity: ppm

Recovery Information

Recovery Table

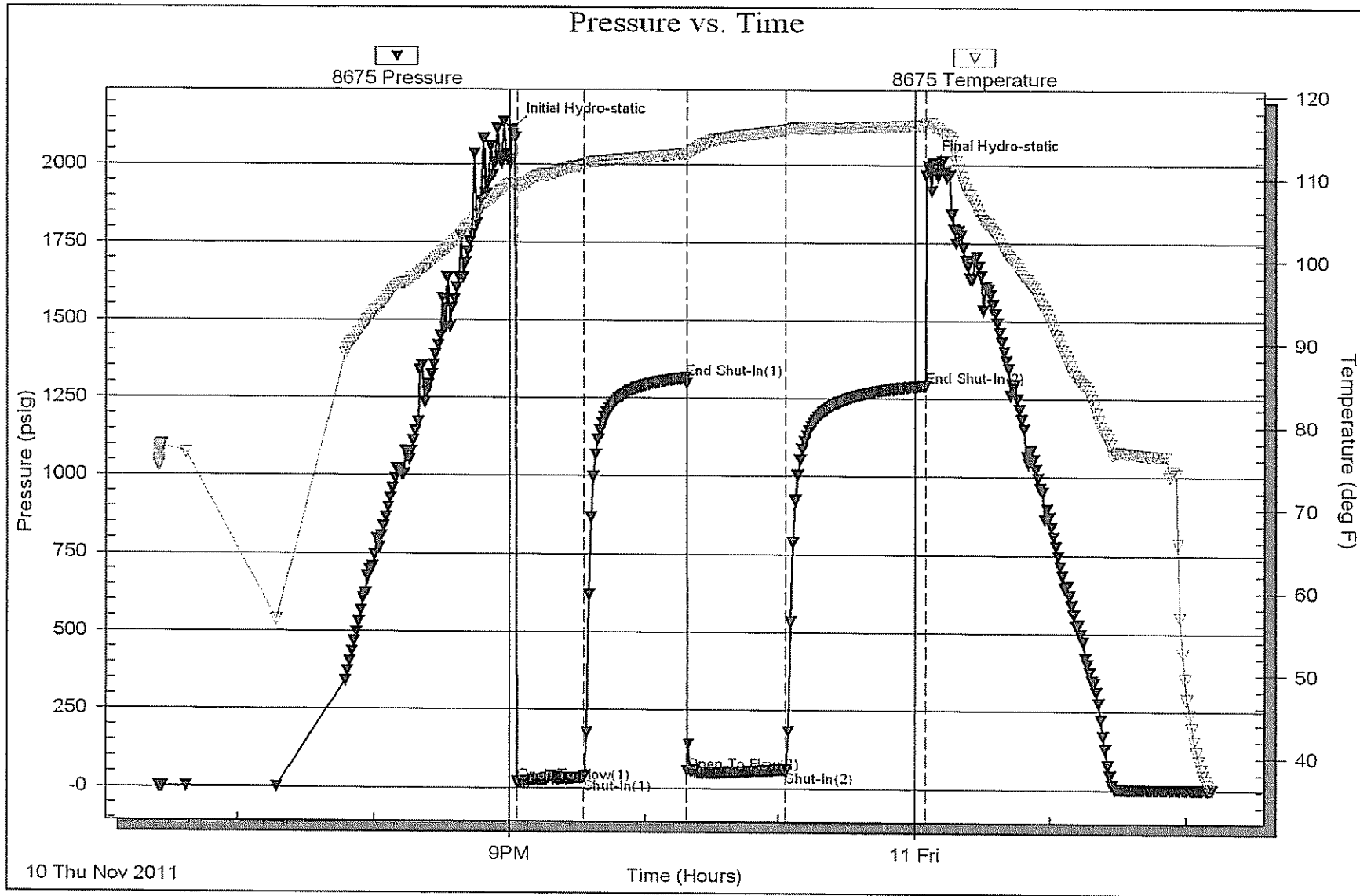
Length ft	Description	Volume bbl
90.00	m 100%M	1.262

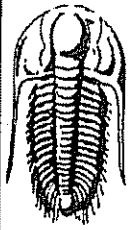
Total Length: 90.00 ft Total Volume: 1.262 bbl

Num Fluid Samples: 0 Num Gas Bombs: 0 Serial #:

Laboratory Name: Laboratory Location:

Recovery Comments:





**TRILOBITE
TESTING, INC.**

DRILL STEM TEST REPORT

Lario Oil & Gas Company

36-12-32

301 S Market ST,
Wichita, KS 67202 3805

Clark Trust 2-36

Job Ticket: 44347

DST#: 3

ATTN: Tim Lauer

Test Start: 2011.11.12 @ 22:10:00

GENERAL INFORMATION:

Formation: **Johnson**

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

Time Tool Opened: 00:22:00

Time Test Ended: 05:29:45

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

Tester: **Jace McKinney**

Unit No: **46**

Interval: **4520.00 ft (KB) To 4595.00 ft (KB) (TVD)**

Total Depth: **4595.00 ft (KB) (TVD)**

Hole Diameter: **7.88 inches** Hole Condition: **Fair**

Reference Elevations: **2984.00 ft (KB)**

2977.00 ft (CF)

KB to GR/CF: **7.00 ft**

Serial #: **8675**

Inside

Press@RunDepth: **30.55 psig @ 4528.00 ft (KB)**

Start Date: **2011.11.12**

End Date:

2011.11.13

Capacity: **8000.00 psig**

Last Calib.: **2011.11.13**

Start Time: **22:10:01**

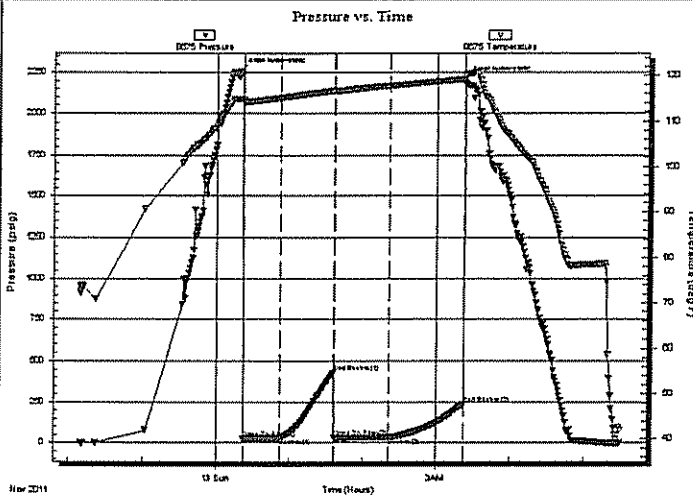
End Time:

05:29:45

Time On Blrm: **2011.11.13 @ 00:19:00**

Time Off Blrm: **2011.11.13 @ 03:23:30**

TEST COMMENT: **Built to 1 1/2" blow
No return blow
No blow
No return blow**



PRESSURE SUMMARY

Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	2258.57	114.75	Initial Hydro-static
3	27.87	114.16	Open To Flow (1)
34	29.39	115.05	Shut-In(1)
78	428.96	116.65	End Shut-In(1)
78	29.51	116.48	Open To Flow (2)
122	30.55	117.69	Shut-In(2)
184	237.36	119.20	End Shut-In(2)
185	2205.02	119.88	Final Hydro-static

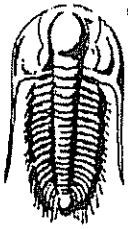
Recovery

Length (ft)	Description	Volume (bbl)
20.00	m 100%M few oil spots	0.28

* 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 Company

36-12-32

301 S Market ST,
Wichita, KS 67202 3805

Clark Trust 2-36

Job Ticket: 44347

DST#: 3

ATTN: Tim Lauer

Test Start: 2011.11.12 @ 22:10:00

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: 50.00 sec/qt

Cushion Volume:

bbbl

Water Loss: 9.59 in³

Gas Cushion Type:

Resistivity: 0.00 ohm.m

Gas Cushion Pressure:

psig

Salinity: 2700.00 ppm

Filter Cake: 1.00 inches

Recovery Information

Recovery Table

Length ft	Description	Volume bbbl
20.00	m 100%M few oil spots	0.281

Total Length: 20.00 ft Total Volume: 0.281 bbl

Num Fluid Samples: 0

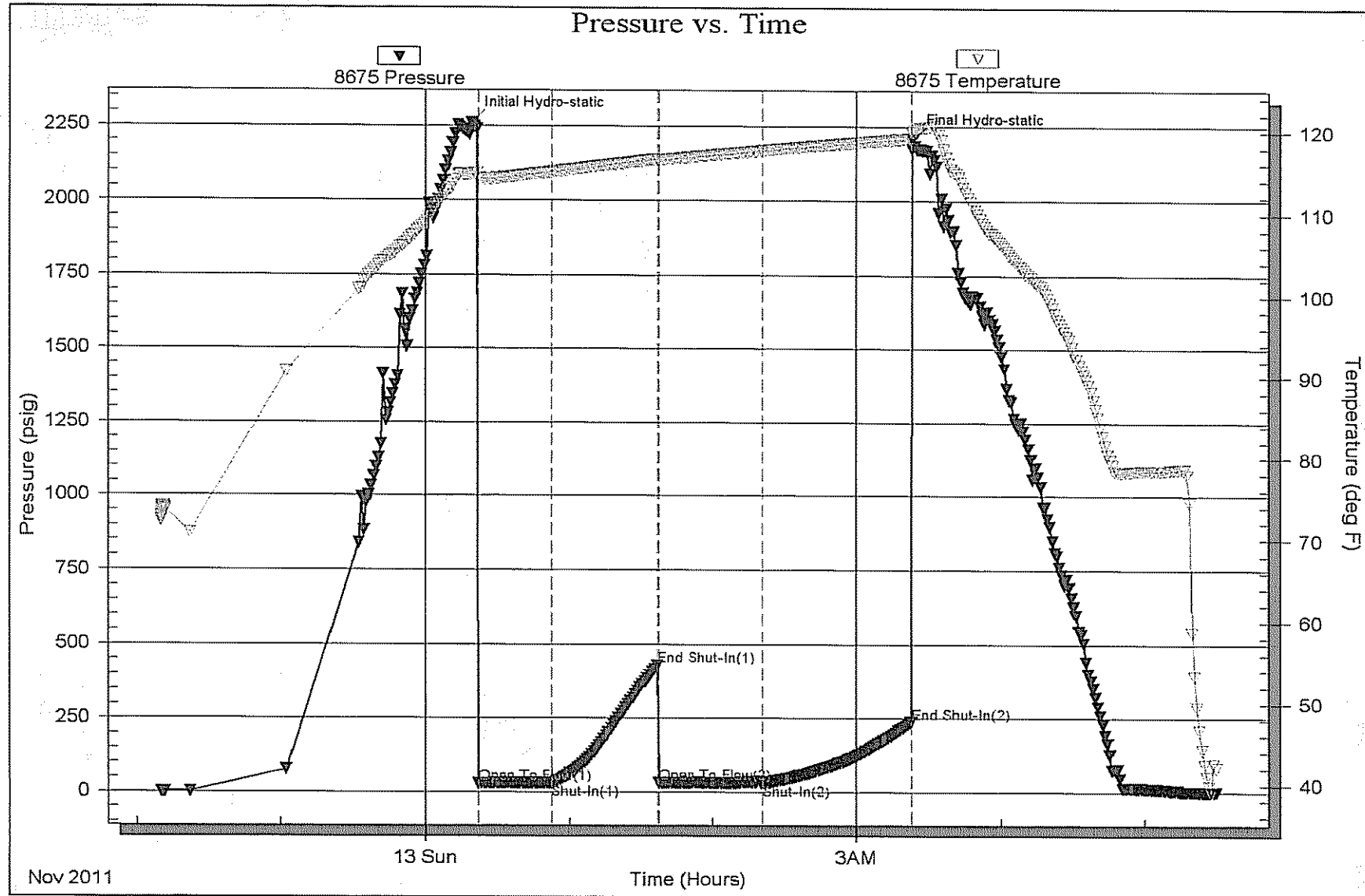
Num Gas Bombs: 0

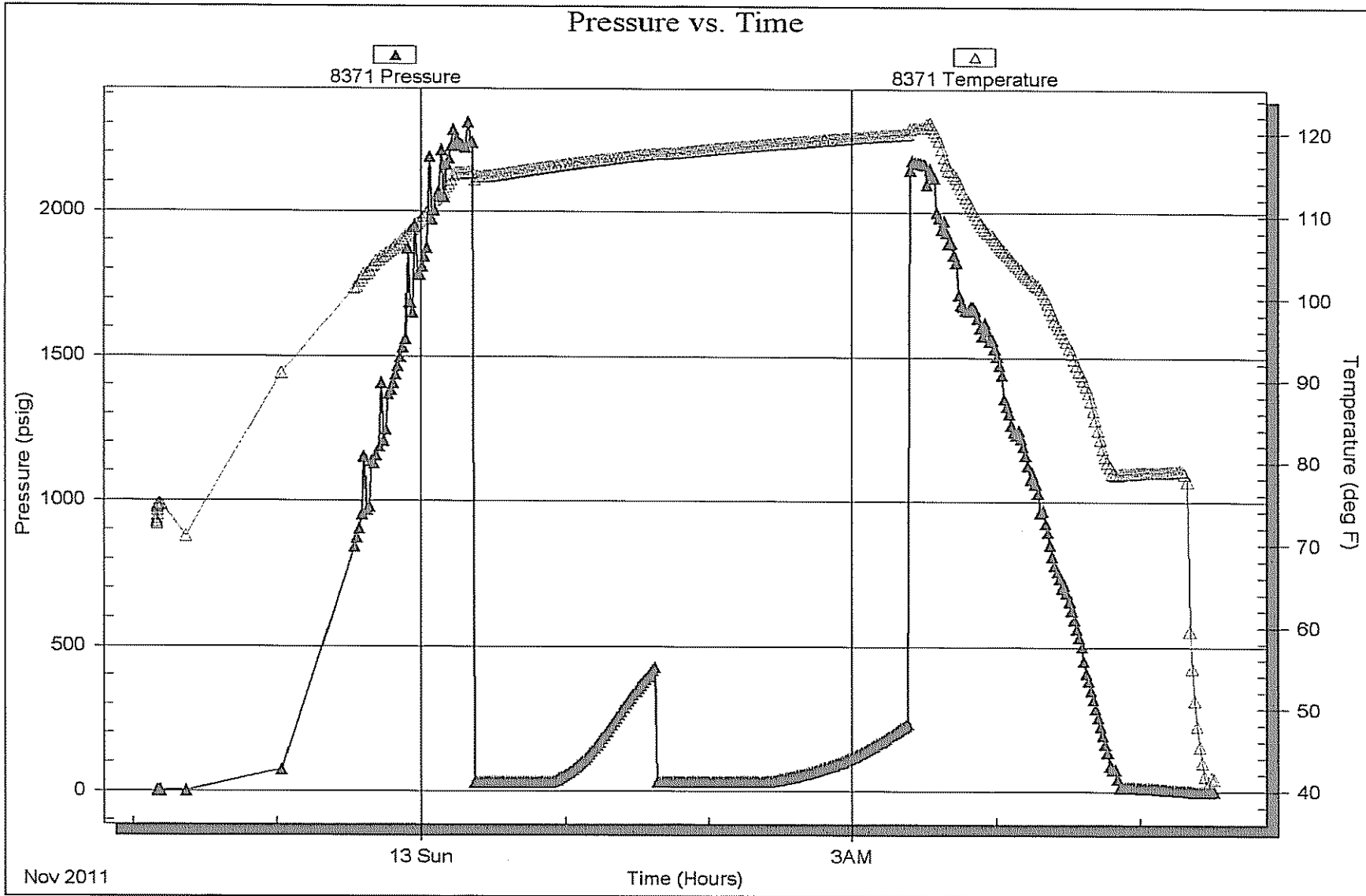
Serial #:

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

January 04, 2012

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

Re: ACO1
API 15-109-21040-00-00
Clark Trust 2-36
NW/4 Sec.36-12S-32W
Logan County, Kansas

Dear Production Department:

We are herewith requesting that the Well Completion Form ACO-1 and attached information for the subject well be held confidential for a period of two years.

Should you have any questions or need additional information regarding subject well, please contact our office.

Respectfully,
Jay Schweikert