



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1125516
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: _____



1125516

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> _____
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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	JF Group 2-30
Doc ID	1125516

All Electric Logs Run

MPD/MDN
MSS
MAI/MFE
MML

Form	ACO1 - Well Completion
Operator	Lario Oil & Gas Company
Well Name	JF Group 2-30
Doc ID	1125516

Tops

Name	Top	Datum
Heebner	3992	-773
Lansing	4041	-822
Stark Shale	4344	-1125
Hushpuckney	4399	-1180
Base KC	4482	-1263
Marmaton	4517	-1298
Ft. Scott	4629	-1410
Johnson	4733	-1514
Basal Penn	4914	-1695
Mississippian	4944	-1725
St. Louis	4984	-1765
Spergen	5187	-1968

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
Thomas E. Wright, Commissioner
Shari Feist Albrecht, Commissioner

Sam Brownback, Governor

March 25, 2013

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

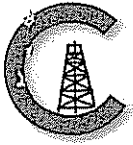
Re: ACO1
API 15-203-20206-00-00
JF Group 2-30
NE/4 Sec.30-18S-35W
Wichita County, Kansas

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 # 257565

Invoice Date: 03/26/2013 Terms: 10/10/30,n/30 Page 1

LARIO OIL & GAS
P.O. BOX 1093
GARDEN CITY KS 637846
(316)265-5611

JF GROUP 2-30
39376
30-18-35 drilling AFE 13-013
03-24-2013 plugged well
KS
3-28-13 LK

Part Number	Description	Qty	Unit Price	Total
1131	60/40 POZ MIX	300.00	15.1000	4530.00
1118B	PREMIUM GEL / BENTONITE	1032.00	.2500	258.00
1107	FLO-SEAL (25#)	75.00	2.8200	211.50

Sublet Performed	Description	Total
9996-130	CEMENT MATERIAL DISCOUNT	-499.95
9995-130	CEMENT EQUIPMENT DISCOUNT	-251.98

Description	Hours	Unit Price	Total
463 P & A NEW WELL	1.00	1325.00	1325.00
463 EQUIPMENT MILEAGE (ONE WAY)	45.00	5.00	225.00
693 TON MILEAGE DELIVERY	1.00	969.75	969.75

xc
APR 1 2013
xc

Amount Due 7934.20 if paid after 04/25/2013

Parts:	4999.50	Freight:	.00	Tax:	373.45	AR	7140.77
Labor:	.00	Misc:	.00	Total:	7140.77		
Sublt:	-751.93	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 # 257329

Invoice Date: 03/18/2013 Terms: 15/15/30,n/30 Page 1

LARIO OIL & GAS
P.O. BOX 1093
GARDEN CITY KS 637846
(316)265-5611

JF GROUP 2-30
39456
30-18-35
03-14-2013
KS

drilling AFE 13.013
3-20-13 LK

Part Number	Description	Qty	Unit Price	Total
1104S	CLASS "A" CEMENT (SALE)	240.00	17.6500	4236.00
1102	CALCIUM CHLORIDE (50#)	677.00	.8900	602.53
1118B	PREMIUM GEL / BENTONITE	451.00	.2500	112.75

Sublet Performed	Description	Total
9996-130	CEMENT MATERIAL DISCOUNT	-742.69
9995-130	CEMENT EQUIPMENT DISCOUNT	-323.88

Description	Hours	Unit Price	Total
463 CEMENT PUMP (SURFACE)	1.00	1085.00	1085.00
463 EQUIPMENT MILEAGE (ONE WAY)	45.00	5.00	225.00
693 TON MILEAGE DELIVERY	1.00	849.19	849.19

Surface Csg

al
JK

Amount Due 7521.43 if paid after 04/17/2013

Parts:	4951.28	Freight:	.00	Tax:	349.32	AR	6393.22
Labor:	.00	Misc:	.00	Total:	6393.22		
Sublt:	-1066.57	Supplies:	.00	Change:	.00		

Signed _____ Date _____

Consolidated oil well services

Friday, December 02, 2011
8:15 AM

Cement Bid for: LARIO OIL AND GAS

Type of Job: SURFACE-8 5/8"-340'

Lease: JF GROUP #2-30

County: WICHITA

State: KANSAS

Legals- SEC- 30-19S-35W

225 SKS COM,3%CC-2%GEL

YIELD 1.24@15.2 PPG

Pump truck- 1,085.00

45 Miles- 225.00

TOTAL=1,310.00

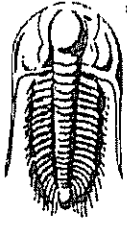
FLOAT EQUIPMENT

225 SKS COM -	3,971.25
636# CC	566.04
424# GEL	106.00
8 5/8 PLUG	96.00
10.58 TON MILEAGE	795.15
TOTAL	5,534.44

	PUMPTRUCK-1,310.00 MATERIAL - 5,534.44 FLOAT EQUIP-
	SUB TOTAL - 6,844.44 15% DISC - 1,026.67
	TOTAL = 5,817.77

TAX INCLUDED AT INVOICING

BID BY: WALT DINKEL



TRILOBITE TESTING, INC.

DRILL STEM TEST REPORT

Lario Oil & Gas
 301 S. Market St.
 Wichita, KS 67202
 ATTN: Tim Lauer

30 - 18S - 35W
JF Group #2-30
 Job Ticket: 50617 DST#: 1
 Test Start: 2013.03.19 @ 10:31:00

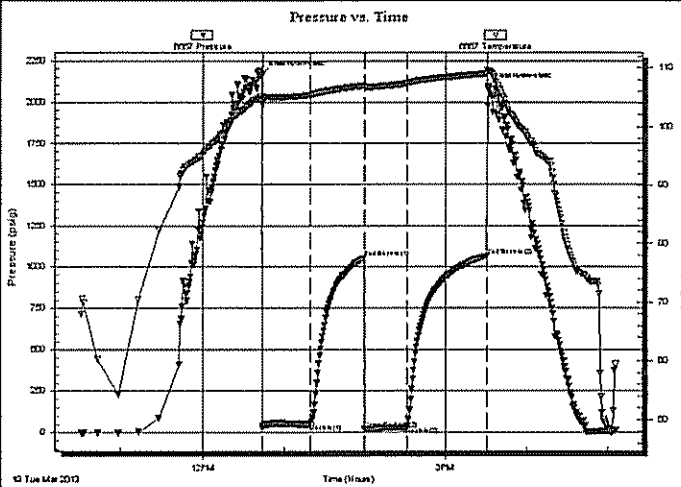
GENERAL INFORMATION:

Formation: **Lansing "I"**
 Deviated: **No Whipstock:** ft (KB)
 Time Tool Opened: **12:44:00**
 Time Test Ended: **17:05:30**
 Interval: **4260.00 ft (KB) To 4294.00 ft (KB) (TVD)**
 Total Depth: **4294.00 ft (KB) (TVD)**
 Hole Diameter: **7.88 inches** Hole Condition: **Good**

Test Type: **Conventional Bottom Hole (Initial)**
 Tester: **Ryan Nichols**
 Unit No: **55**
 Reference Elevations: **3219.00 ft (KB)**
3210.00 ft (CF)
 KB to GR/CF: **9.00 ft**

Serial #: 6667 Inside
 Press@RunDepth: **34.54 psig @ 4261.00 ft (KB)** Capacity: **8000.00 psig**
 Start Date: **2013.03.19** End Date: **2013.03.19** Last Calib.: **2013.03.19**
 Start Time: **10:31:15** End Time: **17:05:30** Time On Btm: **2013.03.19 @ 12:43:45**
 Time Off Btm: **2013.03.19 @ 15:31:30**

TEST COMMENT: 30 IF - Surface blow started @ 4 mins built to 1/4"
 45 ISI - No return
 30 FF - No blow
 60 FSI - No return



PRESSURE SUMMARY

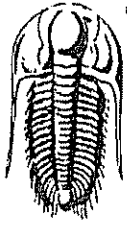
Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	2165.76	105.17	Initial Hydro-static
1	31.91	103.81	Open To Flow (1)
36	51.51	105.41	Shut-In(1)
76	1053.78	106.99	End Shut-In(1)
76	20.25	106.56	Open To Flow (2)
108	34.54	107.38	Shut-In(2)
167	1067.70	109.05	End Shut-In(2)
168	2092.04	109.58	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
5.00	Mud - 100%	0.02

Gas Rates

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



**TRILOBITE
TESTING, INC.**

DRILL STEM TEST REPORT

FLUID SUMMARY

Lario Oil & Gas

30 - 18S - 35W

301 S. Market St.
Wichita, KS 67202

JF Group #2-30

Job Ticket: 50617

DST#: 1

ATTN: Tim Lauer

Test Start: 2013.03.19 @ 10:31:00

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: 64.00 sec/qt

Cushion Volume:

bbf

Water Loss: 7.99 in³

Gas Cushion Type:

Resistivity: ohm.m

Gas Cushion Pressure:

psig

Salinity: 5600.00 ppm

Filter Cake: 1.00 inches

Recovery Information

Recovery Table

Length ft	Description	Volume bbf
5.00	Mud - 100%	0.025

Total Length: 5.00 ft Total Volume: 0.025 bbf

Num Fluid Samples: 0

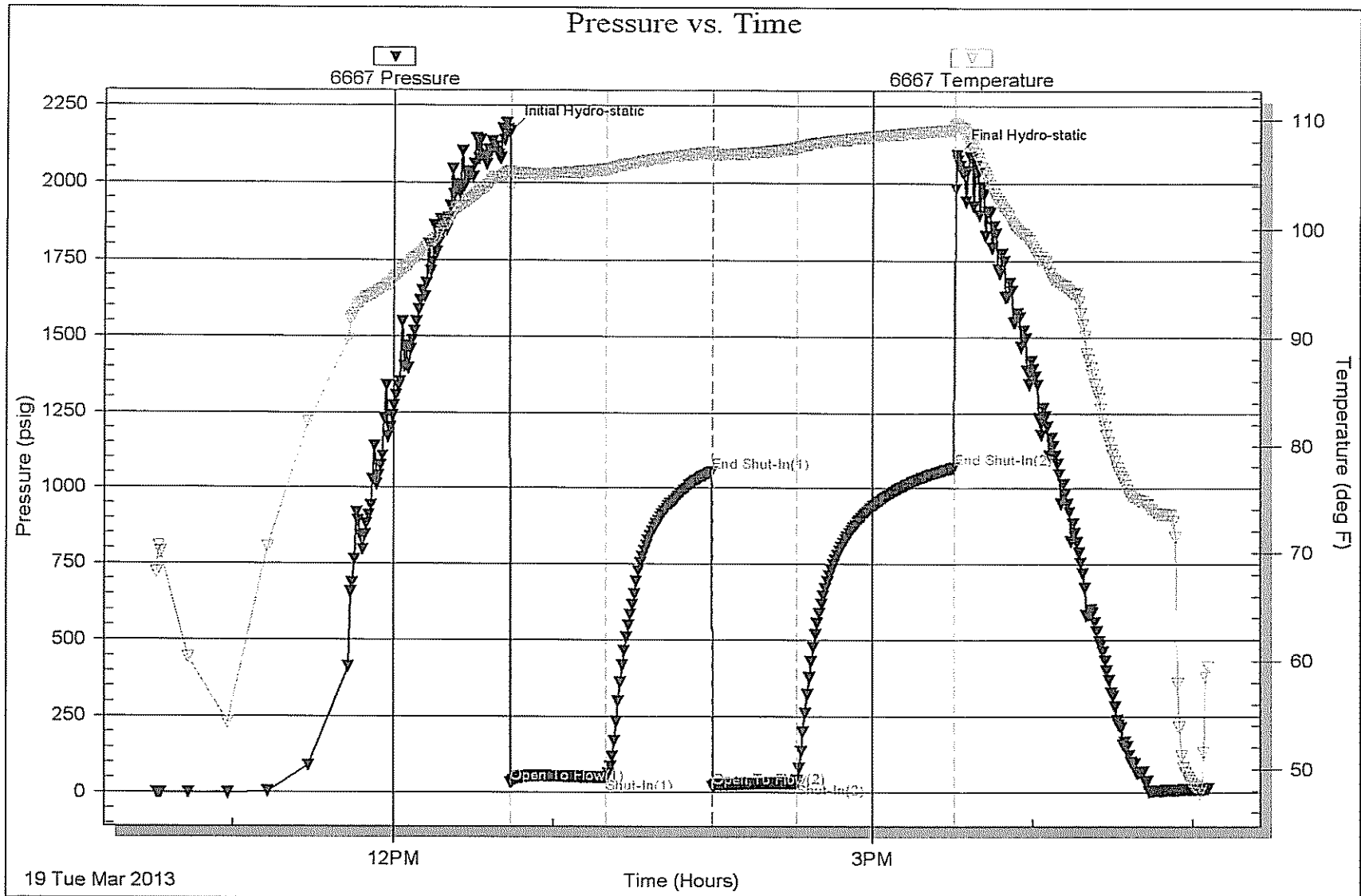
Num Gas Bombs: 0

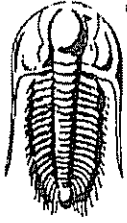
Serial #:

Laboratory Name:

Laboratory Location:

Recovery Comments:





**TRILOBITE
TESTING, INC**

DRILL STEM TEST REPORT

Lario Oil & Gas
301 S. Market St.
Wichita, KS 67202
ATTN: Tim Lauer

30 - 18S - 35W
JF Group #2-30
Job Ticket: 50618 DST#: 2
Test Start: 2013.03.21 @ 00:41:00

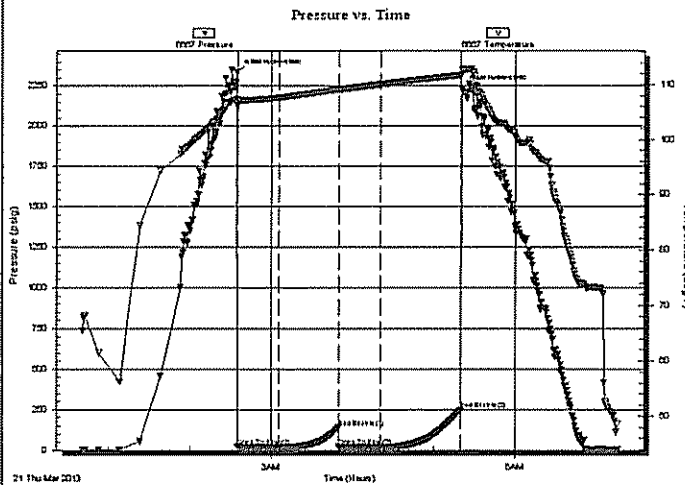
GENERAL INFORMATION:

Formation: **Pawnee**
Deviated: **No Whipstock:** **ft (KB)**
Time Tool Opened: **02:34:45**
Time Test Ended: **07:16:00**
Interval: **4582.00 ft (KB) To 4617.00 ft (KB) (TVD)**
Total Depth: **4617.00 ft (KB) (TVD)**
Hole Diameter: **7.88 inches** Hole Condition: **Good**

Test Type: **Conventional Bottom Hole (Reset)**
Tester: **Ryan Nichols**
Unit No: **55**
Reference Elevations: **3219.00 ft (KB)**
3210.00 ft (CF)
KB to GR/CF: **9.00 ft**

Serial #: 6667 Inside
Press@RunDepth: **20.34 psig @ 4583.00 ft (KB)** Capacity: **8000.00 psig**
Start Date: **2013.03.21** End Date: **2013.03.21** Last Calib.: **2013.03.21**
Start Time: **00:41:15** End Time: **07:16:00** Time On Btm: **2013.03.21 @ 02:34:30**
Time Off Btm: **2013.03.21 @ 05:21:00**

TEST COMMENT: 30 IF - Surface blow built to 3/4"
45 ISI - No return
30 FF - No blow
60 FSI - No return



PRESSURE SUMMARY

Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	2336.75	107.47	Initial Hydro-static
1	20.87	106.13	Open To Flow (1)
31	20.46	107.67	Shut-In(1)
76	140.92	109.23	End Shut-In(1)
76	19.99	109.16	Open To Flow (2)
106	20.34	110.08	Shut-In(2)
166	249.67	111.77	End Shut-In(2)
167	2234.62	112.74	Final Hydro-static

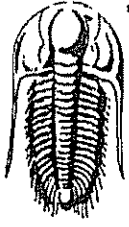
Recovery

Length (ft)	Description	Volume (bbl)
5.00	Mud - 100%M	0.02

* 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

30 - 18S - 35W

301 S. Market St.
Wichita, KS 67202

JF Group #2-30

Job Ticket: 50618

DST#: 2

ATTN: Tim Lauer

Test Start: 2013.03.21 @ 00:41:00

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: 55.00 sec/qt

Cushion Volume:

bbf

Water Loss: 9.59 in³

Gas Cushion Type:

Resistivity: ohm.m

Gas Cushion Pressure:

psig

Salinity: 7000.00 ppm

Filter Cake: 1.00 inches

Recovery Information

Recovery Table

Length ft	Description	Volume bbf
5.00	Mud - 100%M	0.025

Total Length: 5.00 ft Total Volume: 0.025 bbf

Num Fluid Samples: 0

Num Gas Bombs: 0

Serial #:

Laboratory Name:

Laboratory Location:

Recovery Comments:

