



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1234366
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 |
|-----------------------------------|-----------------|---|

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: _____



1234366

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 <i>(Attach Additional Sheets)</i> | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Log | Formation (Top), Depth and Datum | <input type="checkbox"/> Sample |
| Samples Sent to Geological Survey | <input type="checkbox"/> Yes <input type="checkbox"/> No | Name | Top | Datum |
| 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: | | | | |

| 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: 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 |
|-----------------------------------|-----------|---------|-------------|---------------|---------|

| | | |
|--|---|---|
| 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 <i>(Specify)</i> _____ | PRODUCTION INTERVAL: _____ _____ |
|--|---|---|

| | |
|-----------|-------------------------|
| Form | ACO1 - Well Completion |
| Operator | Lario Oil & Gas Company |
| Well Name | Swartz Trust 2-30 |
| Doc ID | 1234366 |

All Electric Logs Run

| |
|-----|
| |
| DIL |
| CNL |
| MEL |
| LDT |



INVOICE

PO Box 93999
Southlake, TX 76092

Invoice Number: 147677

Invoice Date: Dec 7, 2014

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

Page: 1

Federal Tax I.D.#: 20-8651475

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

SWARTZ TRUST #2-30 (APE# 14253)

| Customer ID | Field Ticket # | Payment Terms | |
|--------------|----------------|---------------|----------|
| Lario | 65064 | Net 30 Days | |
| Job Location | Camp Location | Service Date | Due Date |
| KS1-01 | Medicine Lodge | Dec 7, 2014 | 1/6/15 |

| Quantity | Item | Description | Unit Price | Amount |
|----------|--------------------|--------------------|------------|----------|
| 1.00 | WELL NAME | Swartz Trust #2-30 | | |
| 250.00 | CEMENT MATERIALS | Class A Common | 17.90 | 4,475.00 |
| 705.00 | CEMENT MATERIALS | Chloride | 1.10 | 775.50 |
| 262.50 | CEMENT SERVICE | Cubic Feet Charge | 2.48 | 651.00 |
| 60.51 | CEMENT SERVICE | Ton Mileage Charge | 2.75 | 166.40 |
| 1.00 | CEMENT SERVICE | Surface | 1,512.25 | 1,512.25 |
| 5.00 | CEMENT SERVICE | Pump Truck Mileage | 4.40 | 22.00 |
| 5.00 | CEMENT SERVICE | Pump Truck Mileage | 7.70 | 38.50 |
| 1.00 | CEMENT SUPERVISOR | Todd Seba | | |
| 1.00 | OPERATOR ASSISTANT | Thomas Gibson | | |
| 1.00 | OPERATOR ASSISTANT | Wayne Rucker | | |
| 1.00 | OPERATOR ASSISTANT | Kindel Holiman | | |

Handwritten signature and date: DEC 30

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

\$ 2,292.20

ONLY IF PAID ON OR BEFORE
Jan 6, 2015

| | |
|------------------------|-----------------|
| Subtotal | 7,640.65 |
| Sales Tax | 375.41 |
| Total Invoice Amount | 8,016.06 |
| Payment/Credit Applied | |
| TOTAL | 8,016.06 |

*BS
12-29-14*

ALLIED OIL & GAS SERVICES, LLC 065064

Federal Tax I.D. # 20-8651475

REMIT TO P.O. BOX 93999
SOUTHLAKE, TEXAS 76092

SERVICE POINT:
MED LODGE K1

| | | | | | | | |
|--|---------------|----------------|-------------------------------------|----------------------------|--------------------------|-----------------------|------------------------|
| DATE <u>12-7-14</u> | SEC <u>30</u> | TWP. <u>31</u> | RANGE <u>11</u> | CALLED OUT <u>8:00 P.M</u> | ON LOCATION <u>10:15</u> | JOB START <u>1:45</u> | JOB FINISH <u>3:00</u> |
| LEASE <u>Swartz Truss</u> WELL # <u>2-30</u> | | | LOCATION <u>160' Isabel Blk Tap</u> | | | COUNTY <u>BACHEL</u> | STATE <u>KS</u> |
| OLD OR (NEW) (Circle one) | | | <u>2 1/2 North West into</u> | | | | |

CONTRACTOR MAVERICK 106
 TYPE OF JOB SURFACE
 HOLE SIZE 12 1/4 T.D. 325
 CASING SIZE 8 5/8 DEPTH 325
 TUBING SIZE _____ DEPTH _____
 DRILL PIPE _____ DEPTH _____
 TOOL _____ DEPTH _____
 PRES. MAX _____ MINIMUM _____
 MEAS. LINE _____ SHOE JOINT 25'
 CEMENT LEFT IN CSG. _____
 PERFS. _____
 DISPLACEMENT 15.00 Rbbs
 EQUIPMENT _____
 PUMP TRUCK CEMENTER T. SCBA
 # 548-545 HELPER TJ Gibson Wayne IL
 BULK TRUCK _____
 # 501-553 DRIVER Kindall H.
 BULK TRUCK _____
 # _____ DRIVER _____

OWNER LARIO OIL & GAS
 CEMENT AMOUNT ORDERED 250 SK CLASS A
376.66
 COMMON 250 SK @ 17.90 4475.00
 POZMIX _____ @ _____
 GEL _____ @ _____
 CHLORIDE 705 lbs @ 1.10 775.50
 ASC _____ @ _____
 _____ @ _____
 _____ @ _____
 _____ @ _____
 _____ @ _____
 _____ @ _____
 HANDLING _____ @ _____
 MILEAGE _____
30% = 1575.15 TOTAL 5250.50

REMARKS:
Run 7 H's 8 5/8 24" CSG
SET @ 325'
Mix Pump 250 SK Class A 376.66 @ 14.94/sk
Disp 19 Rbbs total
2500 circ thru JOB
circ cut JD pit
30 SK

SERVICE
 DEPTH OF JOB 325'
 PUMP TRUCK CHARGE _____ 1512.25
 EXTRA FOOTAGE 5 @ 4.40 22.00
 MILEAGE 5 @ 7.70 38.50
 MANIFOLD _____ @ _____
Handling 262.5 @ 2.48 651.00
Mileage 60.51 @ 2.75 166.40
30% = 717.04 TOTAL 2390.15

CHARGE TO: LARIO OIL & GAS
 STREET _____
 CITY _____ STATE _____ ZIP _____

PLUG & FLOAT EQUIPMENT
 _____ @ _____
 _____ @ _____
 _____ @ _____
 _____ @ _____
 _____ @ _____
 TOTAL _____

To: Allied Oil & Gas Services, 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.

SALES TAX (If Any) _____
 TOTAL CHARGES 7640.65
 DISCOUNT _____ IF PAID IN 30 DAYS
NET 5348.45

PRINTED NAME Stephen Armer
 SIGNATURE [Signature]



INVOICE

PO Box 93999
Southlake, TX 76092

Invoice Number: 147816
Invoice Date: Dec 15, 2014
Page: 1

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

Federal Tax I.D.#: 20-8651475

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

SWARTZ TRUST #2-30 (AFE #14253)

| Customer ID | Field Ticket # | Payment Terms | |
|--------------|----------------|---------------|----------|
| Lario | 64951 | Net 30 Days | |
| Job Location | Camp Location | Service Date | Due Date |
| KS1-02 | Medicine Lodge | Dec 15, 2014 | 1/14/15 |

| Quantity | Item | Description | Unit Price | Amount |
|----------|--------------------|-----------------------|------------|----------|
| 1.00 | WELL NAME | Swartz #2 | 23.50 | 4,230.00 |
| 180.00 | CEMENT MATERIALS | ASC | 18.92 | 851.40 |
| 45.00 | CEMENT MATERIALS | 60/40/4% Gel Blend | 0.98 | 882.00 |
| 900.00 | CEMENT MATERIALS | Kol Seal | 18.90 | 945.00 |
| 50.00 | CEMENT MATERIALS | FI-160 | 3.50 | 87.50 |
| 25.00 | CEMENT MATERIALS | Defoamer | 25.00 | 300.00 |
| 12.00 | CEMENT MATERIALS | Super Flush | 2.48 | 695.14 |
| 280.30 | CEMENT SERVICE | Cubic Feet Charge | 2.75 | 166.35 |
| 60.49 | CEMENT SERVICE | Ton Mileage Charge | 2,765.75 | 2,765.75 |
| 1.00 | CEMENT SERVICE | Production Casing | 4.40 | 22.00 |
| 5.00 | CEMENT SERVICE | Light Vehicle Mileage | 7.70 | 38.50 |
| 5.00 | CEMENT SERVICE | Pump Truck Mileage | 275.00 | 275.00 |
| 1.00 | CEMENT SERVICE | Manifold Rental | 281.00 | 281.00 |
| 1.00 | EQUIPMENT SALES | 5-1/2 Guide Shoe | 335.00 | 335.00 |
| 1.00 | EQUIPMENT SALES | 5-1/2 AFU Insert | 57.00 | 456.00 |
| 8.00 | EQUIPMENT SALES | 5-1/2 Centralizer | 560.00 | 560.00 |
| 1.00 | EQUIPMENT SALES | 5-1/2 Basket | 85.00 | 85.00 |
| 1.00 | EQUIPMENT SALES | 5-1/2 Rubber Plug | | |
| 1.00 | CEMENT SUPERVISOR | Carl Balding | | |
| 1.00 | CEMENT SUPERVISOR | Jake Heard | | |
| 1.00 | OPERATOR ASSISTANT | Wayne Rucker | | |

Handwritten signatures and initials: XC, BS, 12-30-18

| | |
|------------------------|------------------|
| Subtotal | 12,975.64 |
| Sales Tax | 644.42 |
| Total Invoice Amount | 13,620.06 |
| Payment/Credit Applied | |
| TOTAL | 13,620.06 |

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

\$ 3,377.10

ONLY IF PAID ON OR BEFORE
Jan 14, 2015

*BS
12-30-18*

ALLIED OIL & GAS SERVICES, LLC 064951

Federal Tax I.D. # 20-8651475

REMIT TO P.O. BOX 93999
SOUTHLAKE, TEXAS 76092

SERVICE POINT:
Malvern Lodge, KS

| | | | | | | | |
|-------------------------|-----------------|--|-----------------|---------------------------|----------------------------|------------------------|----------------------------|
| DATE <u>12/15/14</u> | SEC <u>30</u> | TWP. <u>31</u> | RANGE <u>11</u> | CALLED OUT <u>4:00 AM</u> | ON LOCATION <u>5:00 AM</u> | JOB START <u>10:15</u> | JOB FINISH <u>11:10 AM</u> |
| LEASE <u>Swartz</u> | WELL # <u>2</u> | LOCATION <u>160 + Isabel Rd</u> | | | COUNTY <u>Barber</u> | STATE <u>KANSAS</u> | |
| OLD OR NEW (Circle one) | | <u>2 1/2 month to House on W/S w/inter</u> | | | | | |

| | |
|---|------------------------------|
| CONTRACTOR <u>Maverick</u> | OWNER <u>Lario Oil + Gas</u> |
| TYPE OF JOB <u>Production</u> | |
| HOLE SIZE <u>7 7/8</u> | T.D. <u>4425'</u> |
| CASING SIZE <u>5 1/2</u> | DEPTH <u>4425'</u> |
| TUBING SIZE | DEPTH |
| DRILL PIPE | DEPTH |
| TOOL | DEPTH |
| PRES. MAX <u>17LL'</u> | MINIMUM |
| MEAS. LINE | SHOE JOINT |
| CEMENT LEFT IN CSG. | |
| PERFS. | |
| DISPLACEMENT <u>105 Bbls Freshwater</u> | |
| EQUIPMENT | |

| |
|--|
| PUMP TRUCK CEMENTER <u>Paul Boddin</u> |
| #89H-30Z HELPER <u>Take Heard</u> |
| BULK TRUCK |
| #381-252 DRIVER <u>Wayne Becker</u> |
| BULK TRUCK |
| # DRIVER |

| | | |
|---|----------------|----------------------|
| CEMENT | | |
| AMOUNT ORDERED <u>500 Bbls (ASF) H. Vis Super</u> | | |
| <u>45 SK 60.40 47.62</u> | | |
| <u>180 SK ASC + 5" 20 Gpm L + 5" H-160 + D.F.</u> | | |
| COMMON | @ | |
| POZMIX | @ | |
| GEL | @ | |
| CHLORIDE | @ | |
| ASC <u>180 SK</u> | @ <u>23.50</u> | <u>4230.00</u> |
| <u>60.40 47.62 45 SK</u> | @ <u>18.92</u> | <u>851.40</u> |
| <u>Kolsac 900</u> | @ <u>.98</u> | <u>882.00</u> |
| <u>FL-160 50"</u> | @ <u>18.90</u> | <u>945.00</u> |
| <u>Deframer 25"</u> | @ <u>3.50</u> | <u>87.50</u> |
| <u>ASF 12 Bbls</u> | @ <u>25.00</u> | <u>300.00</u> |
| | @ | |
| | @ | |
| | @ | |
| HANDLING | @ | |
| MILEAGE | | |
| <u>30%: 2188.77</u> | | |
| | | TOTAL <u>7295.90</u> |

REMARKS:
Run 4425' 5 1/2 casing
Drop ball + circulate for 90 minutes.
Start 12 Bbls ASF, Plug Rat + House
Mix + pump 180 SK ASC, Wash Drums
+ Lines, Displace with Bbls water
Bump plug + Float Held.

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

| | | |
|----------------------------------|---------------|----------------------|
| SERVICE | | |
| DEPTH OF JOB <u>4425</u> | | |
| PUMP TRUCK CHARGE <u>2765.75</u> | | |
| EXTRA FOOTAGE <u>5</u> | @ <u>4.40</u> | <u>22.00</u> |
| MILEAGE <u>5</u> | @ <u>7.70</u> | <u>38.50</u> |
| MANIFOLD | @ | <u>275.00</u> |
| <u>Handling 280.30</u> | @ <u>2.48</u> | <u>695.14</u> |
| <u>Mileage 10.49</u> | @ <u>2.75</u> | <u>166.34</u> |
| <u>30%: 1188.51</u> | | |
| | | TOTAL <u>3962.73</u> |

To: Allied Oil & Gas Services, 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.

| | | |
|------------------------|----------------|----------------------|
| PLUG & FLOAT EQUIPMENT | | |
| <u>L-36 wide shoe</u> | @ | <u>281.00</u> |
| <u>L-AFO INSLOT</u> | @ | <u>335.00</u> |
| <u>8- Centralizers</u> | @ <u>57.00</u> | <u>456.00</u> |
| <u>1- Basket</u> | @ | <u>580.00</u> |
| <u>1- Rubber plug</u> | @ | <u>85.00</u> |
| <u>25%: 429.65</u> | | |
| | | TOTAL <u>1717.00</u> |

PRINTED NAME DARIN DRESSER
SIGNATURE Darin Dresser

SALES TAX (If Any) _____
TOTAL CHARGES 12,974.00
DISCOUNT _____ IF PAID IN 30 DAYS
NET 9596.00



TRILOBITE TESTING, INC.

DRILL STEM TEST REPORT

Lario Oil & Gas Co.
 301 S. Market St.
 Wichita, KS 67202-3805
 ATTN: Brad Rine

30-31s-11w Barber Co. KS
Swartz Trust 2-30
 Job Ticket: 59955 DST#: 1
 Test Start: 2014.12.11 @ 15:11:34

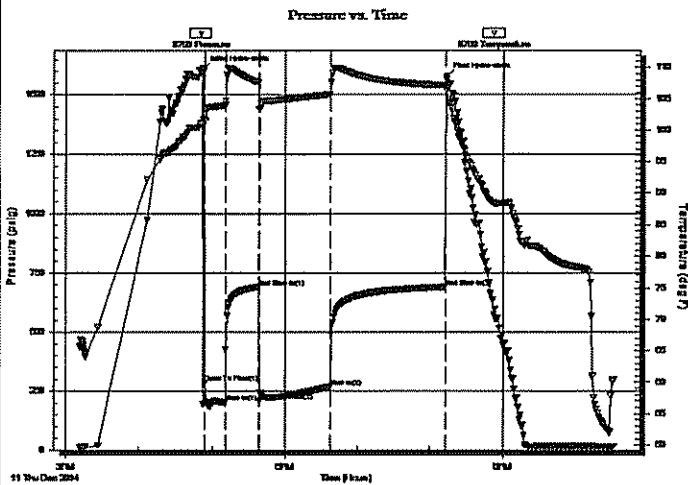
GENERAL INFORMATION:

Formation: **Elgin Snd**
 Deviated: No Whipstock: 0.00 ft (KB)
 Time Tool Opened: 16:54:19
 Time Test Ended: 22:31:34
 Test Type: Conventional Bottom Hole (Initial)
 Tester: Ryan Reynolds
 Unit No: 68
 Interval: **3315.00 ft (KB) To 3335.00 ft (KB) (TVD)**
 Total Depth: **3335.00 ft (KB) (TVD)**
 Hole Diameter: 7.88 inches Hole Condition: Fair
 Reference Elevations: 1519.00 ft (KB)
 1509.00 ft (CF)
 KB to GR/CF: 10.00 ft

Serial #: 8790

Press@RunDepth: 267.67 psig @ 3316.00 ft (KB) Capacity: 8000.00 psig
 Start Date: 2014.12.11 End Date: 2014.12.11 Last Calib.: 2014.12.11
 Start Time: 15:11:39 End Time: 22:31:33 Time On Blm: 2014.12.11 @ 16:52:49
 Time Off Blm: 2014.12.11 @ 20:13:34

TEST COMMENT: 15 IF: Strong blow . BOB @ 2min. GTS @ 9 1/2min.
 30 IS: Weak 2" Blow.
 60 FF: Strong blow . BOB immed. Gauged Gas.
 90 FS: No blow .



PRESSURE SUMMARY

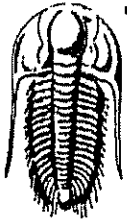
| Time (Min.) | Pressure (psig) | Temp (deg F) | Annotation |
|-------------|-----------------|--------------|----------------------|
| 0 | 1610.73 | 101.55 | Initial Hydro-static |
| 2 | 285.66 | 101.50 | Open To Flow (1) |
| 18 | 203.59 | 103.95 | Shut-In(1) |
| 46 | 690.55 | 107.60 | End Shut-In(1) |
| 46 | 207.97 | 103.27 | Open To Flow (2) |
| 105 | 267.67 | 105.66 | Shut-In(2) |
| 200 | 690.28 | 107.11 | End Shut-In(2) |
| 201 | 1576.28 | 106.08 | Final Hydro-static |

Recovery

| Length (ft) | Description | Volume (bbl) |
|-------------|----------------------|--------------|
| 260.00 | GMCW 5%g, 13%m, 82%w | 3.65 |
| 135.00 | GWCM 8%g, 12%w, 80%m | 1.89 |
| | | |
| | | |
| | | |

Gas Rates

| | Choke (inches) | Pressure (psig) | Gas Rate (Mcf/d) |
|----------------|----------------|-----------------|------------------|
| First Gas Rate | 0.50 | 46.00 | 407.44 |
| Last Gas Rate | 0.50 | 32.00 | 313.00 |
| Max. Gas Rate | 0.50 | 46.00 | 407.44 |



**TRILOBITE
TESTING, INC.**

DRILL STEM TEST REPORT

FLUID SUMMARY

Lario Oil & Gas Co.
301 S. Market St.
Wichita, KS 67202-3805
ATTN: Brad Rine

30-31s-11w Barber Co. KS
Swartz Trust 2-30
Job Ticket: 59955 DST#: 1
Test Start: 2014.12.11 @ 15:11:34

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: 75000 ppm | |
| Viscosity: 48.00 sec/qt | Cushion Volume: bbl | | |
| Water Loss: 8.77 in ³ | Gas Cushion Type: | | |
| Resistivity: ohm.m | Gas Cushion Pressure: psig | | |
| Salinity: 4500.00 ppm | | | |
| Filter Cake: 0.04 inches | | | |

Recovery Information

Recovery Table

| Length ft | Description | Volume bbl |
|--------------|----------------------|---------------|
| 260.00 | GMCW 5%g, 13%m, 82%w | 3.647 |
| 135.00 | GWCM 8%g, 12%w, 80%m | 1.894 |

Total Length: 395.00 ft Total Volume: 5.541 bbl
 Num Fluid Samples: 1 Num Gas Bombs: 1 Serial #: RR-1
 Laboratory Name: Caraway Laboratory Location: Liberal, KS
 Recovery Comments:



**TRILOBITE
TESTING, INC.**

DRILL STEM TEST REPORT

GAS RATES

Lario Oil & Gas Co.
301 S. Market St.
Wichita, KS 67202-3805
ATTN: Brad Rine

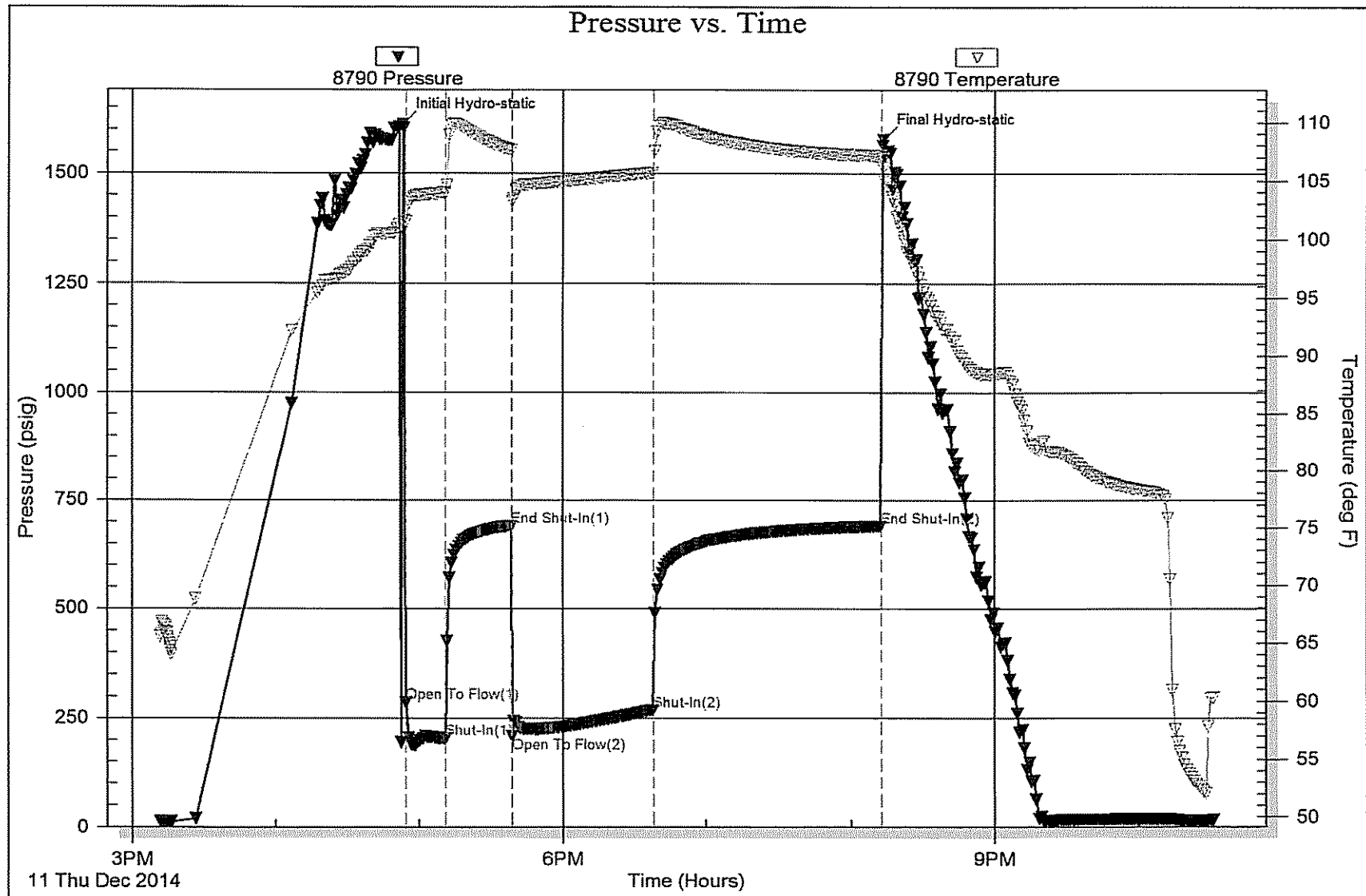
30-31s-11w Barber Co. KS
Swartz Trust 2-30
Job Ticket: 59955 DST#: 1
Test Start: 2014.12.11 @ 15:11:34

Gas Rates Information

Temperature: 59 (deg F)
Relative Density: 0.65
Z Factor: 0.8

Gas Rates Table

| Flow Period | Elapsed Time | Choke (inches) | Pressure (psig) | Gas Rate (Mcf/d) |
|-------------|--------------|----------------|-----------------|------------------|
| 1 | 10 | 0.50 | 46.00 | 407.44 |
| 1 | 15 | 0.50 | 38.00 | 353.47 |
| 2 | 10 | 0.50 | 40.00 | 366.97 |
| 2 | 20 | 0.50 | 38.00 | 353.47 |
| 2 | 30 | 0.50 | 35.00 | 333.24 |
| 2 | 40 | 0.50 | 34.00 | 326.49 |
| 2 | 50 | 0.50 | 33.00 | 319.75 |
| 2 | 60 | 0.50 | 32.00 | 313.00 |



Conservation Division
266 N. Main St., Ste. 220
Wichita, KS 67202-1513



Phone: 316-337-6200
Fax: 316-337-6211
<http://kcc.ks.gov/>

Shari Feist Albrecht, Chair
Jay Scott Emler, Commissioner
Pat Apple, Commissioner

Sam Brownback, Governor

April 24, 2015

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

Re: ACO-1
API 15-007-24261-00-00
Swartz Trust 2-30
SE/4 Sec.30-31S-11W
Barber County, Kansas

Dear Jay Schweikert:

K.A.R. 82-3-107 provides for all completion information to be filed within 120 days of the spud date. Subsection(e)(2) of that regulation states "All rights to confidentiality shall be lost if the filings are not timely."

The above referenced well was spudded on 12/07/2014 and the ACO-1 was received on April 23, 2015 (not within the 120 days timely requirement).

Therefore, your request for confidential treatment of data contained within the ACO-1 filing cannot be granted at this time.

If you should have any questions, please do not hesitate to contact me at (316)337-6200.

Sincerely,

Production Department