

STATE CORPORATION COMMISSION OF KANSAS
OIL & GAS CONSERVATION DIVISION
WELL COMPLETION FORM
ACO-1 WELL HISTORY
DESCRIPTION OF WELL AND LEASE

Operator: License # 3842
Larson Operating Company
Name: A Division of Larson Engineering, Inc.
Address 562 West Highway 4

City/State/Zip Olmitz, KS 67564-8561
Purchaser: EOTT Energy Operating LP
Operator Contact Person: Tom Larson
Phone 620-653-7368
Contractor: Name: Mallard JV, Inc.
License: 4958
Wellsite Geologist: Kim Shoemaker

Designate Type of Completion
☒ New Well ☐ Re-Entry ☐ Workover

☒ Oil ☐ SWD ☐ SLOW ☐ Temp. Abd.
☒ Gas ☐ ENHR ☐ SIGW
☐ Dry ☐ Other (Core, WSW, Expl., Cathodic, etc.)

If Workover/Re-Entry: Oil well info as follows:
Operator: _____
Well Name: _____
Comp. Date _____ Old Total Depth _____
☐ Deepening ☐ Re-Perf. ☐ Conv. To Inj/SWD
☐ Plug Back ☐ PBDT
☐ Commingled ☐ Docket No. _____
☐ Dual Completion ☐ Docket No. _____
☐ Other (SWD or Inj?) ☐ Docket No. _____

3/1/01 3/10/01 3/12/01
Spud Date Date Reached TD Completion Date

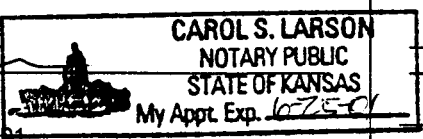
API No. 15- 097-21462-0000
County Kiowa
- SW - NW - SE Sec. 31 Twp. 30S Rge. 19 X E W
1650 Feet from South Line of Section
2310 Feet from East Line of Section
Footages calculated from nearest outside section corner: SE
Lease Name Comanche Co. Hospital Well # 1-31
Field Name Wildcat
Producing Formation Mississippi
Elevation: Ground 2145' KB 2150'
Total Depth 5201' PBDT 5160'
Amount of Surface Pipe Set and Cemented at 683 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 ALB1 EA 7-17-07
(Data must be collected from the Reserve Pit)
Chloride content 6000 ppm Fluid Volume 3000 bbls
Dewatering method used allowed to dry
Location of fluid disposal if hauled offsite: _____
Operator Name _____
Lease Name _____
____ Quarter Sec. _____ Twp. _____ Rng. _____ W
County _____ Docket No. _____

INSTRUCTIONS: An original and two copies of this information shall be filed with the Kansas Corporation Commission, 130 South Market, Room 2078, Wichita, Kansas 67202, within 120 days of the spud date, recompletion, workover or conversion of a well. Rule 82-3-130, 82030196 and 82-3-107 apply. Information on side two of this form will be held confidential for a period of 12 months if requested in writing and submitted with the form (see rule 82-3-107 for confidentiality in excess of 12 months). One copy of all wireline logs and geological well report shall be attached with this form. ALL CEMENTING TICKETS MUST BE ATTACHED. Submit CP-4 with all plugged wells. Submit CP-111 form with all temporarily abandoned wells.

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.

Signature Thomas Larson
Title President Date 6/15/2001
Subscribed and sworn to before me this 15th day of June 2001.
Notary Public Carol S. Larson
My Commission Expires June 25, 2004



K.C.C. OFFICE USE ONLY

F ☒ Letter of Confidentiality Attached

C ☒ Wireline Log Received

C ☒ Geologist Report Received

Distribution

KCC _____ SWD/Rep _____ NGPA _____

KGS _____ Plug _____ Other _____ (Specify)

Operator Name Larson Operating Company, A Div. of Larson Eng., Inc. Lease Name Comanche Co. Hospital Well # 1-31Sec. 31 Twp. 30S Rge. 19 ☐ East
☒ WestCounty Kiowa

Instructions: Show important tops and base of formation penetrated. Detail all cores. Report all drill stem 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 during test. Attach extra sheet if more space is needed. Attach copy of log.

Drill Stem Tests Taken ☒ Yes ☐ No
(Attach Additional Sheets.)Sample Sent to Geological Survey ☒ Yes ☐ NoCores Taken ☐ Yes ☒ NoElectric Log Run ☒ Yes ☐ No
(Submit Copy.)List all E. Logs Run: Dual Induction
Comp Neutron Density
Micro
Sonic☒ Log Formation (Top), Depth and Datum ☐ Sample
Name Top Datum

Howard	3714	-1564
Heebner	4175	-2025
Brown Lime	4358	-2208
Lansing	4382	-2232
Marmaton	4833	-2683
Cherokee	4948	-2798
Mississippi "U"	5028	-2878

CASING RECORD ☒ New ☐ 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
conductor	17-1/2"	13-3/8"	46#	90'	60-40 poz	125	2% gel, 3%CC
surface	12-1/4"	8-5/8"	25#	683'	65-35 poz Class A	225 100	6% gel, 3% CC, 1/4#/sk flocele 2% gel, 3% CC
production	7-7/8"	5-1/2"	15.5#	5196'	SMD	150	2% CC, 5#/sk gilsonite, 1/4#/sk flocele, 2% Gas-Stop, 1/2%CFR-3, 1/2% D-Air

ADDITIONAL CEMENTING/SQUEEZE RECORD

Purpose: ____ Perforate ____ Protect Casing ____ Plug Back TD ____ Plug Off Zone	Depth Top Bottom		Type of Cement	# Sacks Used	Type and Percent Additives

Shots per Foot	PERFORATION RECORD – Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid. Fracture, Shot, Cement, Squeeze Record (Amount and Kind of Material Used)		Depth
	4 5076-84'	1000 gal 20% MCA		5076-84'

TUBING RECORD		Size 2-3/8"	Set At 5127'	Packer At	Liner Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Date of First, Resumed Production, SWD or Inj. 3/30/01			Producing Method <input type="checkbox"/> Flowing <input checked="" type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)			
Estimated Production Per 24 Hours	Oil 57 Bbls.	Gas 247 Mcf	Water 22 Bbls.	Gas-Oil Ratio		Gravity 35

Disposition of Gas

METHOD OF COMPLETION

Production Interval

☐ Vented ☒ Sold ☐ Used on Lease
(If vented, submit ACO-18).☐ Open Hole ☒ Perf. ☐ Dually Comp. ☐ Commingled☐ Other (Specify) _____

5076-84'