

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form ACO-1
September 1999
Form Must Be Typed

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

ORIGINAL

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: _____
 Operator Contact Person: TOM LARSON
 Phone: (620) 653-7368
 Contractor: Name: SUMMIT DRILLING
 License: 30141
 Wellsite Geologist: LARRY NICHOLSON

Designate Type of Completion:
 New Well Re-Entry Workover
 Oil SWD SLOW Temp Abd.
 Gas ENHR SIGW
 Dry Other

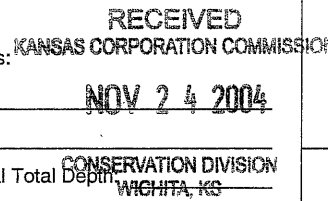
If Workover/Re-entry: Old Well Info as follows:

Operator: _____
 Well Name: _____
 Original Comp. Date: _____ Original Total Depth: _____
 Deepening Re-perf. Conv. to Enhr./SWD
 Plug Back Plug Back Total Depth _____
 Commingled Docket No. _____
 Dual Completion Docket No. _____
 Other (SWD or Enhr.?) Docket No. _____

8/2/2004 8/8/2004 8/8/2004
 Spud Date or Date Reached TD Completion Date or Recompletion Date

API No. 15 - 053-21132-0000
 County: ELLSWORTH
APP NW NW Sec. 8 Twp. 16 S. R. 7 East West
500 feet from NORTH Line of Section
600 feet from WEST Line of Section

Footages Calculated from Nearest Outside Section Corner:
 (circle one) NE SE **NW** SW
 Lease Name: SNEATH Well #: 1-8
 Field Name: WILDCAT
 Producing Formation: _____
 Elevation: Ground: 1549' Kelly Bushing: 1559'
 Total Depth: 2190' Plug Back Total Depth: _____
 Amount of Surface Pipe Set and Cemented at 271 Feet
 Multiple State Cementing Collar Used? Yes No
 If yes, show depth set _____ Feet
 If Alternate II completion, cement circulated from _____
 feet depth to _____ w/ _____ sx cmt.

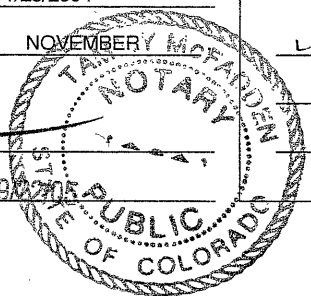


Drilling Fluid Management Plan
 (Data must be collected from the Reserve Pit)
 Chloride content _____ ppm Fluid volume _____ bbls
 Dewatering method used _____
 Location of fluid disposal if hauled offsite: _____
 Operator Name: _____
 Lease Name: _____ License No.: _____
 Quarter _____ Sec. _____ Twp. _____ S. R. _____ East West
 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, 82-3-106 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 geologist well report shall be attached with this form. ALL CEMENTING TICKETS MUST BE ATTACHED. Submit CP-4 form 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 H Fortal
 Title: SR. GEOLOGIST Date: 11/23/2004
 Subscribed and sworn to before me this 23RD day of NOVEMBER
2004.
 Notary Public: Sammy M Ladd
 Date Commission Expires: My Commission Expires 9/2/2005



KCC Office Use ONLY
 Letter of Confidentiality Attached
 If Denied, Yes Date: _____
 Wireline Log Received
 Geologist Report Received
 UIC Distribution