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AUG 25 2005

KCC WICHITA

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

Operator: License # 3842
Larson Operating Company
Name: A Division of Larson Engineering, Inc.
Address: 562 West Highway 4
City/State/Zip: Olmitz, Kansas 67564-8561
Purchaser: _____
Operator Contact Person: Tom Larson
Phone: (620) 653-7368
Contractor: Name: Duke Drilling Co., Inc.
License: 5929
Wellsite Geologist: _____

Designate Type of Completion:
____ New Well Re-Entry ____ Workover
____ Oil ____ SWD ____ SIOW ____ Temp. Abd.
____ Gas ____ ENHR ____ SIGW
____ Dry ____ Other (Core, WSW, Expl., Cathodic, etc)

If Workover/Re-entry: Old Well Info as follows:
Operator: Bowers Drilling Company

Well Name: Marsh #1
Original Comp. Date: 6-11-64 Original Total Depth: 4900'
____ 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. _____

08-14-05 08-15-05 8-15-05
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 007-19028-00-01
County: Barber County, Kansas
S/2 SW SE Sec. 9 Twp. 32 S. R. 15 East West
330 feet from N (circle one) Line of Section
1980 feet from E W (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:
(circle one) NE SE NW SW

Lease Name: Marsh B Well #: 1-OWWO
Field Name: Perry Ranch
Producing Formation: _____

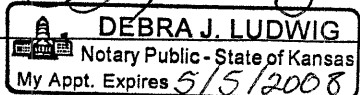
Elevation: Ground: 2028' Kelly Bushing: 2037'
Total Depth: 974' Plug Back Total Depth: _____
Amount of Surface Pipe ~~existing~~ existing at 250 Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set _____ Feet
If Alternate II completion, cement circulated from _____
feet depth to _____ w/ _____ sx cmt.
ALT 2 WITH 5-10-08

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 form shall be filed with the Kansas Corporation Commission, 130 S. 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 of 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 Larson
Title: President Date: 8-24-05
Subscribed and sworn to before me this 24 day of August
19 05.
Notary Public: Debra Ludwig

Date Commission Expires: _____


KCC Office Use ONLY
NO Letter of Confidentiality Attached
If Denied, Yes Date: _____
NO Wireline Log Received
NO Geologist Report Received
NO UIC Distribution

Larson Operating Company

Operator Name: A Division of Larson Engineering, Inc. Lease Name: Marsh B Well #: 1 OWWO
 Sec. 9 Twp. 32 S. R. 15 East West County: Barber County, Kansas

INSTRUCTIONS: Show important tops and base 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. Attach copy of all Electric Wireline Logs surveyed. Attach final geological well site report.

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 <i>(Submit Copy)</i> 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	# Sacs Used	Type and Percent Additives
existing Surface		8-5/8"		250'			

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				

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

TUBING RECORD	Size	Set At	Packer At	Liner Run <input type="checkbox"/> Yes <input type="checkbox"/> No

Date of First, Resumerd Production, SWD or Enhr.	Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)
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Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
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Disposition of Gas Vented Sold Used on Lease *(If vented, Sumit ACO-18.)*

METHOD OF COMPLETION

Production Interval

Open Hole Perf. Dually Comp. Commingled _____
 Other (Specify) _____

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KCC WICHITA

* I N V O I C E *

Allied Cementing Co., Inc
P.O. Box 31
Russell, KS 67665

Invoice Number: 098058

Invoice Date: 08/19/05

Sold Larson Operating Co.
To: 562 W. HiWay #4
Olmitz, KS
67564

Cust I.D.....: Larson
P.O. Number...: Marsh B-1
P.O. Date.....: 08/19/05

Due Date.: 09/18/05
Terms.....: Net 30

Item I.D./Desc.	Qty. Used	Unit	Price	Net	TX
Common	81.00	SKS	8.7000	704.70	T
Pozmix	54.00	SKS	4.7000	253.80	T
Gel	7.00	SKS	14.0000	98.00	T
Handling	142.00	SKS	1.6000	227.20	T
Mileage	22.00	MILE	8.5200	187.44	T
142 sks @.06 per sk per mi					
Rotary Plug	1.00	JOB	665.0000	665.00	T
Mileage pmp trk	22.00	MILE	5.0000	110.00	T
Dryhole plug	1.00	EACH	35.0000	35.00	T

All Prices Are Net, Payable 30 Days Following
Date of Invoice. 1 1/2% Charged Thereafter.
If Account CURRENT take Discount of \$ 228.11
ONLY if paid within 30 days from Invoice Date

Subtotal: 2281.14
Tax.....: 143.71
Payments: 0.00
Total....: 2424.85

228.11
2196.74

ALLIED CEMENTING CO., INC.

17543

Federal Tax I.D.# [REDACTED]

RECEIVED

J P.O. BOX 31
RUSSELL, KANSAS 67665

SERVICE POINT: Med. Hwy.

AUG 25 2005

DATE <u>8-15-05</u>	SEC. <u>9</u>	TWP. <u>32</u>	RANGE <u>15</u>	CALLED OUT <u>1:00PM</u>	ON LOCATION <u>3:30PM</u>	JOB START <u>4:15PM</u>	JOB FINISH <u>6:30PM</u>
LEASE <u>Marsh</u>		WELL # <u>B-1</u>	LOCATION <u>160 + Sun City Rd 1/4 W, S/into</u>		COUNTY <u>Barber</u>	STATE <u>Ka</u>	
OLD OR <input checked="" type="radio"/> NEW (Circle one)							

KCC WICHITA

CONTRACTOR Dude #1

TYPE OF JOB Rotary Plug

HOLE SIZE 7 7/8" T.D. 4933'

CASING SIZE _____ DEPTH _____

TUBING SIZE _____ DEPTH _____

DRILL PIPE 4 1/2" DEPTH 940'

TOOL _____ DEPTH _____

PRES. MAX _____ MINIMUM _____

MEAS. LINE _____ SHOE JOINT _____

CEMENT LEFT IN CSG. _____

PERFS. _____

DISPLACEMENT _____

OWNER Same

CEMENT AMOUNT ORDERED 135 lbs 60/40 620 M/L

EQUIPMENT

PUMP TRUCK CEMENTER Tunn D

399 HELPER Rick H

BULK TRUCK

364 DRIVER Mike C

BULK TRUCK

_____ DRIVER _____

COMMON	<u>81</u>	<u>A</u>	@	<u>8.70</u>	<u>704.70</u>
POZMIX	<u>54</u>		@	<u>4.70</u>	<u>253.80</u>
GEL	<u>7</u>		@	<u>14.00</u>	<u>98.00</u>
CHLORIDE			@		
ASC			@		
			@		
			@		
			@		
			@		
			@		
			@		
HANDLING	<u>142</u>		@	<u>1.60</u>	<u>227.20</u>
MILEAGE	<u>22</u>	<u>X 142</u>	<u>X .06</u>		<u>187.44</u>
					TOTAL <u>1471.14</u>

REMARKS:

Mixed - 50 lbs @ 940'

50 lbs @ 280'

10 lbs @ 40'

15 lbs in Pothole

10 lbs in Manhole

SERVICE

DEPTH OF JOB	<u>940'</u>		
PUMP TRUCK CHARGE			<u>665.00</u>
EXTRA FOOTAGE		@	
MILEAGE	<u>22</u>	@	<u>5.00</u> <u>110.00</u>
		@	
		@	
		@	

TOTAL 775.00

CHARGE TO: Larson Engineering

STREET _____

CITY _____ STATE _____ ZIP _____

PLUG & FLOAT EQUIPMENT

MANIFOLD	@	
<u>1-8 3/8 In. hole</u>	@	<u>35.00</u> <u>35.00</u>
	@	
	@	

TOTAL 35.00

To Allied Cementing Co., Inc.
You are hereby requested to rent cementing equipment and furnish cementer and helper 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 & understand the "TERMS AND CONDITIONS" listed on the reverse side.

ANY APPLICABLE TAX WILL BE CHARGED UPON INVOICING

TAX _____

TOTAL CHARGE ~~775.00~~

DISCOUNT ~~_____~~ IF PAID IN 30 DAYS

SIGNATURE [Signature]

[Signature]
PRINTED NAME