

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

1/3/08
Form ACO-1
September 1999
Form Must Be Typed

CONFIDENTIAL

WELL COMPLETION FORM

WELL HISTORY - DESCRIPTION OF WELL & LEASE

Operator: License # 32912
Name: Carroll Energy, LLC
Address: 200 Arco Place Suite 230 - Box 149
City/State/Zip: Independence, KS 67301
Purchaser: _____
Operator Contact Person: Tim Carroll
Phone: (620) 332-1600
Contractor: Name: L & S Well Service
License: 33374

Wellsite Geologist: _____
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: 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. _____

10/4/2006 10/5/2006 10/6/2006
Spud Date or Date Reached TD Completion Date or Recompletion Date

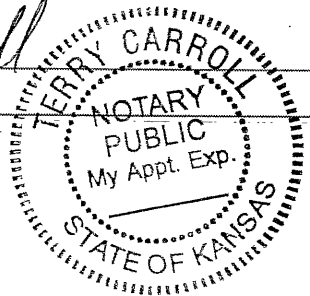
API No. 15 - 15-001-29508 -00 -00
County: Allen
C. NW NE SE SW Sec. 19 Twp. 26S S. R. 21E East West
360 feet from S / (circle one) Line of Section
876 feet from E / W (circle one) Line of Section
Footages Calculated from Nearest Outside Section Corner:
(circle one) NE SE NW SW
Lease Name: LARSON Well #: 19-D1
Field Name: Elsmore Shoestring
Producing Formation: Cherokee Coals
Elevation: Ground: 1025 Kelly Bushing: _____
Total Depth: 941 Plug Back Total Depth: 926
Amount of Surface Pipe Set and Cemented at 22.5 Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set _____ Feet
If Alternate II completion, cement circulated from _____
test 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 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: [Signature]
Title: Vice Operating Manager Date: 1/3/2007
Subscribed and sworn to before me this 03 day of January,
20 07.
Notary Public: [Signature]
Date Commission Expires: 10/26/08



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

RECEIVED
KANSAS CORPORATION COMMISSION
JAN 09 2007
CONSERVATION DIVISION
WICHITA, KS