

CONFIDENTIAL

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
Name: LARSON OPERATING COMPANY
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: TIM HEDRICK

Designate Type of Completion:
 New Well Re-Entry Workover
 Oil SWD SLOW Temp Abd.
 Gas ENHR SIGW
 Dry X Other DELAYED COMPLETION WAITING ON PIPELINE CONNECTION

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. _____

9.12.04 9.12/2004 9.12/2004
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 053-21136-0000
County: ELLSWORTH
NW NW SW Sec. 15 Twp. 16 S. R. 7 East West
2310 feet from SOUTH Line of Section
330 feet from WEST Line of Section

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

Lease Name: JOHNSON Well #: 1-15
Field Name: WILDCAT
Producing Formation: DELAYED COMPLETION
Elevation: Ground: 1567' Kelly Bushing: 1577'
Total Depth: 1964' Plug Back Total Depth: _____
Amount of Surface Pipe Set and Cemented at 268 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. _____
County: _____ Docket No.: _____

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DEC 20 2004
CONSERVATION DIVISION
WICHITA, KS

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. Fernald
Title: SR. GEOLOGIST Date: DECEMBER 17, 2004

Subscribed and sworn to before me this 17TH day of DECEMBER,
2004.

Notary Public: _____
Date Commission Expires: _____

Laura E. Alarid
LAURA E. ALARID
NOTARY PUBLIC
STATE OF COLORADO
My Commission Expires 03/28/2005

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

Operator Name: LARSON OPERATING COMPANY
A DIVISION OF LARSON ENGINEERING, INC. Lease Name: JOHNSON Well #: 1-15
 Sec. 15 Twp. 16 S. R. 7 East West County: ELLSWORTH

INSTRUCTIONS: Show important tops and base of formation penetrated. Detail all cores. Report all final copies of 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 test, along with final chart(s). Attach extra sheet if more space is needed. Attach copy of all Electric Wireline Logs surveyed. Attach final geologist well site report.

Drill Stem Tests Taken Yes No
 (Attach Additional Sheets)
 Sample Sent to Geological Survey Yes No
 Cores Taken Yes No
 Electric Log Run Yes No
 (Submit Copy)
 List All E. Logs Run: DUAL INDUCTION LOG
NEUTRON / DENSITY POROSITY LOG

Log Formation (Top), Depth and Datum Sample
 Name Top Datum
 HUTCHISON SALT 582 995
 HERRINGTON 965 612
 FLORENCE 1172 405
 RED EAGLE 1556 21
 GRAND HAVEN 1768 -191
 TD 1964

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CASING RECORD <input checked="" type="checkbox"/> New <input checked="" 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
SURFACE	12-1/4"	8-5/8"	28	268'	CLASS A	175	2% GEL & 3% CC
PRODUCTION	7-7/8"	4-1/2"	10.5	1955'	SMD	175	2% CC, 7#/SK GILSONITE

ADDITIONAL CEMENTING/SQUEEZE RECORD

Purpose:	Depth		Type of Cement	# Sacks Used	Type and Percent Additives
	Top	Bottom			
<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		Acid. Fracture, Shot, Cement, Squeeze Record	
	Specify Footage of Each Interval Perforated		(Amount and Kind of Material Used)	Depth
	NONE -- WAITING ON PIPELINE CONNECTION			

TUBING RECORD		Size	Set At	Packer At	Liner Run
					<input type="checkbox"/> Yes <input type="checkbox"/> No
Date of First, Resumed Production, SWD or Enhr.			Producing Method		
			<input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)		
Estimated Production Per 24 Hours	Oil Bbbs.	Gas Mcf	Water Bbbs.	Gas-Oil Ratio	Gravity

Disposition of Gas Vented Sold Used on Lease Other (Specify) _____

METHOD OF COMPLETION Open Hole Perf. Dually Comp. Commingled _____

Production Interval _____

If vented, submit ACO-18.)

RECEIVED SEP 21 2004

Invoice

SWIFT SERVICES, INC.

PO BOX 466

NESS CITY, 67560-0466

DATE	INVOICE #
9/12/2004	7229

BILL TO
Larson Operating Company 562 W. Highway 4 Olmitz, KS 67564-8561

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TERMS	Well No.	Lease	County	Contract
Net 30	#1-15	Johnson	Ellsworth	Summit Drill

PRICE REFERENCE...	DESCRIPTION
575D	Milage
578D	Pump Service
221	Liquid KCL
281	Mud Flush
410-4	Top Plug
193	Rotating Head
330	Swift Multi-Density
277	Gilsonite (Coal Seal)
286	Halad-1
287	Gas Stop
581D	Service Charge Cement
583D	Drayage
	Subtotal
	Sales Tax
<input type="checkbox"/> DRLG <input checked="" type="checkbox"/> COMP <input type="checkbox"/> W/O <input type="checkbox"/> LOE AFE # _____ ACCT # <u>137/60</u> APPROVED BY <u>J.C. Larson</u>	

Well Type	Well Category	Operator	Job Purpose
Gas	Development	Wayne	4-1/2" Longst...
QTY	UNIT PRICE	AMOUNT	
100	2.50	250.00	
1	1,200.00	1,200.00	
2	19.00	38.00T	
500	0.60	300.00T	
1	35.00	35.00T	
1	150.00	150.00T	
175	10.00	1,750.00T	
1,250	0.30	375.00T	
82	5.25	430.50T	
350	4.50	1,575.00T	
175	1.00	175.00	
951.1	0.85	808.44	
	5.30%	7,086.94	
		246.64	

Thank you for your business.

Total

\$7,333.58

ALLIED CEMENTING CO., INC.

P.O. BOX 31
 RUSSELL, KS 67665
 PH (785) 483-3887
 FAX (785) 483-5566
 FEDERAL TAX ID: [REDACTED]

RECEIVED SEP 16 2004

 * INVOICE *

Invoice Number: 094453

Invoice Date: 09/15/04

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

Cust I.D.....: Larson
 P.O. Number...: Johnson 1-15
 P.O. Date.....: 09/15/04

Due Date.: 10/15/04
 Terms....: Net 30

Item I.D./Desc.	Qty. Used	Unit	Price	Net	TX
Common	175.00	SKS	7.8500	1373.75	T
Gel	4.00	SKS	11.0000	44.00	T
Chloride	6.00	SKS	33.0000	198.00	T
Handling	185.00	SKS	1.3500	249.75	E
Mileage (50)	50.00	MILE	9.2500	462.50	E
185 sks @\$.05 per sk per mi					
Surface	1.00	JOB	570.0000	570.00	E
Mileage pmp trk	50.00	MILE	4.0000	200.00	E
Plug	1.00	EACH	55.0000	55.00	T

All Prices Are Net, Payable 30 Days Following Subtotal: 3153.00
 Date of Invoice. 1 1/2% Charged Thereafter. Tax.....: 96.90
 If Account CURRENT take Discount of \$ 315.30 Payments: 0.00
 ONLY if paid within 30 days from Invoice Date Total....: 3249.90

<315.30>
2934.60

DRLG COMP W/O LOE

AFE # _____

ACCT # 135/160

APPROVED BY [Signature]