

KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION

ORIGINAL

Form ACO-1  
September 1999  
Form Must Be Typed

WELL COMPLETION FORM

WELL HISTORY - DESCRIPTION OF WELL & LEASE

CONFIDENTIAL

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: DUKE DRILLING CO., INC.

License: 5929

Wellsite Geologist: EDWIN GRIEVES

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: \_\_\_\_\_

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. \_\_\_\_\_

1/14/2004 1/21/2004  
Spud Date or Date Reached TD Completion Date or  
Recompletion Date Recompletion Date

API No. 15 - 053-21122-0000

County: ELLSWORTH

APP C N/2 S/2 SE Sec. 20 Twp. 17 S. R. 7 ☐ East ☒ West

990 feet from SOUTH Line of Section

1400 feet from EAST Line of Section

Footages Calculated from Nearest Outside Section Corner:

(circle one) NE SE NW SW

Lease Name: RATHBUN TRUST Well #: 1-20

Field Name: WILDCAT

Producing Formation: \_\_\_\_\_

Elevation: Ground: 1734' Kelly Bushing: 1742'

Total Depth: 3350' Plug Back Total Depth: \_\_\_\_\_

Amount of Surface Pipe Set and Cemented at 273 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 32,000 ppm Fluid volume 1200 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 Larson

Title: PRESIDENT Date: 5-3-04

Subscribed and sworn to before me this 3RD day of MAY

2004.

Notary Public: Carol S. Larson

Date Commission Expires: JUNE 25, 2005

KCC Office Use ONLY

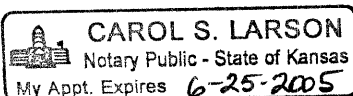
YES Letter of Confidentiality Attached

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: RATHBUN TRUST Well #: 1-20  
 Sec. 20 Twp. 17 S. R. 7 ☐ East ☒ West County: ELLSWORTH

**INSTRUCTIONS:** Show important tops and base of formation penetrated. Detail all cores. Report all final copes 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 (Attach Additional Sheets)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Sample Sent to Geological Survey	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Name	Top	Datum
Cores Taken	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	BASE ANHYDRITE	1062'	+680'
Electric Log Run (Submit Copy)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	TOPEKA	2399'	-637'
		HEEBNER	2672'	-930'
		DOUGLAS	2709'	-967'
		LANSING	2820'	-1078'
		BKC	3164'	-1422'
		RTD	3350'	
List All E. Logs Run:	DUAL INDUCTION NEUTRON DENSITY MICRO LOG			

## 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
SURFACE	12-1/4	8-5/8	28	273	CLASS A	165	2% GEL & 3% CC

## 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

Disposition of Gas: ☐ Vented ☐ Sold ☐ Used on Lease ☐ Open Hole ☐ Perf. ☐ Dually Comp. ☐ Commingled ☐ Other (Specify) \_\_\_\_\_

Production Interval: \_\_\_\_\_

Estimated Production Per 24 Hours: Oil Bbls. Gas Mcf Water Bbls. Gas-Oil Ratio Gravity

RECEIVED  
MAY 05 2004  
KCC WICHITA

## Federal Tax I.D.#

**SERVICE POINT:**

TOTAL \_\_\_\_\_

## SERVICE

DEPTH OF JOB \_\_\_\_\_  
PUMP TRUCK CHARGE \_\_\_\_\_  
EXTRA FOOTAGE \_\_\_\_\_ @ \_\_\_\_\_  
MILEAGE \_\_\_\_\_ @ \_\_\_\_\_  
PLUG \_\_\_\_\_ @ \_\_\_\_\_  
\_\_\_\_\_ @ \_\_\_\_\_

TOTAL

## FLOAT EQUIPMENT

	@	
	@	
	@	
	@	
	@	

TOTAL \_\_\_\_\_

TAX \_\_\_\_\_

TOTAL CHARGE \_\_\_\_\_

DISCOUNT \_\_\_\_\_ IF PAID IN 30 DAYS

**SIGNATURE**

PRINTED NAME \_\_\_\_\_

RECEIVED

~~MAY~~ 05 2004

~~KCC WICHITA~~

# ALLIED CEMENTING CO., INC. 14369

Federal Tax I.D.# ~~1436900~~

REMIT TO: P.O. BOX 31  
RUSSELL, KANSAS 67665

SERVICE POINT:

Hot Bend

DATE <u>1-14-04</u>	SEC. <u>20</u>	TWP. <u>12</u>	RANGE <u>7</u>	CALLED OUT <u>3:00 PM</u>	ON LOCATION <u>4:30 PM</u>	JOB START <u>5:30 PM</u>	JOB FINISH <u>6:00 PM</u>
LEASER <u>Northway</u>		WELL # <u>1-20</u>		LOCATION <u>Remedial 2 1/2 E To 21st Rd</u>		COUNTY <u>Ellsworth</u>	STATE <u>Ka</u>
OLD OR NEW (Circle one) <u>NEW</u>							

CONTRACTOR Inde #8  
TYPE OF JOB Surface  
HOLE SIZE 12 1/4" T.D. 274'  
CASING SIZE 8 5/8" DEPTH 274'  
TUBING SIZE \_\_\_\_\_ DEPTH \_\_\_\_\_  
DRILL PIPE \_\_\_\_\_ DEPTH \_\_\_\_\_  
TOOL \_\_\_\_\_ DEPTH \_\_\_\_\_  
PRES. MAX \_\_\_\_\_ MINIMUM \_\_\_\_\_  
MEAS. LINE \_\_\_\_\_ SHOE JOINT \_\_\_\_\_  
CEMENT LEFT IN CSG. 15'  
PERFS. \_\_\_\_\_  
DISPLACEMENT 16 bbls

OWNER Same

CEMENT  
AMOUNT ORDERED 16 5/8" Common  
3 1/2 cc, 2 1/2 bbl

COMMON	@	_____
POZMIX	@	_____
GEL	@	_____
CHLORIDE	@	_____
_____	@	_____
_____	@	_____
_____	@	_____
_____	@	_____
HANDLING	@	_____
MILEAGE	@	_____

EQUIPMENT  
PUMP TRUCK CEMENTER Tom D  
# 181 HELPER Bob B  
BULK TRUCK  
# 341 DRIVER Steve T  
BULK TRUCK  
# \_\_\_\_\_ DRIVER \_\_\_\_\_

TOTAL \_\_\_\_\_

## REMARKS:

Rem 274' of 8 5/8" cas. Broke circulation  
Mixed 16 5/8" common 3 1/2 cc, 2 1/2 bbl  
Release Plug. Displaced with fresh  
H<sub>2</sub>O.

Cement did circulate

[Signature]

## SERVICE

DEPTH OF JOB 274'  
PUMP TRUCK CHARGE \_\_\_\_\_  
EXTRA FOOTAGE @ \_\_\_\_\_  
MILEAGE @ \_\_\_\_\_  
PLUG 1-8 5/8" wooden @ \_\_\_\_\_  
@ \_\_\_\_\_

TOTAL \_\_\_\_\_

CHARGE TO: Lawson Operating Co.  
STREET \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

## FLOAT EQUIPMENT

_____	@	_____
_____	@	_____
_____	@	_____
_____	@	_____
_____	@	_____

TOTAL \_\_\_\_\_

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.

SIGNATURE [Signature]

DISCOUNT \_\_\_\_\_ IF PAID IN 30 DAYS

TOTAL CHARGE \_\_\_\_\_

TAX \_\_\_\_\_

PRINTED NAME Steve H. Stephens

RECEIVED

MAY 05 2004

KCC WICHITA