

ORIGINAL

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

* note : slight footage change (40' east) from original Intent To Drill due to topography

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: J. W. HOLDGE

API No. 15 - 053-21135-0000
County: ELLSWORTH
NW SE NW Sec. 19 Twp. 16 S. R. 7 East West
1700 feet from NORTH Line of Section
* 1790 * feet from WEST Line of Section

Footages Calculated from Nearest Outside Section Corner:
(circle one) NE SE **NW** SW
Lease Name: BECK Well #: 1-19
Field Name: WILDCAT
Producing Formation: _____
Elevation: Ground: 1641' Kelly Bushing: 1651'
Total Depth: 2280' Plug Back Total Depth: _____
Amount of Surface Pipe Set and Cemented at 270 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.

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. _____

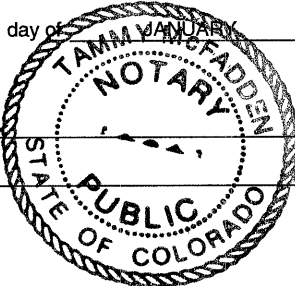
9/13/2004 9/18/2004 9/18/2004
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

Drilling Fluid Management Plan *ALTI WITH*
(Data must be collected from the Reserve Pit) *3-5-07*
Chloride content _____ ppm Fluid volume _____ bbls
Dewatering method used _____
Location of fluid disposal if hauled offsite: _____
Operator Name: _____ **JAN 07 2005**
Lease Name: _____ License No.: _____
Quarter _____ Sec. _____ Twp. _____ S. R. W-16 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 J Ferial
Title: SR. GEOLOGIST Date: 1/6/2005
Subscribed and sworn to before me this 6TH day of JANUARY,
2005.
Notary Public: Tommy McFadden
Date Commission Expires: _____
My Commission Expires 9/22/05



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: BECK Well #: 1-19
 Sec. 19 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 <i>(Attach Additional Sheets)</i>	<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	HUTCHISON SALT	669	982
Electric Log Run <i>(Submit Copy)</i>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	HERRINGTON	1057	594
List All E. Logs Run:	DUAL INDUCTION LOG DUAL COMPENSATED POROSITY LOG		FLORENCE	1261	390
			RED EAGLE	1638	13
			GRAND HAVEN	1848	-197
			SEVERY	2212	-561
			TOPEKA	2246	-595
			TD	2280	

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CASING RECORD <input 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	270'	CLASS A	175	2% GEL & 3% CC

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

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	Bbls.	Gas	Mcf	Water	Bbls.	Gas-Oil Ratio	Gravity

Disposition of Gas: Vented Sold Used on Lease *If vented, submit ACO-18.)*

METHOD OF COMPLETION: Open Hole Perf. Dually Comp. Commingled Other (Specify) _____

Production Interval: _____

ALLIED CEMENTING CO., INC.

P.O. BOX 31
 RUSSELL, KS 67665
 PH (785) 483-3887
 FAX (785) 483-5566
 FEDERAL TAX ID# 48-0727860

RECEIVED SEP 24 2004

 * INVOICE *

Invoice Number: 094506

Invoice Date: 09/22/04

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

KCC
JAN 06 2005
CONFIDENTIAL

RECEIVED
 KANSAS CORPORATION COMMISSION

JAN 07 2005

CONSERVATION DIVISION
 WICHITA, KS

Cust I.D.....: Larson
 P.O. Number...: Beck 1-19
 P.O. Date.....: 09/22/04

Due Date.: 10/22/04

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	5.00	SKS	33.0000	165.00	T
Handling	184.00	SKS	1.3500	248.40	E
Mileage (50)	50.00	MILE	9.2000	460.00	E
184 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
 Date of Invoice. 1 1/2% Charged Thereafter.
 If Account CURRENT take Discount of \$311.61
 ONLY if paid within 30 days from Invoice Date

Subtotal: 3116.15
 Tax.....: 94.99
 Payments: 0.00
 Total...: 3211.14

311.61

2899.53

DRLG COMP W/O LOE

AFE # _____

ACCT # 135/60

APPROVED BY TJ/d

ALLIED CEMENTING CO., INC.

P.O. BOX 31
 RUSSELL, KS 67665
 PH (785) 483-3887
 FAX (785) 483-5566
 FEDERAL TAX ID# 48-0727860



 *
 * **I N V O I C E** *
 *

Invoice Number: 094558

Invoice Date: 09/23/04

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

KCC

RECEIVED SEP 27 2004

JAN 06 2005

CONFIDENTIAL

Cust I.D.....: Larson
 P.O. Number...: Beck 1-19
 P.O. Date.....: 09/23/04

Due Date.: 10/23/04

Terms.....: Net 30

Item I.D./Desc.	Qty. Used	Unit	Price	Net	TX
Common	78.00	SKS	7.8500	612.30	T
Pozmix	52.00	SKS	4.1000	213.20	T
Gel	4.00	SKS	11.0000	44.00	T
Handling	134.00	SKS	1.3500	180.90	T
Mileage (50)	50.00	MILE	6.7000	335.00	T
134 sks @\$.05 per sk per mi					
Plug	1.00	JOB	570.0000	570.00	T
Mileage pmp trk	50.00	MILE	4.0000	200.00	T

All Prices Are Net, Payable 30 Days Following
 Date of Invoice. 1 1/2% Charged Thereafter.
 If Account CURRENT take Discount of \$215.54
 ONLY if paid within 30 days from Invoice Date

Subtotal:	2155.40
Tax.....:	125.02
Payments:	0.00
Total....:	2280.42
	(215.54)
	<u>2064.88</u>

DRLG COMP W/O LOE

AFE # _____

ACCT # 135/72

APPROVED BY T.C. Larson

RECEIVED
 KANSAS CORPORATION COMMISSION

JAN 07 2005

CONSERVATION DIVISION
 WICHITA, KS