

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

CONFIDENTIAL

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: VONFELDT DRILLING, INC.
License: 9431
Wellsite Geologist: RICHARD S. DAVIS JR.

Designate Type of Completion:
 New Well Re-Entry Workover
 Oil SWD SLOW Temp. _____
 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. _____

11/6/2003 11/12/2003
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 053-21121-0000
County: ELLSWORTH
APP C SE Sec. 7 Twp. 16 S. R. 7 East West
1300 feet from SOUTH Line of Section
1500 feet from EAST Line of Section
Footages Calculated from Nearest Outside Section Corner:
(circle one) NE SE NW SW
Lease Name: KORALEK Well #: 1-7

Field Name: _____
Producing Formation: DELAYED COMPLETION
Elevation: Ground: 1553' Kelly Bushing: 1558'
Total Depth: 2640' Plug Bank Total Depth: 2230'
Amount of Surface Pipe Set and Cemented at 280 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 ALT I WHM 2-12-07
(Data must be collected from the Reserve Pit)
Chloride content 18,000 ppm Fluid volume 600 bbls
Dewatering method used NO FREE FLUIDS
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 C. Larson
Title: PRESIDENT Date: 2-3-04
Subscribed and sworn to before me this 3RD day of FEBRUARY,
2004.
Notary Public: Carol S. Larson
Date Commission Expires: JUNE 25, 2005

CAROL S. LARSON
Notary Public - State of Kansas
My Appt. Expires 6-25-2005

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

CONFIDENTIAL

ORIGINAL

Operator Name LARSON OPERATING COMPANY

Lease Name KORALEK

Well # 1-7

Sec. 7 Twp. 16 S Rge. 7 East West

County ELLSWORTH

Instructions: Show important tops and base of formation penetrated. Detail all cores. Report all 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 during test. Attach extra sheet if more space is needed. Attach copy of log.

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 Name	Top	<input type="checkbox"/> Sample Datum
Sample Sent to Geological Survey	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No		HUTCHINSON SALT	584	(974)
Cores Taken	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No		HERRINGTON	961	(597)
Electric Log Run (Submit Copy.)	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No		NEVA	1457	(101)
List all E. Logs Run:	DUAL INDUCTION			RED EAGLE	1541	(17)
	COMP. DENSITY - NEUTRON			GRAND HAVEN	1751	(-193)
	MICROLOG			HOWARD	2052	(-494)
				SEVERY	2116	(-558)
				TOPEKA	2144	(-586)
				LE COMPTON	2276	(-718)
				HEEBNER	2410	(-852)
				BROWN LIME	2531	(-973)
				LANSING	2551	(-993)

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FEB 05 2004
KCC WICHITA

KCC

CASING RECORD New Used

FEB 03 2004

Report all strings set - conductor, surface, intermediate, production, etc.

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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"	23	280'	CLASS "A"	170	2% GEL & 3% CC
PRODUCTION	7-7/8"	4-1/2"	10.5	2632'	ALHD	225	2% CC & 0.5% CFR

ADDITIONAL CEMENTING/SQUEEZE RECORD

Purpose:	Depth Top	Depth 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
4	2594-97, 2473-77, 2434-38', 2278-81'	1250 gal 10% NEQSF _e	2278-2597' OA
	CIBP @ 2230'		
4	2136-40'	250 gal 10% NEQSF _e	2136-40'
4	1760-68'	325 gal 7-1/2% NEQSF _e w/ 75 gal methanol	2434-38'

TUBING RECORD

Size 2-3/8" Set At 2124' Packer At none Liner Run Yes No

Date of First, Resumed Production, SWD or Inj. _____ Producing Method Flowing Pumping Gas Lift Other (Explain) _____

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, submit ACO-18).

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

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

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KCC

FEB 03 2004

ORIGINAL

 * INVOICE *

CONFIDENTIAL Number: 091564

Invoice Date: 11/18/03

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

RECEIVED

FEB 05 2004

KCC WICHITA

Cust I.D.....: Larson
 P.O. Number...: Koralek 1-7
 P.O. Date.....: 11/18/03
 Due Date.: 12/18/03
 Terms....: Net 30

Item I.D./Desc	Qty	Used	Unit	Price	Net	TX
ALHD	250.00		SKS	12.8000	3200.00	T
WFR-2	500.00		GAL	1.0000	500.00	T
CD-31	150.00		LBS	5.5000	825.00	T
Handling	250.00		SKS	1.1500	287.50	E
Mileage (45)	45.00		MILE	12.5000	562.50	E
250 sks @\$.05 per sk per mi						
Long String	1.00		JOB	1130.0000	1130.00	E
Mileage pmp trk	45.00		MILE	3.5000	157.50	E
TRP	1.00		EACH	48.0000	48.00	T

All Prices Are Net, Payable 30 Days Following
 Date of Invoice. 1 1/2% Charged Thereafter.
 If Account CURRENT take Discount of \$671.05
 ONLY if paid within 30 days from Invoice Date

Subtotal:	6710.50
Tax.....:	310.97
Payments:	0.00
Total....:	7021.47
	<u>< 671.05 ></u>
	6350.42

PAID DEC 11 2003

12758

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

CONFIDENTIAL

* INVOICE *
ORIGINAL

Invoice Number: 091563

Invoice Date: 11/18/03

KCC

FEB 03 2004

RECEIVED

FEB 05 2004

KCC WICHITA

CONFIDENTIAL

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

Cust I.D.....: Larson
 P.O. Number...: Koralek 1-7
 P.O. Date.....: 11/18/03

Due Date.: 12/18/03
 Terms.....: Net 30

Item I.D./Desc.	Qty	Used	Unit	Price	Net	TX
Common		170.00	SKS	7.1500	1215.50	T
Gel		3.00	SKS	10.0000	30.00	T
Chloride		5.00	SKS	30.0000	150.00	T
Handling		178.00	SKS	1.1500	204.70	E
Mileage (45)		45.00	MILE	8.9000	400.50	E
178 sks @\$.05 per sk per mi						
Surface		1.00	JOB	520.0000	520.00	E
Mileage pmp trk		45.00	MILE	3.5000	157.50	E
Wood Plug		1.00	EACH	45.0000	45.00	T

All Prices Are Net, Payable 30 Days Following
 Date of Invoice. 1 1/2% Charged Thereafter.
 If Account CURRENT take Discount of \$272.32
 ONLY if paid within 30 days from Invoice Date

Subtotal: 2723.20
 Tax.....: 97.96
 Payments: 0.00
 Total....: 2821.16
 (272.32)
 2548.84

PAID DEC 11 2003

12758

FORM #F9000 58276

and furnish cementer and neiper to assist
 contractor to do work as is listed. The above work was
 done to satisfaction and supervision of owner agent or
 the "TERMS AND

TAX _____

CONFIDENTIAL

ALLIED CEMENTING CO., INC. ORIGINAL

Federal Tax I.D.# 48-0727860

15534

P.O. BOX 31
RUSSELL, KANSAS 67665

SERVICE POINT: B

DATE <u>11/6/03</u>	SEC.	TWP.	RANGE	CALLED OUT	ON LOCATION <u>10:45pm</u>	JOB START	JOB FINISH <u>11:30p.m.</u>	
LEASE <u>Koralek</u>	WELL# <u>1-7</u>	LOCATION <u>Ellsworth S to Rd P</u>			COUNTY <u>Ellsworth</u>	STATE <u>KS</u>	KCC	
OLD OR NEW (Circle one) <u>NEW</u>				<u>4 1/2 1/2 W N E 1/2</u>				FEB 03 2004

CONTRACTOR Vonfeldt
 TYPE OF JOB Surface
 HOLE SIZE 12 1/4 T.D. 280'
 CASING SIZE 8 5/8 DEPTH 280'
 TUBING SIZE _____ DEPTH _____
 DRILL PIPE _____ DEPTH _____
 TOOL _____ DEPTH _____
 PRES. MAX _____ MINIMUM _____
 MEAS. LINE _____ SHOE JOINT _____
 CEMENT LEFT IN CSG. 10'
 PERFS. _____
 DISPLACEMENT 17 Bbl
 EQUIPMENT _____

OWNER _____
 CEMENT AMOUNT ORDERED 170 Com 34 2
 COMMON 170 @ 2.15 1,215.50
 POZMIX _____ @ _____
 GEL 3 @ 10.00 30.00
 CHLORIDE 5 @ 30.00 150.00
 _____ @ _____
 _____ @ _____
 _____ @ _____
 _____ @ _____
 HANDLING 128 @ 1.15 204.70
 MILEAGE 105/sk/mi. 400.50
RECEIVED
 TOTAL 2,000.70

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PUMP TRUCK CEMENTER Paul
 # 3666 HELPER Glen
 BULK TRUCK # 213 DRIVER Scott
 BULK TRUCK # _____ DRIVER _____

REMARKS:

FEB 05 2004
 SERVICE
KCC WICHITA
 DEPTH OF JOB _____
 PUMP TRUCK CHARGE _____ 520.00
 EXTRA FOOTAGE @ _____
 MILEAGE 45 mi. @ 3.50 157.50
 PLUG 8 5/8 wear @ _____ 45.00
 _____ @ _____
 _____ @ _____
 TOTAL 722.50

Cement Circulated!

CHARGE TO: Lanson Corp.
 STREET _____
 CITY _____ STATE _____ ZIP _____

FLOAT EQUIPMENT

_____ @ _____
 _____ @ _____
 _____ @ _____
 _____ @ _____
 _____ @ _____
 TOTAL _____
 TAX _____
 TOTAL CHARGE _____
 DISCOUNT _____ IF PAID IN 30 DAYS

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 Doug Budy

PRINTED NAME _____