

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form ACO-1
September 1999
Form Must Be Typed

WELL COMPLETION FORM

CONFIDENTIAL

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

API No. 15 - 053-21120-0000
County: ELLSWORTH
APP C W/2 SE Sec. 16 Twp. 16 S. R. 7 East West
1300 feet from SOUTH Line of Section
1840 feet from EAST Line of Section

Footages Calculated from Nearest Outside Section Corner:
(circle one) NE SE NW SW
Lease Name: REED Well #: 1-16

Field Name: _____
Producing Formation: DELAYED COMPLETION
Elevation: Ground: 1585' Kelly Bushing: 1590'
Total Depth: 2580' Plug Bank Total Depth: 2243'

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.

Designate Type of Completion:
 New Well Re-Entry Workover
 Oil SWD SLOW Temp. KCC
 Gas ENHR SIGW
 Dry Other (Core, WSW, Expl., Cathodic) KCC

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. _____

10/31/2003 11/5/2003 11.5.03
Spud Date or Recompletion Date Date Reached TD Completion Date or Recompletion Date

Drilling Fluid Management Plan *Att 1 up 5.3.04*
(Data must be collected from the Reserve Pit)

Chloride content 26,000 ppm Fluid volume 500 bbls
Dewatering method used BRACKEEN LINE CLEANING VACUUM TRUCK
Location of fluid disposal if hauled offsite:
Operator Name: BRACKEEN LINE CLEANING, INC.
Lease Name: SMITH License No.: 9952
Quarter _____ Sec. _____ Twp. _____ S. R. _____ East West
County: _____ Docket No.: D-21,214

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 E. 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 6-25-05

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

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Operator Name LARSON OPERATING COMPANY Lease Name REED Well # 1-16

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

County ELLSWORTH

ORIGINAL

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 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
COMP. DENSITY - NEUTRON
MICROLOG

Log	Formation (Top), Depth and Datum		Sample Datum
	Name	Top	
	HUTCHINSON SALT	591	(999)
	HERRINGTON	976	(614)
	NEVA	1479	(111)
	RED EAGLE	1564	(26)
	GRAND HAVEN	1775	(-185)
	HOWARD	2077	(-487)
	SEVERY	2141	(-551)
	TOPEKA	2176	(-586)
	LE COMPTON	2307	(-717)
	HEEBNER	2442	(-852)

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CASING RECORD New Used

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	160	2% GEL & 3% CC
PRODUCTION	7-7/8"	4-1/2"	10.5	2290'	SMD	225	2% CC, 5#/SK GILSONITE, 1/4#/SK FLOCELE, 2% GAS-STOP, 1/2% CFR-3

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 Inj.			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) DELAYED COMPLETION

Production Interval _____



CHARGE TO: JASON OPERATING
 ADDRESS:
 CITY, STATE, ZIP CODE:

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TICKET No 6104

PAGE 1 OF 1

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1. SERVICE LOCATIONS <u>NESS CITY, KS</u>	WELL/PROJECT NO. <u>1-18</u>	LEASE <u>REED</u>	COUNTY/PARISH <u>ELLISWORTH</u>	STATE <u>KS</u>	CITY	DATE <u>11.5.03</u>	OWNER <u>SAM</u>
2.	TICKET TYPE <input checked="" type="checkbox"/> SERVICE <input type="checkbox"/> SALES	CONTRACTOR <u>VONFELT DRILLING</u>	RIG NAME/NO.	SHIPPED VIA <u>CT</u>	DELIVERED TO <u>LOCATION</u>	ORDER NO.	
3.	WELL TYPE <u>GAS</u>	WELL CATEGORY <u>DEVELOPMENT</u>	JOB PURPOSE <u>4 1/2" LOOKS DRILLING</u>	WELL PERMIT NO.	WELL LOCATION <u>NE / GORRIS CO, KS</u>		
4. REFERRAL LOCATION	INVOICE INSTRUCTIONS						

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.		UNIT PRICE		AMOUNT
		LOC	ACCT	DF		QTY.	U/M	QTY.	U/M	
575		1			MILEAGE # 104	80	MI		2.50	200.00
578		1			PUMP SERVICE	1	JOB	2280	FT	1200.00
221		1			LITQUID KCL	2	GAL		19.00	38.00
281		1			MUD FLUSH	600	GAL		.60	300.00
330		1			SWIFT MULTI-DENSITY STAMPA	225	YDS		9.75	2193.75
276		1			FLOCCIE	56	YDS		.90	50.40
277		1			GORRIS	1100	YDS		.30	330.00
285		1			CFR-1	105	YDS		2.75	288.75
287		1			GAS/STOD	400	YDS		4.50	1800.00
581		1			SERVICE CHARGE CSMWT	225	YDS		1.00	225.00
583		1			DRYALC	23931	YDS	957.24	.85	813.75
410		1			TOP PLUG	1	SA	4 1/2"	35.00	35.00

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LEGAL TERMS: Customer hereby acknowledges and agrees to the terms and conditions on the reverse side hereof which include, but are not limited to, **PAYMENT, RELEASE, INDEMNITY, and LIMITED WARRANTY** provisions.

MUST BE SIGNED BY CUSTOMER OR CUSTOMER'S AGENT PRIOR TO START OF WORK OR DELIVERY OF GOODS

X T.C. Jason
 DATE SIGNED 11.5.03 TIME SIGNED 1900
 A.M. P.M.

REMIT PAYMENT TO:
 SWIFT SERVICES, INC.
 P.O. BOX 466
 NESS CITY, KS 67560
 785-798-2300

SURVEY	AGREE	UN-DECIDED	DIS-AGREE
OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN?			
WE UNDERSTOOD AND MET YOUR NEEDS?			
OUR SERVICE WAS PERFORMED WITHOUT DELAY?			
WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY?			
ARE YOU SATISFIED WITH OUR SERVICE?	<input type="checkbox"/> YES <input type="checkbox"/> NO		
<input type="checkbox"/> CUSTOMER DID NOT WISH TO RESPOND			

PAGE TOTAL	7474.55
TAX	
TOTAL	

ORIGINAL

CUSTOMER ACCEPTANCE OF MATERIALS AND SERVICES The customer hereby acknowledges receipt of the materials and services listed on this ticket.

SWIFT OPERATOR Wade Wason APPROVAL

Thank You!

CUSTOMER: ADSON OPERATING WELL NO.: 1-18 LEASE: REED JOB TYPE: 4 1/2" LONGSTREET TICKET NO.: 6104

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL)(GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	1830							ON LOCATION - WELL OPERATING @ 1955
								RECEIVED M - 2580' FEB 05 2004 TP - 2292' KCC WICHITA ST - 43' SITE 2280' 4 1/2" / FT 10.5 KCC FEB 03 2004
	2046	6 1/2	12		✓		400	PUMP 500 GAL MUD FLUSH
	2048	6 1/2	20		✓		400	PUMP 20 BBL KCL FLUSH
	2055							PLUG RH - MH
	2100	5	70		✓		300	MIX COMMENT - 225 SPS CMDC W/ADSON'S
	2115							WASH OUT PUMP, LINES
	2116							RELEASE PLUG
	2117	6 1/2	0		✓			DISPLACE PLUG
			35				850	
	2123	5	35.8				1500	PLUG DOWN
	2125						OK	RELEASE PST - HELD
								WASH-UP
	2100							JOB COMPLETE
								THANK YOU WAGG, DUSTY, BUJE

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ORIGINAL
RECEIVED NOV - 7 2003

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

KCC
FEB 03 2004

* INVOICE *

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Invoice Number: 091479

Invoice Date: 10/31/03

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

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Cust I.D.....: Larson
P.O. Number...: Reed #1-18
P.O. Date.....: 10/31/03
Due Date.: 11/30/03
Terms....: Net 30

Item I.D./Desc.	Qty. Used	Unit	Price	Net	TX
Common	160.00	SKS	7.1500	1144.00	T
Gel	3.00	SKS	10.0000	30.00	T
Chloride	5.00	SKS	30.0000	150.00	T
Handling	160.00	SKS	1.1500	184.00	E
Mileage (40)	40.00	MILE	8.0000	320.00	E
160 sks @\$.05 per sk per mi					
Surface	1.00	JOB	520.0000	520.00	E
Mileage pmp trk	40.00	MILE	3.5000	140.00	E
Wood plug	1.00	EACH	45.0000	45.00	T

All Prices Are Net, Payable 30 Days Following Subtotal: 2533.00
Date of Invoice. 1 1/2% Charged Thereafter. Tax.....: 93.10
If Account CURRENT take Discount of \$253.30 Payments: 0.00
ONLY if paid within 30 days from Invoice Date Total....: 2626.10
(253.30)
2372.80

PAID NOV 25 2003
12665

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FEB 03 2004

ORIGINAL

CEMENTING CO., INC.

15530

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

SERVICE POINT: Q

DATE <u>10/31/03</u>	SEC <u>27</u>	TWP. <u>16S</u>	RANGE <u>7W</u>	CALLED OUT	ON LOCATION <u>2:00p.m.</u>	JOB START	JOB FINISH <u>4:45p.m.</u>
LEASE <u>Reed</u>	WELL# <u>1-18</u>	LOCATION: <u>Ellsworth S to Rd P</u>	COUNTY <u>Ellsworth</u>		STATE <u>KS</u>		
OLD OR <input checked="" type="radio"/> (Circle one)		<u>5 1/2 E N Twp</u>					

CONTRACTOR <u>Vanfeldt</u>	OWNER
TYPE OF JOB <u>Surf Sale</u>	CEMENT
HOLE SIZE <u>12 1/4"</u>	T.D. <u>280'</u>
CASING SIZE <u>8 5/8"</u>	DEPTH <u>280</u>
TUBING SIZE	DEPTH
DRILL PIPE	DEPTH
TOOL	DEPTH
PRES. MAX	MINIMUM
MEAS. LINE	SHOE JOINT
CEMENT LEFT IN CSG. <u>10'</u>	
PERFS.	
DISPLACEMENT <u>10 3/4 Bbl</u>	

EQUIPMENT

PUMP TRUCK CEMENTER <u>Paul</u>
<u>3106</u> HELPER <u>Shane</u>
BULK TRUCK
<u>213</u> DRIVER <u>Rufus</u>
BULK TRUCK
DRIVER

COMMON <u>160</u>	@ <u>7.15</u>	<u>1144.00</u>
POZMIX	@	
GEL <u>3</u>	@ <u>10.00</u>	<u>30.00</u>
CHLORIDE <u>5</u>	@ <u>30.00</u>	<u>150.00</u>
	@	
	@	
	@	
	@	
HANDLING <u>160</u>	@ <u>1.15</u>	<u>184.00</u>
MILEAGE <u>5 1/2 SK/mile</u>		<u>320.00</u>

RECEIVED

TOTAL 1828.00

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REMARKS:

Cement Circulated ✓

KCC WICHITA SERVICE

DEPTH OF JOB	
PUMP TRUCK CHARGE	<u>520.00</u>
EXTRA FOOTAGE	@
MILEAGE <u>40</u>	@ <u>3.50</u>
PLUG <u>8 1/8 WOOD</u>	@ <u>15.00</u>
	@
	@

TOTAL 705.00

CHARGE TO: Larson Corp
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.

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

SIGNATURE Wesley Pfaff

Wesley Pfaff
PRINTED NAME