

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form ACO-1
September 1999
Form Must Be Typed

CONFIDENTIAL

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: NCRA
Operator Contact Person: TOM LARSON
Phone: (620) 653-7368
Contractor: Name: Shields Oil Producers, Inc.
License: 5184
Wellsite Geologist: Richard S. Davis Jr.

RECEIVED

JUN 21 2004

KCC WICHITA

API No. 15 - 163-23402-0000

County: Rooks

200' E NW NW SW Sec. 35 Twp. 10 S. R. 17 East West

2310 feet from South Line of Section

530 feet from West Line of Section

Footages Calculated from Nearest Outside Section Corner:

(circle one) NE SE NW SW

Lease Name: Brungardt Well #: 22

Field Name: Brungardt

Producing Formation: Simpson SS, Conglomerate & L-KC

Elevation: Ground: 2065; Kelly Bushing: 2070'

Total Depth: 3700' Plug Back Total Depth: 3650'

Amount of Surface Pipe Set and Cemented at 206 Feet

Multiple State Cementing Collar Used? Yes No

If yes, show depth set 1295 Feet

If Alternate II completion, cement circulated from 1295

feet depth to surface w/ 200 sx cm.

Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)

*ACT II WITHIN
2-9-07*

Chloride content 36,000 ppm Fluid volume 700 bbls

Dewatering method used allowed to dry

Location of fluid disposal if hauled offsite:

Operator Name: _____

Lease Name: _____ License No.: _____

Quarter _____ Sec. _____ Twp. _____ S. R. _____ East West

County: _____ Docket No.: _____

Designate Type of Completion:

New Well Re-Entry Workover
 Oil SWD SLOW 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. _____

<u>3/22/2004</u>	<u>3/30/2004</u>	<u>5/6/2004</u>
Spud Date or	Date Reached TD	Completion Date or
Recompletion Date		Recompletion Date

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: 6-18-04


Subscribed and sworn to before me this 18th day of June, 2004.

Notary Public: Carol S. Larson

Date Commission Expires: JUNE 25, 2005

KCC Office Use ONLY

- Letter of Confidentiality Attached
- If Denied, Yes Date: _____
- Wireline Log Received
- Geologist Report Received
- UIC Distribution

 **CAROL S. LARSON**
Notary Public - State of Kansas
My Appt. Expires 6-25-05

LARSON OPERATING COMPANY

Operator Name: A DIVISION OF LARSON ENGINEERING, INC. Lease Name: Brungardt Well #: 22
 Sec. 35 Twp. 10 S. R. 17 East West County: Rooks

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.

ORIGINAL

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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Name	Top		Datum
Cores Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Anhydrite	1281'		+789'
Electric Log Run (Submit Copy) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		B Anhydrite	1318'		+752'
List All E. Logs Run:	dual induction neutron-density micro log sonic log bond log	Topeka	2998'		-928'
		Heebner	3224'		-1154'
		Lansing	3267'		-1197'
		BKC	3512'		-1442'
		Cong	3546'		-1476'
		Simpson SS	3638'		-1568'
		Arbuckle	3641'		-1571'
		TD	3700'		

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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	206'	Class A	150	2% gel & 3% CC
production	7-7/8"	5-1/2"	15.5	3691'	SMD	100	1/4#/sk flocele
					EA-2	120	7#/sk gilsonite, 1/2% Halad

ADDITIONAL CEMENTING/SQUEEZE RECORD

Purpose:	Depth		Type of Cement	# Sacks Used	Type and Percent Additives
	Top	Bottom			
<input type="checkbox"/> Perforate <input checked="" type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> Plug Off Zone	surface	1295'	60-40 poz w/ 6% gel	200	1/4#/sk flocele

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
4	3638-40'			
4	3556-60'		650 gal 15% MCA	3550-60
4	3565-68'			
4	3450-53'		500 gal 15% MCA	3450-53'
4	3430-33'		500 gal 15% MCA	3430-33'

TUBING RECORD		Size	Set At	Packer At	Liner Run
		2-3/8"	3660'		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date of First, Resumed Production, SWD or Enhr.			Producing Method		
5/6/04			<input type="checkbox"/> Flowing <input checked="" 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
	30		80		32

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

METHOD OF COMPLETION: _____
 Production Interval: 3430-3640 OA

SWIFT SERVICES, INC.

PO BOX 466

NESS CITY, 67560-0466

Invoice

CONFIDENTIAL

DATE	INVOICE #
3/30/04	6597

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

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TERMS	Well No.	Lease	County	Contractor	Well Type	Well Category	Operator	Job Purpose
Net 30	# 22	Brungardt	Rooks	Shields Drig	Oil	Development	Roger	Cmt 5 1/2" Pr...

PRICE REFERE...	DESCRIPTION	QTY	UNIT PRICE	AMOUNT
575D	Milage	40	2.50	100.00
578D	Pump Service	1	1,200.00	1,200.00
410-5	Top Plug	1	50.00	50.00T
193	Rotating Head	1	150.00	150.00T
281	Mud Flush	500	0.60	300.00T
221	Liquid KCL	2	19.00	38.00T
330	Swift Multi-Density	125	9.75	1,218.75T
325	Cement	120	7.00	840.00T
284	Calseal	6	25.00	150.00T
283	Salt	600	0.15	90.00T
286	Halad-1	56	5.25	294.00T
277	Gilsonite	800	0.30	240.00T
276	Flocele	32	0.90	28.80T
581D	Service Charge Cement	245	1.00	245.00
583D	Drayage	515.52	0.85	438.19
	Subtotal			5,382.74
	Sales Tax		5.30%	180.18

PAID MAY - 4 2004

1344

Thank you for your business.	Total	\$5,562.92
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CHARGE TO: *Larson Operating*

ADDRESS

CITY, STATE, ZIP CODE

TICKET No 6597

PAGE 1 OF 2

SERVICE LOCATIONS 1. <i>Hays, KS</i>	WELL/PROJECT NO. <i>22</i>	LEASE <i>Burgardt</i>	COUNTY/PARISH <i>Rooks</i>	STATE <i>Ks.</i>	CITY	DATE <i>3/30/04</i>	OWNER <i>Same</i>
2.	TICKET TYPE <input checked="" type="checkbox"/> SERVICE <input type="checkbox"/> SALES	CONTRACTOR <i>Shields Oils</i>	RIG NAME/NO.	SHIPPED VIA <i>OT</i>	DELIVERED TO <i>Location</i>	ORDER NO.	
3.	WELL TYPE <i>Oil</i>	WELL CATEGORY <i>Development</i>	JOB PURPOSE <i>Cent. 5 1/2" Prod. Csg.</i>	WELL PERMIT NO.	WELL LOCATION		
4. REFERRAL LOCATION	INVOICE INSTRUCTIONS						

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.		UNIT PRICE		AMOUNT
		LOC	ACCT	DF			U/M			
575		1			MILEAGE #103	40	mil	2	50	100
578		1			Pump Service	1	ea	1200	100	1,200
410		1			5-w Top Plug	1	ea	50	100	50
193		1			Rotating head	1	ea	150	100	150
221		1			Mud Flush	500	gal	60	100	300
221		1			RCL	2	gal	19	100	38
RECEIVED JUN 21 2004 KCC WICHITA										
		1			See Continuation					3544

CONFIDENTIAL

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. Larson*

DATE SIGNED _____ TIME SIGNED _____ 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	PAGE TOTAL	5,382
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?				TAX	180
ARE YOU SATISFIED WITH OUR SERVICE? <input type="checkbox"/> YES <input type="checkbox"/> NO				TOTAL	5562
<input type="checkbox"/> CUSTOMER DID NOT WISH TO RESPOND					

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

SWIFT OPERATOR *Roger B. Fegler* APPROVAL _____

Thank You!



PO Box 466
Ness City, KS 67560
Off: 785-798-2300

TICKET CONTINUATION

TICKET
No. 6597

CUSTOMER
Larson Operating

WELL
Brangardt Unit #22

DATE
3/30/04

PAGE 2 OF 2

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			TIME	DESCRIPTION	QTY		UM		UNIT PRICE	AMOUNT	
		LOC	ACCT	DF			QTY	UM	QTY	UM			
330		1				SMO	125	SK			9 75	1218	75
325		1				Standard	120	SK			7 00	840	00
284		1				Calseal	6	SK			25 00	150	00
283		1				Salt	600	#			15	90	00
286		1				Halad	56	#			5 25	294	00
277		1				Gilsonite	800	#			30	240	00
276		1				Flocele	32	#			90	288	00
581		1				SERVICE CHARGE					1 00	245	00
583		1									85	438	89

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CONTINUATION TOTAL 3,544 75

OWNER *Leitson Operating* WELL NO. *22* LEASE *Brungerdt* JOB TYPE *Long String* TICKET NO. *6597*

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL)(GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	<i>22:00</i>							<i>On loc. set up truck</i>
	<i>23:15</i>							<i>Rig running 5 1/2" csg.</i>
	<i>24:00</i>							<i>Circulate Hole</i>
	<i>24:40</i>							<i>Drop Ball</i>
	<i>01:40</i>							<i>Circulate & Rotate Csg.</i>
			<i>12</i>					<i>Plug Mouse hole, Rat Hole.</i>
			<i>20</i>					<i>Pump 500 gal Mud Flush</i>
			<i>45</i>					<i>Pump 20^{min} 2% KCL water</i>
			<i>29</i>					<i>MIX 125 sks SMO 12.7 #/gal</i>
								<i>MIX 120 sks EA-2 15.3 #/gal</i>
								<i>Finished mixing</i>
								<i>wash out Pump & line</i>
			<i>88.2</i>					<i>Displ top plug</i>
						<i>1500</i>		<i>Plug down 1500 psi holding</i>
								<i>Release Press. Float hold</i>
								<i>wash and rack up truck</i>
								<i>JCS Complete</i>

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Handwritten signature

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

RECEIVED MAR 29 2004

 * INVOICE *

RECEIVED
 JUN 21 2004
 KCC WICHITA

Invoice Number: 092671
 Invoice Date: 03/24/04

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

CONFIDENTIAL

Cust I.D.....: Larson
 P.O. Number...: Brungardt #22
 P.O. Date.....: 03/24/04
 Due Date.: 04/23/04
 Terms....: Net 30

Item I.D./Desc.	Qty. Used	Unit	Price	Net	TX
Common	150.00	SKS	7.1500	1072.50	T
Gel	3.00	SKS	10.0000	30.00	T
Chloride	5.00	SKS	30.0000	150.00	T
Handling	158.00	SKS	1.1500	181.70	E
Mileage (40)	40.00	MILE	7.9000	316.00	E
158 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
 Date of Invoice. 1 1/2% Charged Thereafter.
 If Account CURRENT take Discount of \$245.52
 ONLY if paid within 30 days from Invoice Date

Subtotal: 2455.20
 Tax.....: 88.23
 Payments: 0.00
 Total....: 2543.43
 (245.52)
 2297.91

PAID APR 20 2004

13339

ALLIED CEMENTING CO., INC. 16819

Federal Tax I.D.#

PO BOX 31
RUSSELL, KANSAS 67665

SERVICE POINT:
Russell

DATE <u>3/</u>	SEC. <u>35</u>	TWP. <u>10</u>	RANGE <u>11</u>	CALLED OUT <u>6:30Am</u>	ON LOCATION <u>7:15Am</u>	JOB START	JOB FINISH <u>8:30Am</u>
LEASE <u>Brun Coal</u>		WELL # <u>22</u>		LOCATION <u>Codell EIRAL/ct 4W</u>		COUNTY <u>Ellis</u>	STATE <u>Kr</u>
OLD OR NEW (Circle one)							

CONTRACTOR Shields

TYPE OF JOB SURFACE

HOLE SIZE 12 1/4 T.D. 209

CASING SIZE 8 5/8 DEPTH 208

TUBING SIZE _____ DEPTH _____

DRILL PIPE _____ DEPTH _____

TOOL _____ DEPTH _____

PRES. MAX _____ MINIMUM _____

MEAS. LINE _____ SHOE JOINT _____

CEMENT LEFT IN CSG. 15

PERFS. _____

DISPLACEMENT 12.3 bbls

EQUIPMENT _____

PUMP TRUCK CEMENTER Bill

_____ HELPER Shane

BULK TRUCK _____

_____ DRIVER Brent

BULK TRUCK _____

_____ DRIVER _____

OWNER _____

CEMENT AMOUNT ORDERED 150 Common
2% GEL, 3% CC.

COMMON	<u>150</u>	@	<u>7.15</u>	<u>1072.50</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>
ASC		@		
RECEIVED				
JUN 21 2004				
KCC WICHITA				
HANDLING	<u>158</u>	@	<u>1.15</u>	<u>181.70</u>
MILEAGE	<u>54/57</u>	@	<u>5.50</u>	<u>336.00</u>
				TOTAL <u>1750.20</u>

REMARKS:

Ran 5 hrs of 8 5/8 hole 208

Cemt. w/ 3% com 3-2

Pump plug w/ 12.3 bbls of water

Cemt did Circ.

CHARGE TO: Larson op. Co.

STREET _____

CITY _____ STATE _____ ZIP _____

SERVICE

DEPTH OF JOB _____

PUMP TRUCK CHARGE _____ 520.00

EXTRA FOOTAGE @ _____

MILEAGE 40 @ 3.50 140.00

1-8 5/8 wood @ 45.00

TOTAL 705.00

PLUG & FLOAT EQUIPMENT

MANIFOLD @ _____

@ _____

@ _____

@ _____

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 Burton Beery

Burton Beery
PRINTED NAME

ALLIED CEMENTING CO., INC.

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

RECEIVED APR 19 2004

*
* I N V O I C E *
*

Invoice Number: 092901

Invoice Date: 04/15/04

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

CONFIDENTIAL

Cust I.D.....: Larson
P.O. Number...: Brungardt A-22
P.O. Date.....: 04/15/04

Due Date.: 05/15/04
Terms.....: Net 30

Item I.D./Desc.	Qty. Used	Unit	Price	Net	TX
Common	120.00	SKS	7.6500	918.00	T
Pozmix	80.00	SKS	4.0000	320.00	T
Gel	16.00	SKS	11.0000	176.00	T
FloSeal	50.00	LBS	1.4000	70.00	T
Handling	270.00	SKS	1.2500	337.50	E
Mileage (37)	37.00	MILE	13.5000	499.50	E
270 sks @ \$.05 per sk per mi					
Port Collar	1.00	JOB	650.0000	650.00	E
Mileage pmp trk	37.00	MILE	4.0000	148.00	E

All Prices Are Net, Payable 30 Days Following
Date of Invoice. 1 1/2% Charged Thereafter.
If Account CURRENT take Discount of \$311.90
ONLY if paid within 30 days from Invoice Date

Subtotal: 3119.00
Tax.....: 100.91
Payments: 0.00
Total....: 3219.91

(311.90)
2908.01

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KCC WICHITA

PAID MAY 11 2004
13445

ALLIED CEMENTING CO., INC. 17008

Federal Tax I.D.#

ATTN: P.O. BOX 31
RUSSELL, KANSAS 67665

SERVICE POINT:
Russell

DATE <u>4/7/04</u>	SEC.	TWP.	RANGE	CALLED OUT <u>8:00 AM</u>	ON LOCATION <u>9:00 AM</u>	JOB START	JOB FINISH <u>10:30 AM</u>
LEASE <u>Bambert</u>		WELL # <u>A 22</u>		LOCATION <u>Cadell RR Rd Jct 3 W</u>		COUNTY <u>Ellis</u>	STATE <u>Ka</u>
OLD OR NEW (Circle one)							

CONTRACTOR Wildwest
TYPE OF JOB P.C. collar
HOLE SIZE _____ T.D. _____
CASING SIZE 5 1/2 DEPTH _____
TUBING SIZE 2 3/8 DEPTH _____
DRILL PIPE _____ DEPTH _____
TOOL _____ DEPTH _____
PRES. MAX _____ MINIMUM _____
MEAS. LINE _____ SHOE JOINT _____
CEMENT LEFT IN CSG. _____
PERFS. _____
DISPLACEMENT _____

OWNER _____
CEMENT AMOUNT ORDERED
250 lbs 6440-6 1/2 * FLO
400 lbs Gel Used 200 lbs
COMMON 120 @ 7 1/2 918.00
POZMIX 80 @ 4.00 320.00
GEL 16 @ 11.00 176.00
CHLORIDE @ _____
ASC @ _____

EQUIPMENT

PUMP TRUCK CEMENTER B. H
221 HELPER mark
BULK TRUCK
362 DRIVER Gary
BULK TRUCK
_____ DRIVER _____

FLO-SEAL 50 @ 1.40 70.00
HANDLING 270 @ 1.25 337.50
MILEAGE 54/SK/mile 499.50
TOTAL 2321.00

REMARKS:

P.C. 1296 - Spot 4 lbs gel
open tool Est. Blow
Cemt w/ 200 lbs Cemt.
Cemt did Circ. Disp. 5 lbs
Close tool, press to 100' or
Run 5 lbs wash clean, pull rods
Rich Williams - KC Plumber

CHARGE TO: Lakson Op.
STREET _____
CITY _____ STATE _____ ZIP _____

SERVICE

DEPTH OF JOB _____
PUMP TRUCK CHARGE 650.00
EXTRA FOOTAGE @ _____
MILEAGE 37 @ 4.00 148.00
TOTAL 798.00

PLUG & FLOAT EQUIPMENT

MANIFOLD @ _____
TOTAL _____

RECEIVED

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KCC WICHITA

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 John Danvers

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

PRINTED NAME _____