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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

ORIGINAL

CONFIDENTIAL

Operator: License # 5214
Name: Lario Oil & Gas Company
Address: 301 S. Market Street
City/State/Zip: Wichita, KS 67207
Purchaser: _____
Operator Contact Person: Jay G. Schweikert
Phone: (316) 265-5611
Contractor: Name: Murfin Drilling Co., Inc.
License: 30606

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JUL 25 2005

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Wellsite Geologist: Terry McLeod
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. _____

03/31/05 04/09/05
Spud Date or 03/31/05 Date Reached TD 04/09/05 Completion Date or
Recompletion Date 03/31/05 Recompletion Date 04/09/05

API No. 15 - 171-20597 - 00 - 00
County: Scott
SE NW SE Sec. 14 Twp. 18 S. R. 31 East West
1650 feet from S N (circle one) Line of Section
1650 feet from E W (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:
(circle one) NE SE NW SW
Lease Name: Ramsey Well #: 1-14
Field Name: wildcat

Producing Formation: _____
Elevation: Ground: 2917 Kelly Bushing: 2922
Total Depth: 4655 Plug Back Total Depth: _____
Amount of Surface Pipe Set and Cemented at: 273 Feet
Multiple Stage 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 9,500 ppm Fluid volume 800 bbls
Dewatering method used evaporation

ALT II PFA with
7-25-07

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 form shall be filed with the Kansas Corporation Commission, 130 S. 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 of 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: Jay G. Schweikert
Title: Operations Engineer Date: _____

Subscribed and sworn to before me this 25 th day of July

2005
Notary Public: KATHY L. FORD
Notary Public - State of Kansas
Date Commission Expires: 10-22-06

Kathy L. Ford
10-22-06

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

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JOB LOG

SWIFT Services, Inc.

DATE 3-31-05 PAGE NO. 1

CUSTOMER LARIO OIL - GAS WELL NO. # 1-14 LEASE RAMSEY JOB TYPE 8 5/8" SURFACE TICKET NO. 8227

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL)(GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	2100							C) LOCATED
								KCC JUL 25 2005
								TD - 273
								TP - 273
								SET = 270
								8 5/8" / FT 24
								15' CUT LEFT IN PIPE
	2155							BREAK CIRCULATED
	2210	6	46		✓			MAX 190 SIS STANDARD CUT 2 3/4 GEL, 3 3/4 CC
	2219							RELEASE PLUG
	2220	7	0		✓			RELEASE PLUG
	2222		16.4					PLUG DOWN - SHUT IN
								CIRCULATED 15 SEC CUT TO POT
								WASHUP
	2300							JOB COMPLETE
								THANK YOU
								WARRLE, AUSTY, ROBT

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ALLIED CEMENTING CO., INC. 19218

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

SERVICE POINT: Oakley

DATE 4-10-05	SEC 14	TWP. 18S	RANGE 31W	CALLED OUT	ON LOCATION noon	JOB START 12:30 PM	JOB FINISH 3:30 PM
LEASE Ramsey	WELL # 1-14	LOCATION Grigston 1/2 E - 1/2 N - 1/4 W			COUNTY Scott	STATE Kan	
OLD OR <u>NEW</u> (Circle one)							

CONTRACTOR Mur Fin Drls Co #24
 TYPE OF JOB PTA
 HOLE SIZE 7 7/8 T.D. 4655'
 CASING SIZE _____ DEPTH _____
 TUBING SIZE _____ DEPTH _____
 DRILL PIPE 4 1/2 x 4 DEPTH 2270'
 TOOL _____ DEPTH _____
 PRES. MAX _____ MINIMUM _____
 MEAS. LINE _____ SHOE JOINT _____
 CEMENT LEFT IN CSG. _____
 PERFS. _____
 DISPLACEMENT _____

OWNER _____
 CEMENT AMOUNT ORDERED 265 sks 6760 per
6% Cal, 1/4" Flo-Seal
 COMMON 159 sks @ 9.55 1518.45
 POZMIX 106 sks @ 4.50 477.00
 GEL 14 sks @ 13.00 182.00
 CHLORIDE _____ @ _____
 ASC _____ @ _____
Flo-Seal 66# @ 1.60 105.60
 @ _____
 @ _____
 @ _____
 @ _____
 @ _____
 @ _____
 HANDLING 281 sks @ 1.50 421.50
 MILEAGE 5.5 per sk/mile 695.90
 TOTAL 3,400.25

EQUIPMENT
 PUMP TRUCK CEMENTER Walt
 # 102 HELPER Larry
 BULK TRUCK
 # 377 DRIVER Jarral
 BULK TRUCK
 # _____ DRIVER _____

REMARKS:

50 sks @ 2270'
80 sks @ 1500'
50 sks @ 700'
50 sks @ 300'
10 sks @ 40'
10 sks in M.H.
15 sks in R.H.

Thank You

SERVICE
 DEPTH OF JOB 2270'
 PUMP TRUCK CHARGE 750.00
 EXTRA FOOTAGE @ _____
 MILEAGE 45-miles @ 4.50 202.50
 MANIFOLD @ _____
 @ _____
 @ _____
 TOTAL 952.50

CHARGE TO: Lario oil & gas
 STREET _____
 CITY _____ STATE _____ ZIP _____

PLUG & FLOAT EQUIPMENT

8 5/8 - Dry Hole Plug @ 23.00
 @ _____
 @ _____
 @ _____
 @ _____
 TOTAL 23.00

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 Anthony [Signature]

PRINTED NAME _____