

**CONFIDENTIAL**

KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION

**ORIGINAL**

Form ACO-1  
September 1999  
Form Must Be Typed

**WELL COMPLETION FORM**  
**WELL HISTORY - DESCRIPTION OF WELL & LEASE**

Operator: License # 3842  
Name: LARSON OPERATING COMPANY  
A DIVISION OF LARSON ENGINEERING, INC.  
Address: 562 WEST STATE ROAD 4  
City/State/Zip: OLMITZ, KS 67564-8561  
Purchaser: NCRA  
Operator Contact Person: TOM LARSON  
Phone: (620) 653-7368  
Contractor: Name: MURFIN DRILLING CO., INC.  
License: 30606  
Wellsite Geologist: THOMAS FUNK

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. \_\_\_\_\_

2/28/2006 3/9/2006 4/17/2006  
Spud Date or Date Reached TD Completion Date or  
Recompletion Date Recompletion Date

API No. 15 - 101-21910-0000  
County: LANE  
NE/4 Sec. 28 Twp. 18 S. R. 29  East  West  
910 feet from NORTH Line of Section  
500 feet from EAST Line of Section

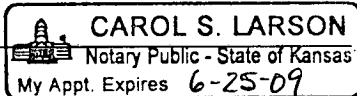
Footages Calculated from Nearest Outside Section Corner:  
(circle one) NE SE NW SW  
Lease Name: NEIL Well #: 1-28  
Field Name: WILDCAT  
Producing Formation: \_\_\_\_\_  
Elevation: Ground: 2816' Kelly Bushing: 2821'  
Total Depth: 4636' Plug Back Total Depth: 4598'  
Amount of Surface Pipe Set and Cemented at 257 Feet  
Multiple State Cementing Collar Used?  Yes  No  
If yes, show depth set 2134 Feet  
If Alternate II completion, cement circulated from 2134  
feet depth to SURFACE w/ 170 sx cmt.

**Drilling Fluid Management Plan** *ALT II W/H*  
(Data must be collected from the Reserve Pit) *6-14-07*  
Chloride content 13000 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.: \_\_\_\_\_

**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: 6/26/06  
Subscribed and sworn to before me this 26TH day of JUNE,  
2006.  
Notary Public: Carol S. Larson  
Date Commission Expires: JUNE 25, 2009

  
CAROL S. LARSON  
Notary Public - State of Kansas  
My Appt. Expires 6-25-09

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

**RECEIVED**  
**JUN 27 2006**  
**KCC WICHITA**

Operator Name: LARSON OPERATING COMPANY  
A DIVISION OF LARSON ENGINEERING, INC. Lease Name: NEIL Well #: 1-28  
 Sec. 28 Twp. 18 S. R. 29  East  West County: LANE

**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.

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	2155	+666
Electric Log Run (Submit Copy)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	BASE ANHYDRITE	2179	+642
List All E. Logs Run:	DUAL COMP NEUTRON	HEEBNER SH	3924	-1103
	DUAL INDUCTION	LANSING	3968	-1147
	MICRORESISTIVITY	STARK SH	4239	-1418
	BOREHOLE COMP SONIC	MARMATON	4358	-1537
		PAWNEE	4439	-1618
		FORT SCOTT	4489	-1668
		CHEROKEE SH	4513	-1692
		MISSISSIPPIAN	4599	-1778

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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"	24#	257'	CLASS A	180	2% GEL, 3% CC
PRODUCTION	7-7/8"	5-1/2"	15.5#	4635'	SMD	125	1/4#/SK FLOCELE
					EA-2	100	5% CALSEAL, 10% SALT, 5#/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 type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> Plug Off Zone	SURF	2134	SMD	170	1/4#/SK FLOCELE

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	4558-60, 4565-68, 4397-4400		500 GAL 15% MCA		4558-60, 4565-68
4	4332-37		250 GAL 15% MCA		4397-4400
			500 GAL 15% MCA		4332-37

TUBING RECORD		Size 1-3/8"	Set At 4589'	Packer At	Liner Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date of First, Resumed Production, SWD or Enhr. 4/19/06			Producing Method <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. 158	Gas Mcf 0	Water Bbls. 0	Gas-Oil Ratio 0	Gravity 38

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: 4332-4568 OA

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

TICKET  
 No 9988

PAGE 1 OF 1

**KCC**  
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1. SERVICE LOCATIONS <u>NESS CITY, KS</u>	WELL/PROJECT NO. <u>1-28</u>	LEASE <u>NEEL</u>	COUNTY/PARISH <u>WAVE</u>	STATE <u>KS</u>	DATE <u>3-13-06</u>	OWNER <u>SAME</u>
2. TICKET TYPE <input checked="" type="checkbox"/> SERVICE <input type="checkbox"/> SALES	CONTRACTOR <u>FATRICE TRUCKING</u>		RIG NAME/NO.	SHIPPED VIA <u>CT</u>	DELIVERED TO <u>LOCATED</u>	ORDER NO.
3. WELL TYPE <u>OIL</u>	WELL CATEGORY <u>DEVELOPMENT</u>	JOB PURPOSE <u>CSWT PORT COLLAR</u>	WELL PERMIT NO.	WELL LOCATION <u>DEER, KS - 3W, 1 1/2 S, WS</u>		
4. REFERRAL LOCATION	INVOICE INSTRUCTIONS					

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.		U/M		UNIT PRICE	AMOUNT	
		LOC	ACCT	DF								
575		1			MILEAGE #104	40		ME		4.00	160	00
577		1			PUMP SERVICE	1		NOB		800.00	800	00
330		1			SWIFT MULTI-DESIGN STANDARD	170		SKS		12.00	2040	00
276		1			FLOCCLE	56		URS		1.25	70	00
581		1			SERVICE CHARGE CRANT	225		SKS		1.10	247	50
583		1			DRAYAGE	22326	URS		446.52	1.00	446	52

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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 J.C. Larson  
 DATE SIGNED 3-13-06 TIME SIGNED 1100  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	
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				TOTAL	3764   02
				Lane TAX 5.3%	111   83
				TOTAL	3875   85

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

SWIFT OPERATOR  
WAVE WASON

APPROVAL  
 Thank You!

**JOB LOG**

**SWIFT Services, Inc.**

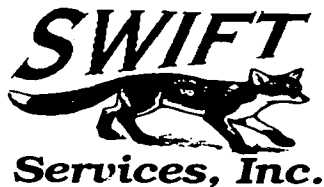
DATE **3-13-06** PAGE NO. **1**

CUSTOMER **LARSON OPERATING** WELL NO. **1-28** LEASE **NEEL** JOB TYPE **CEMENT PORT COLLAR** TICKET NO. **9988**

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL)(GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	1100							ON LOCATION
								2 3/8 x 5 1/2 PORT COLLAR = 2134
	1150				✓		1000	PSI TEST CASING - HEAD
	1155	3	2	✓		550		OPEN PORT COLLAR - 2WT RATE
	1200	4	94	✓		450 <sup>ME</sup>		MIX CEMENT 170 SLS SMD 1/4" x 1/2" FIBER
	1225	3 1/2	7 1/2	✓		650		DISPLACE CEMENT
	1230			✓		1000		CLOSE PORT COLLAR - PSI TEST - HEAD
								CREATED 10 SLS CEMENT TO POT
	1250	3 1/2	20	✓		500		RUN 4 JTS CEMENT CLEAN
								WASH UP TRUCK
	1330							JOB COMPLETE
								THANK YOU WALDE, JASON, SHANE

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CHARGE TO: **LARSON OPERATING**  
 ADDRESS:  
 CITY, STATE, ZIP CODE:

**KCC**  
**JUN 26 2006**  
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TICKET No. **9983**

PAGE 1 OF 2

SERVICE LOCATIONS 1. <b>NESS CITY, KS</b>	WELL/PROJECT NO. <b>1-28</b>	LEASE <b>NZEL</b>	COUNTY/PARISH <b>WAZE</b>	STATE <b>Ks</b>	CITY	DATE <b>3-9-06</b>	OWNER <b>SAME</b>
2.	TICKET TYPE <input checked="" type="checkbox"/> SERVICE <input type="checkbox"/> SALES	CONTRACTOR <b>MURPHY DRILL # 24</b>	RIG NAME/NO.	SHIPPED VIA <b>CT</b>	DELIVERED TO <b>LOCATION</b>	ORDER NO.	
3.	WELL TYPE <b>OIL</b>	WELL CATEGORY <b>DEVELOPMENT</b>	JOB PURPOSE <b>5 1/2" LOG STRING</b>	WELL PERMIT NO.	WELL LOCATION <b>DISTRICT 16-3W, 1KS, WS</b>		
4. REFERRAL LOCATION	INVOICE INSTRUCTIONS						

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.		U/M		UNIT PRICE	AMOUNT	
		LOC	ACCT	DF								
575		1			MILEAGE # 104	40		MI		4.00	160	00
578		1			PUMP SERVICE	1		JOB	4629 FT	1250.00	1250	00
221		1			LIQUID KCL	2		Gal		26.00	52	00
281		1			MUD FLUSH	500		Gal		.75	375	00
419		1			ROTATING HEAD RENTAL	1		JOB		250.00	250	00
290		1			D-AD	2		Gal		20.00	40	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. Larson**  
 DATE SIGNED **3-9-06** TIME SIGNED **1000**  A.M.  P.M.

**REMIT PAYMENT TO:**

**SWIFT SERVICES, INC.**  
**P.O. BOX 466**  
**NESS CITY, KS 67560**  
**785-798-2300**

<b>SURVEY</b>	AGREE	UN-DECIDED	DIS-AGREE	<b>PAGE TOTAL</b>	
OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN?				<b>*1</b>	<b>2127.00</b>
WE UNDERSTOOD AND MET YOUR NEEDS?					
OUR SERVICE WAS PERFORMED WITHOUT DELAY?				<b>*2</b>	<b>3974.07</b>
WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY?				<b>subtotal</b>	<b>6101.07</b>
ARE YOU SATISFIED WITH OUR SERVICE? <input type="checkbox"/> YES <input type="checkbox"/> NO				<b>TAX</b>	<b>Larc 5.3% 210.71</b>
<input type="checkbox"/> CUSTOMER DID NOT WISH TO RESPOND				<b>TOTAL</b>	<b>6311.78</b>

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

SWIFT OPERATOR **Wayne Wason** APPROVAL

**Thank You!**



JOB LOG

SWIFT Services, Inc.

DATE 3-9-06 PAGE NO. 1

CUSTOMER LARSON OPERATING WELL NO. 1-28 LEASE NTEL JOB TYPE 5 1/2" (LW694226) TICKET NO. 9983

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	0945							OP LOCATION
								TD-4630 SITE= 4629
								TP-4634.07 5 1/2" #/FT 15.5
								SJ-31.15
								PORT COLLAR= 2134
	1015							DEEP BALL- CALCULATE ROTATE
	1120	6	12				500	PUMP 500 GAL MUD FRESH "
	1122	6	20				500	PUMP 20 BBL KCL-FRESH "
	1130		4 1/2					PLUG RH-MH
	1135	4 1/2	52				400	MIX COMPT - WD-125 SMD "
		4	24				300	TL-100 EA-2 "
	1157							WASHOUT PUMP- LUGS
	1158							RELEASE LATH DOWN PLUG
	1200	7	0					DESPACE PLUG "
		6 1/2	99				1000	SHUT OFF ROTATING
	1215	6 1/4	109.5				1750	PLUG DOWN - PSE UP LATH 2nd PLUG
	1217						OK	RELEASE PSE- HEAD
								WASH UP TRUCK
	1300							JOB COMPLETE

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THANK YOU  
WASE, JASON, BRIT



**LARSON OPERATING COMPANY**  
A DIVISION OF LARSON ENGINEERING, INC.  
562 WEST STATE ROAD 4  
OLMITZ, KS 67564-8561

(620) 653-7368  
(620) 653-7635 FAX

~~06/26/07~~

6-26-08

**ACO-1 CONFIDENTIALITY REQUEST**

**KCC**  
**JUN 26 2006**  
**CONFIDENTIAL**

Via USPS Priority/Return Receipt

June 26, 2006

Kansas Corporation Commission  
Attn: Dave Williams  
130 South Market, Room 2078  
Wichita, KS 67202

Re: Neil 1-28  
Lane County, Kansas  
API #15-101-21910-0000

Dear Dave,

Enclosed please find the ACO-1 Well Completion Form, with copies of all logs, geo report, DST's, and cementing tickets for the captioned well. We request that all information be held confidential for the period of one year.

If you have questions, please call.

Sincerely,

Larson Operating Company



Carol Larson  
Secretary/Treasurer

encl.

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