

ORIGINAL

STATE CORPORATION COMMISSION OF KANSAS  
OIL & GAS CONSERVATION DIVISION  
WELL COMPLETION FORM  
ACO-1 WELL HISTORY  
DESCRIPTION OF WELL AND LEASE

API No. 15- 101-21783-0000

County Lane

C - N/2 - N/2 - SW Sec. 15 Twp. 19S Rge. 29 X W E

2310 Feet from South Line of Section

1320 Feet from West Line of Section

Footages calculated from nearest outside section corner: SW

Lease Name Clark Well # 1-15

Field Name Cleve

Producing Formation n/a

Elevation: Ground 2828' KB 2833'

Total Depth 4649' PBTB

Amount of Surface Pipe Set and Cemented at 261 Feet

Multiple Stage Cementing Collar Used? Yes X No

If yes, show depth set Feet

If Alternate II completion, cement circulated from

feet depth to w/ sx cmt.

Drilling Fluid Management Plan PJA KGR 12/19/07  
(Data must be collected from the Reserve Pit)

Chloride content 4000 ppm Fluid Volume 3500 bbls

Dewatering method used allowed to dry

Location of fluid disposal if hauled offsite:

Operator Name

Lease Name

Quarter Sec. Twp. Rng. W

County Docket No.

Operator: License # 3842

Larson Operating Company

Name: A Division of Larson Engineering, Inc.

Address 562 West Highway 4

City/State/Zip Olmitz, KS 67564-8561

Purchaser: n/a

Operator Contact Person: Tom Larson

Phone 316-653-7368

Contractor: Name: Shield Drilling Company, Inc.

License: 5184

Wellsite Geologist: Richard S. Davis, Jr.

Designate Type of Completion

X New Well Re-Entry Workover

X Oil SWD SIOW Temp. Abd.

Gas ENHR SIGW

X Dry Other (Core, WSW, Expl., Cathodic, etc.)

If Workover/Re-Entry: Oil well info as follows:

Operator:

Well Name:

Comp. Date Old Total Depth

Deepening Re-Perf. Conv. To Inj/SWD  
Plug Back PBTB

Commingled Docket No.

Dual Completion Docket No.

Other (SWD or Inj?) Docket No.

11/4/00 11/15/00 11/15/00  
Spud Date Date Reached TD Completion 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, 82030196 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 geological well report shall be attached with this form. ALL CEMENTING TICKETS MUST BE ATTACHED. Submit CP-4 with all plugged wells. Submit CP-111 form with all temporarily abandoned wells.

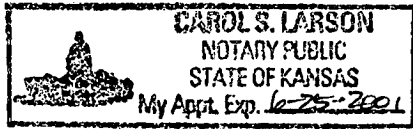
All requirements of the statutes, rules and regulations promulgated to regulate the oil and gas industry have been fully complied with and the statements herein are complete and correct to the best of my knowledge.

Signature Thomas Larson  
Title President Date 4/16/01

Subscribed and sworn to before me this 16th day of April 2001.

Notary Public Carol S. Larson

My Commission Expires Jun. 25, 01



K.C.C. OFFICE USE ONLY  
F Letter of Confidentiality Attached  
C Wireline Log Received  
C Geologist Report Received  
Distribution  
KCC SWD/Rep NGPA  
KGS Plug Other (Specify)

Operator Name Larson Operating Company Lease Name Clark Well # 1-15

Sec. 15 Twp. 19S Rge. 29  East  West County Lane

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 type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Anhydrite	2165	+668	
Cores Taken	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Heebner	3960	-1127	
Electric Log Run (Submit Copy.)	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Lansing	4002	-1169	
List all E. Logs Run: Radiation Guard Log			Muncie Creek	4190	-1357	
			Stark	4300	-1467	
			Base Kansas City	4379	-1546	
			Pawnee	4498	-1665	
			Fort Scott	4544	-1711	
			Cherokee Sh.	4569	-1736	
			Mississippi	4638	-1805	

CASING RECORD <input checked="" type="checkbox"/> New <input 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"	20#	261'	60-40 poz	160	2% gel, 3% CC

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 Specify Footage of Each Interval Perforated	Acid. Fracture, Shot, Cement, Squeeze Record (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  Other (Specify) D & A

Production Interval \_\_\_\_\_

# ALLIED CEMENTING CO., INC. 5760 ORIGINAL

Federal Tax I.D. XXXXXXXXXX

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

SERVICE POINT: New City  
11-5-00

DATE <u>11-5-00</u>	SEC <u>15</u>	TWP <u>19</u>	RANGE <u>29</u>	CALLED OUT <u>6:00 PM</u>	ON LOCATION <u>10:00 AM</u>	JOB START <u>3:00 PM</u>	JOB FINISH <u>3:30 PM</u>
LEASE <u>Clark</u>		WELL # <u>1-15</u>		LOCATION <u>Lighten 6S, 3W, 1/2N, 5/16E Home</u>		COUNTY <u>Home</u>	STATE <u>Ks</u>
OLD OR NEW (Circle one) <u>NEW</u>							

CONTRACTOR Shields Drilling

TYPE OF JOB Surface

HOLE SIZE 12 1/4" T.D. 264'

CASING SIZE 8 5/8" DEPTH 264'

TUBING SIZE \_\_\_\_\_ DEPTH \_\_\_\_\_

DRILL PIPE \_\_\_\_\_ DEPTH \_\_\_\_\_

TOOL \_\_\_\_\_ DEPTH \_\_\_\_\_

PRES. MAX \_\_\_\_\_ MINIMUM \_\_\_\_\_

MEAS. LINE \_\_\_\_\_ SHOE JOINT \_\_\_\_\_

CEMENT LEFT IN CSG. 15'

PERFS. \_\_\_\_\_

DISPLACEMENT 15 3/4 bbls

OWNER Scumme

CEMENT AMOUNT ORDERED 160 lbs. 60/110 390cc, 270 net

COMMON \_\_\_\_\_ @ \_\_\_\_\_

POZMIX \_\_\_\_\_ @ \_\_\_\_\_

GEL \_\_\_\_\_ @ \_\_\_\_\_

CHLORIDE \_\_\_\_\_ @ \_\_\_\_\_

\_\_\_\_\_ @ \_\_\_\_\_

\_\_\_\_\_ @ \_\_\_\_\_

\_\_\_\_\_ @ \_\_\_\_\_

\_\_\_\_\_ @ \_\_\_\_\_

\_\_\_\_\_ @ \_\_\_\_\_

\_\_\_\_\_ @ \_\_\_\_\_

HANDLING \_\_\_\_\_ @ \_\_\_\_\_

MILEAGE \_\_\_\_\_ @ \_\_\_\_\_

**EQUIPMENT**

PUMP TRUCK CEMENTER Tom D

# 181 HELPER Tom W.

BULK TRUCK DRIVER Bob B

# 2160

BULK TRUCK DRIVER \_\_\_\_\_

# \_\_\_\_\_

TOTAL \_\_\_\_\_

**REMARKS:**

Ran 264' of 8 5/8" cas. Broke line.

Mixed 160 lbs 60/110 390cc, 270 net,

Released Plug. Displaced with fresh

H<sub>2</sub>O.

Cement did circulate

Shields

**SERVICE**

DEPTH OF JOB 264'

PUMP TRUCK CHARGE \_\_\_\_\_

EXTRA FOOTAGE \_\_\_\_\_ @ \_\_\_\_\_

MILEAGE \_\_\_\_\_ @ \_\_\_\_\_

PLUG 1-8 5/8" wooden @ \_\_\_\_\_

\_\_\_\_\_ @ \_\_\_\_\_

\_\_\_\_\_ @ \_\_\_\_\_

TOTAL \_\_\_\_\_

CHARGE TO: Lannon Operating, Co.

STREET 562 W. Hwy 4

CITY Olmitz STATE Ks ZIP 67564-8541

**FLOAT EQUIPMENT**

\_\_\_\_\_ @ \_\_\_\_\_

\_\_\_\_\_ @ \_\_\_\_\_

\_\_\_\_\_ @ \_\_\_\_\_

\_\_\_\_\_ @ \_\_\_\_\_

\_\_\_\_\_ @ \_\_\_\_\_

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.

TOTAL \_\_\_\_\_

TAX \_\_\_\_\_

TOTAL CHARGE \_\_\_\_\_

DISCOUNT \_\_\_\_\_ IF PAID IN 30 DAYS

SIGNATURE X Burton Beery PRINTED NAME X Burton Beery