

CONFIDENTIAL

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

2-5-08
Form ACO-1
September 1999
Form Must Be Typed

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 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 COMPANY
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. _____

10/15/2006 10/25/2006 11/17/2006
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 101-21963-00-00
County: LANE
APP C W2 E2 Sec. 27 Twp. 18 S. R. 29 East West
2500 feet from SOUTH Line of Section
2100 feet from EAST Line of Section

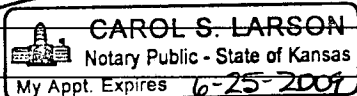
Footages Calculated from Nearest Outside Section Corner:
(circle one) NE SE NW SW
Lease Name: ROBBINS-WILSON Well #: 1-27
Field Name: _____
Producing Formation: L-KC, MARMATON, CHEROKEE
Elevation: Ground: 2807' Kelly Bushing: 2812'
Total Depth: 4630' Plug Back Total Depth: 4583'
Amount of Surface Pipe Set and Cemented at 270 Feet
Multiple State Cementing Collar Used? Yes No
If yes, show depth set 2123 Feet
If Alternate II completion, cement circulated from 2123
feet depth to SURFACE w/ 160 sx cmt.

Drilling Fluid Management Plan AIHINH9-25-08
(Data must be collected from the Reserve Pit)
Chloride content 13000 ppm Fluid volume 1800 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 C. Larson
Title: PRESIDENT Date: 2/5/2007
Subscribed and sworn to before me this 5TH day of FEBRUARY

2007.
Notary Public: Carol S. Larson
Date Commission Expires: JUNE 25, 2009


KCC Office Use ONLY
 Letter of Confidentiality Attached
If Denied, Yes Date: _____
 Wireline Log Received
 Geologist Report Received
 UIC Distribution
RECEIVED
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Operator Name: LARSON OPERATING COMPANY
A DIVISION OF LARSON ENGINEERING, INC. Lease Name: ROBBINS-WILSON Well #: 1-27
 Sec. 27 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 checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Name	Top	Datum
Cores Taken	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	ANHYDRITE	2135	+677
Electric Log Run (Submit Copy)	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	BASE ANHYDRITE	2161	+651
List All E. Logs Run:	DUAL INDUCTION		HEEBNER SH	3914	-1102
	DUAL COMP POROSITY		LANSING	3956	-1144
	BOREHOLE COM SONIC		STARK SH	4231	-1419
	MICRORESISTIVITY		FORT SCOTT	4484	-1672
			CHEROKEE SH	4508	-1696
			MISSISSIPPIAN	4568	-1756

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CASING RECORD <input 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"	28#	270'	CLASS A	180	2% GEL, 3% CC
PRODUCTION	7-7/8"	5-1/2"	15.5#	4624'	SMD	125	1/4#/SK FLOCELE
					EA-2	100	5#/SK GILSONITE & 1/2% CFR

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	2123'	SMD	160	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
		Amount	Kind	
4	4550-54	500 GAL	15% MCA	4550-54
4	4392-95	250 GAL	15% MCA	4392-95
4	4350-56	500 GAL	15% MCA	4350-56
4	4329-33	500 GAL	15% MCA	4329-33
4	4292.5-93.5	250 GAL	15% MCA	4292.5-93.5

TUBING RECORD		Size 2-3/8"	Set At 4574'	Packer At	Liner Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date of First, Resumed Production, SWD or Enhr. 11/17/06			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. 85	Gas Mcf 0	Water Bbls. 67	Gas-Oil Ratio 0	Gravity 36

Disposition of Gas: Vented Sold Flare Other (Specify) _____

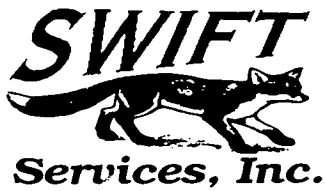
METHOD OF COMPLETION: Open Hole Perf. Dually Comp. Commingled Other (Specify) _____

Production Interval: 4292.5-4554 OA

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 WICHITA, KS



CHARGE TO: Larson Operating
 ADDRESS _____
 CITY, STATE, ZIP CODE _____

TICKET No. **10881**

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PAGE 1 OF 1

SERVICE LOCATIONS 1. <u>Hays, Ks.</u>	WELL/PROJECT NO. <u>#1-27</u>	LEASE <u>Robbins Wilson</u>	COUNTY/PARISH <u>Lane</u>	STATE <u>Ks</u>	CITY	DATE <u>11-3-06</u>	OWNER <u>Sam C</u>
2. <u>Ness City, Ks.</u>	TICKET TYPE <input checked="" type="checkbox"/> SERVICE <input type="checkbox"/> SALES	CONTRACTOR <u>Fritaler Well Service</u>	RIG NAME/NO.	SHIPPED VIA <u>CT</u>	DELIVERED TO <u>Location</u>	ORDER NO.	
3.	WELL TYPE <u>oil</u>	WELL CATEGORY <u>Development</u>	JOB PURPOSE <u>Cement Port Collar</u>	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		QTY.	UM	QTY.	UM	
575		1			MILEAGE <u>#106</u>	40	mi	4	00	160 ⁰⁰
578		1			Pump Charge (Port Collar)	1	ea	2123	'	1250 ⁰⁰
330		2			SMD Cement	160	skt	13	50	2160 ⁰⁰
276		2			Flocele	40	skt	1	25	50 ⁰⁰
581		2			Cement Service Charge	225	skt	1	10	247 ⁵⁰
583		2			Drayage	441.04	TM	1	00	441 ⁰⁴

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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
 DATE SIGNED 16-03-06 TIME SIGNED 1615 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?				4308	54
WE UNDERSTOOD AND MET YOUR NEEDS?					
OUR SERVICE WAS PERFORMED WITHOUT DELAY?					
WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY?				Lane TAX 5.3%	117 13
ARE YOU SATISFIED WITH OUR SERVICE? <input type="checkbox"/> YES <input type="checkbox"/> NO				TOTAL	4425 67
<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 Nick Korbe APPROVAL _____

Thank You!

JOB LOG

SWIFT Services, Inc.

DATE 1-3-06 PAGE NO. 1

CUSTOMER Karson Operating WELL NO. # 1-27 LEASE Robbins-Wilson JOB TYPE Cement Port Callar TICKET NO. 10881

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	1400							on loc set up Trks
<p>RECEIVED KANSAS CORPORATION COMMISSION FEB 06 2007 CONSERVATION DIVISION WICHITA, KS</p>								
	1415						1000	Test csg
	1440							Open PC
	1445	3	5			200		Take injection rate
	1450	4	0			200		Start Cement 160 sks SMD
	1510	4	88/0			400		End Cement / Start Displacement
	1512		7.5			450		Cement Displaced
								Close PC
							900	Test Csg
								run 3 sts
	1530	3	0				350	Reverse out
	1535		15					Hole Clean
								Wash up Trk

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 KOC

Thank you

Nick, Josh, B-re A + Ryan



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

TICKET
No 11611

PAGE 1 OF 2

SERVICE LOCATIONS 1. NESS CO. KS	WELL/PROJECT NO. 1-27	LEASE ROBBINS - WILSON	COUNTY/PARISH WJCE	STATE Ks	CITY	DATE 10-25-06	OWNER SAME
2.	TICKET TYPE <input checked="" type="checkbox"/> SERVICE <input type="checkbox"/> SALES	CONTRACTOR MURPHY DRUG #24	RIG NAME/NO.	SHIPPED VIA CT	DELIVERED TO LOCATION	ORDER NO.	
3.	WELL TYPE ORL	WELL CATEGORY DEVELOPMENT	JOB PURPOSE 5 1/2" LOGGING	WELL PERMIT NO.	WELL LOCATION DITCHER KS - 25, 2W, N WTP		
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	MC			4.00	160.00
578		1			PUMP SERVICE	1	JOB	4624	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

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 WICHITA, KS

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 W.C. Larson
 DATE SIGNED **10-25-06** TIME SIGNED **1530**
 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?				#1	2087.00
WE UNDERSTOOD AND MET YOUR NEEDS?				#2	4087.32
OUR SERVICE WAS PERFORMED WITHOUT DELAY?				subtotal	6174.32
WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY?				TAX	215.10
ARE YOU SATISFIED WITH OUR SERVICE?	<input type="checkbox"/> YES <input type="checkbox"/> NO			Lane 5.3%	
<input type="checkbox"/> CUSTOMER DID NOT WISH TO RESPOND				TOTAL	6389.42

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

SWIFT OPERATOR Wayne Wilson
 APPROVAL

Thank You!



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

TICKET CONTINUATION

TICKET No. 11611

CUSTOMER LARSON OPERATIONS	WELL ROBBINS - WILSON 1-27	DATE 10-25-06	PAGE OF 2 12
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PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			TIME	DESCRIPTION	QTY.		UM		UNIT PRICE	AMOUNT
		LOG	ACCT	DF			QTY.	UM	QTY.	UM		
325		1				STANDARD CEMENT	100		SBS		11.00	1100.00
330		1				SWIFT MULTI-DENSITY STANDARD	125		SBS		13.50	1687.50
276		1				FLOCELE	56		LBS		1.25	70.00
284		1				CAISEAL	5	500	SBS LBS		30.00	150.00
283		1				SALT	550		LBS		.20	110.00
285		1				CFR-1	50		LBS		4.00	200.00
290		1				D-ACL	2		GAL		32.00	64.00
581		1				SERVICE CHARGE				CUBIC FEET		
583		1				MILEAGE CHARGE				TOTAL WEIGHT		
							22916			LOADED MILES		
								40				
										TON MILES		

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CONTINUATION TOTAL	4087.32
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JOB LOG

SWIFT Services, Inc.

DATE 10-25-06 PAGE NO. 1

CUSTOMER **CARSON OPERATING** WELL NO. **1-27** LEASE **ROBBINS-WILSON** JOB TYPE **5 1/2" LONGSTRONG** TICKET NO. **11611**

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	1530							ON LOCATION
								TD- 4625
								TP- 4626.19
								SJ- 42.58
								PORT COLLAR = 2123
								SETE 4624
								5 1/2 #/FT 15.5
	1535							DROP BALL - CALCULATE ROTATE
	1640	6	12		✓		500	PUMP 500 GAL MUDFLUSH "
	1642	6	20		✓		500	PUMP 20 BBL KCL-FLUSH "
	1648		4/2					PLUG RH-MH
	1652	5 1/2	52		✓		400	MIX CMWT - 125 SKS SMA 12.2 PPG "
		4	24		✓		250	100 SKS EA-2 15.5 PPG "
	1712							WASH OUT PUMP - LINES
	1714							RELEASE CATCH DOWN PLUG
	1718	7	0		✓			DISPARE PLUG "
		6 1/2	99				850	SHUT OFF ROTATING
	1732	6	109.1				1500	PLUG DOWN - PSE UP CATCH IN PLUG
	1738							OK RELEASE PSE- HELD
								WASH UP
	1830							JOB COMPLETE

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THANK YOU
WAYNE, JUSTY, SEAN

ALLIED CEMENTING CO., INC.

26245

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

SERVICE POINT:

Wess City

DATE <u>10-15-06</u>	SEC. <u>27</u>	TWP. <u>18</u>	RANGE <u>29</u>	CALLED OUT <u>3:00pm</u>	ON LOCATION <u>6:00pm</u>	JOB START <u>7:45pm</u>	JOB FINISH <u>8:30 PM</u>
LEASE <u>Robbenis-wilson</u>		WELL # <u>1-27</u>	LOCATION <u>Dighton 25 2w 1/2w 1/2w</u>		COUNTY <u>Lane</u>	STATE <u>KS</u>	
OLD OR <input checked="" type="radio"/> NEW (Circle one)							

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CONTRACTOR Murphy Dole #24
 TYPE OF JOB Surface
 HOLE SIZE 12 1/4 T.D. 270
 CASING SIZE 8 7/8 DEPTH 270
 TUBING SIZE _____ DEPTH _____
 DRILL PIPE _____ DEPTH _____
 TOOL _____ DEPTH _____
 PRES. MAX _____ MINIMUM _____
 MEAS. LINE _____ SHOE JOINT _____
 CEMENT LEFT IN CSG. 15
 PERFS. _____
 DISPLACEMENT 16

OWNER _____
 CEMENT AMOUNT ORDERED 180 Corn 3% cc 2 1/4 Ad.
 COMMON 180 @ 10.65 1917.00
 POZMIX _____ @ _____
 GEL 4 @ 16.65 66.60
 CHLORIDE 5 @ 46.60 233.00
 ASC _____ @ _____
 _____ @ _____
 _____ @ _____
 _____ @ _____
 _____ @ _____
 _____ @ _____
 _____ @ _____
 _____ @ _____
 _____ @ _____
 HANDLING 189 @ 1.90 359.10
 MILEAGE 37 @ 189.9 629.37
 TOTAL 3205.07

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EQUIPMENT

PUMP TRUCK CEMENTER MIKE
 # 224 HELPER J. Weighous
 BULK TRUCK
 # 342 DRIVER Dan
 BULK TRUCK
 # _____ DRIVER _____

REMARKS:
used 28"
circ 8 7/8 cas w/ ring pump
Max cement disp plug w/ 16 BAX
cement dual Circ

Thanks

CHARGE TO: Larson Oper
 STREET _____
 CITY _____ STATE _____ ZIP _____

SERVICE

DEPTH OF JOB 270
 PUMP TRUCK CHARGE _____ 815.00
 EXTRA FOOTAGE _____ @ _____
 MILEAGE 37 @ 6.00 222.00
 MANIFOLD _____ @ _____
 _____ @ _____
 _____ @ _____
 TOTAL 1037.00

PLUG & FLOAT EQUIPMENT

8 7/8 Topuboss @ _____ 60.00
 _____ @ _____
 _____ @ _____
 _____ @ _____
 _____ @ _____
 TOTAL 60.00

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 Martin
Great Job Guys

Anthony Martin
 PRINTED NAME

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

2-5-08
09

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CONSERVATION DIVISION
WICHITA, KS

ACO-1 CONFIDENTIALITY REQUEST

VIA UPS NEXT DAY AIR

February 5, 2007

Kansas Corporation Commission
Oil & Gas Conservation Division
130 South Market, Room 2078
Wichita, KS 67202

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Re: Robbins-Wilson 1-27
Lane County, Kansas
API #15-101-21963-00-00

Ladies and Gentlemen:

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

If you have questions or require additional information, please call.

Sincerely,

Larson Operating Company



Carol Larson
Secretary/Treasurer

Encl.