

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

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: WILD WEST WELL SERVICE, INC.  
License: 32592  
Wellsite Geologist: N/A

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: PATTON OIL COMPANY

Well Name: JOHNSON #1

Original Comp. Date: 3/1/1983 Original Total Depth: 4597

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. \_\_\_\_\_

9/7/2004 9/14/2004 9/21/2004  
Spud Date or Date Reached TD Completion Date or  
Recompletion Date Recompletion Date

API No. 15 - 101-20754-00-01

County: LANE

SW NE NW Sec. 8 Twp. 17 S. R. 27  East  West

990 feet from NORTH Line of Section

1650 feet from WEST Line of Section

Footages Calculated from Nearest Outside Section Corner:

(circle one) NE SE NW SW

Lease Name: JOHNSON Well #: 1 OWWO

Field Name: PENNENNIS SW

Producing Formation: CHEROKEE, PAWNEE, L-KC

Elevation: Ground: 2689 Kelly Bushing: 2694

Total Depth: 4957 Plug Back Total Depth: 4559

Amount of Surface Pipe Set and Cemented at 402' PREV SET Feet

Multiple State 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 OWWO RGR 2/25/08  
(Data must be collected from the Reserve Pit)

Chloride content \_\_\_\_\_ ppm Fluid volume \_\_\_\_\_ bbls

Dewatering method used \_\_\_\_\_

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: Carol La

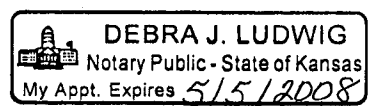
Title: SECRETARY/TREASURER Date: 1/5/2005

Subscribed and sworn to before me this 5TH day of JANUARY

2005.  
Notary Public: Debra J Ludwig

Date Commission Expires: 5/5/2008

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



LARSON OPERATING COMPANY  
 Operator Name: DIVISION OF LANGON ENGINEERING, INC. Lease Name: JOHNSON Well #: 1 OWWO  
 Sec. 8 Twp. 17 S. R. 27  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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (Attach Additional Sheets)  Sample Sent to Geological Survey <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  Cores Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  Electric Log Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (Submit Copy)  List All E. Logs Run:	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name SEE ORIGINAL ACO-1 Top Datum
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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
		8-5/8"		402	PREVIOUSLY SET		
		5-1/2"		4577	PREVIOUSLY SET		

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)	
		Amount	Depth
4	4533.5-36.5, 4384-88, 4266-68, 4229.5-31.5, 4168-70, 4161-63	500 GAL 15% MCA	4384-88
		250 GAL 15% MCA	4266-68
		250 GAL 15% MCA	4229.5-31.5
		500 GAL 15% MCA, 1000 GAL 15% NEFe	4161-63
		500 GAL 15% MCA, 1000 GAL 15% NEFe	4168-70

TUBING RECORD		Size 2-3/8"	Set At 4556.79	Packer At 3754.24	Liner Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date of First, Resumed Production, SWD or Enhr. 10/16/04			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. 8	Gas Mcf	Water Bbls. 8	Gas-Oil Ratio	Gravity 36

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

METHOD OF COMPLETION Production Interval  
 4161-4536 OA