

**KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION
WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE**

Form ACO-1
September 1999
Form Must Be Typed

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: SHIELDS DRILLING COMPANY, INC.
 License: 5184
 Wellsite Geologist: PATRICK DEENIHAN
 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. _____
 Spud Date or 4/1/2005 4/8/2005 5/25/2005
 Recompletion Date Date Reached TD Completion Date or
 Recompletion Date

API No. 15 - ²³⁴⁴⁴~~163-2344~~-00-00
 County: ROOKS
APP SE NE SW Sec. 35 Twp. 10 S. R. 17 East West
1725 feet from SOUTH Line of Section
2350 feet from WEST Line of Section
 Footages Calculated from Nearest Outside Section Corner:
 (circle one) NE SE NW SW
 Lease Name: BRUNGARDT UNIT Well #: 23
 Field Name: BRUNGARDT
 Producing Formation: CONGLOMERATE, L-KC
 Elevation: Ground: 1962' Kelly Bushing: 1967'
 Total Depth: 3625' Plug Back Total Depth: 3514
 Amount of Surface Pipe Set and Cemented at 222 Feet
 Multiple State Cementing Collar Used? Yes No
 If yes, show depth set 1190 Feet
 If Alternate II completion, cement circulated from 1190
 feet depth to SURFACE w/ 225 sx cmt.
Drilling Fluid Management Plan Alt II NCR
 (Data must be collected from the Reserve Pit) 9-5-08
 Chloride content 36000 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.: _____

RECEIVED
 NOV 14 2005
 KANSAS CORPORATION COMMISSION
 CONSERVATION DIVISION
 WICHITA, KS

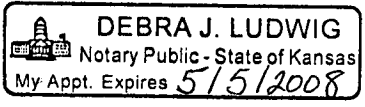
INSTRUCTIONS: An original and two copies of this information shall be filed with the Kansas Corporation Commission, 130 South Market-Room 2078, Wichita, Kansas 67202, within 120 days of the spud date, recompletion, workover or conversion of a well. Rule 82-3-130, 82-3-106 and 82-3-107 apply. Information 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 Larson
 Title: SECRETARY/TREASURER Date: 11/9/05
 Subscribed and sworn to before me this 9th day of NOVEMBER,
 2005.
 Notary Public: Debra J Ludwig
 Date Commission Expires: 5/5/2008

KCC Office Use ONLY

NO Letter of Confidentiality Attached
 If Denied, Yes Date: _____
 Wireline Log Received
 Geologist Report Received
 UIC Distribution



X

Operator Name: LARSON OPERATING COMPANY
A DIVISION OF LARSON ENGINEERING, INC. Lease Name: BRUNGARDT Well #: 23*
 Sec. 35 Twp. 10 S. R. 17 East West County: ROOKS

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	1170	+797
Electric Log Run (Submit Copy)	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	BASE ANHYDRITE	1204	+763
List All E. Logs Run:	DUAL INDUCTION		TOPEKA	2885	-918
	DUAL COMP POROSITY		HEEBNER	3114	-1147
	MICRORESISTIVITY		LANSING	3156	-1189
			BASE K-C	3396	-1429
			CONGLOMERATE	3435	-1468
			ARBUCKLE	3536	-1569

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#	222'	CLASS A	150	2% GEL, 3% CC
PRODUCTION	7-7/8"	5-1/2"	14#	3623'	SMD	100	1/4#/SK FLOCELE
					EA-2	120	7#/SK GILSONITE, 1/2% HALAD, 5% CALSEAL, 10% SALT

ADDITIONAL CEMENTING/SQUEEZE RECORD					
Purpose:	Depth Top Bottom		Type of Cement	# Sacks Used	Type and Percent Additives
<input type="checkbox"/> Perforate <input checked="" type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> Plug Off Zone	SURF		65-35 POZ	225	6% GEL, 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	3537-39', 3542-46'	CIBP @ 3540' & 3514'		
4	3441-45', 3449-51'		<---- 500 GAL NEFE & 1000 GAL 10% FE		
4	3363-65', 3343-45', 3320-22', 3324-26'		<---- 750 GAL 15% MCA & 1500 GAL 15% NEFE		
4	3257-60', 3209-14', 3194-97'		<---- 500 GAL 15% MCA		

TUBING RECORD	Size 2-3/8"	Set At 3508.86	Packer At	Liner Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Date of First, Resumed Production, SWD or Enhr. 5/27/05	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. 10	Gas Mcf 0	Water Bbls. 5	Gas-Oil Ratio 0	Gravity 34

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

METHOD OF COMPLETION 3194-3451' OA

Production Interval



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

TICKET
 No 8234

PAGE 1 OF 2

1. SERVICE LOCATIONS <u>NESS CITY, KS</u>	WELL/PROJECT NO. <u># 23</u>	LEASE <u>BAWJGARDT UNIT</u>	COUNTY/PARISH <u>ROCKS</u>	STATE <u>Ks</u>	CITY	DATE <u>4-8-05</u>	OWNER <u>SAME</u>
2. TICKET TYPE <input checked="" type="checkbox"/> SERVICE <input type="checkbox"/> SALES	CONTRACTOR <u>SHREWS MOUNTING</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>5 1/2" LOGGING</u>	WELL PERMIT NO.		WELL LOCATION <u>ROCK DA - COBLED - 3N, WS</u>		
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 * 104	30	MI		3.00	90.00
578		1			PUMP SERVICE	1	JOB	3618	FT	1250.00
221		1			LUBRICANT	2	GAL		19.00	38.00
281		1			MUDFLUSH	500	GAL		.65	325.00
419		1			ROTATING HEAD RENTAL 5 1/2"	1	JOB		200.00	200.00
RECEIVED KANSAS CORPORATION COMMISSION NOV 14 2005 CONSERVATION DIVISION 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 T.C. Larson
 DATE SIGNED 4-8-05 TIME SIGNED 1830 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	#1	1903.00
OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN?						
WE UNDERSTOOD AND MET YOUR NEEDS?						
OUR SERVICE WAS PERFORMED WITHOUT DELAY?					#2	3383.01
WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY?				subtotal		5286.01
ARE YOU SATISFIED WITH OUR SERVICE? <input type="checkbox"/> YES <input type="checkbox"/> NO				Roots Co.		179.59
<input type="checkbox"/> CUSTOMER DID NOT WISH TO RESPOND				TOTAL		5465.60

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. **8234**

CUSTOMER **(LASSO) OPERATING** WELL **RAWHOGST UNIT # 23** DATE **4-8-05** PAGE **2** OF **2**

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			TIME	DESCRIPTION	QTY		UNIT PRICE	AMOUNT
		LOG	ACCT	DF			QTY	UM		
325		1				STANDARD CEMENT	120	SBS	7.50	900.00
330		1				SWIFT MULTI-GRIT STANDARD	100	SBS	10.25	1025.00
276		1				FLOCEL	25	LBS	1.00	25.00
277		1				GRSWE	850	LBS	.35	297.50
283		1				SALT	600	LBS	.17	102.00
284		1				CAISEAL	6	SBS	28.00	168.00
286		1				HALO-1	56	LBS	5.50	308.00
581		1				SERVICE CHARGE				
583		1				MILEAGE CHARGE				
							CUBIC FEET	220	1.70	242.00
							TON MILES	350, 565	1.90	315.51
							TOTAL WEIGHT	23371		
							LOADED MILES	30		

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WICHITA, KS

CONTINUATION TOTAL **3383.01**

JOB LOG

SWIFT Services, Inc.

DATE 4-8-05 PAGE NO. 1

CUSTOMER WALSON OPERATING WELL NO. 23 LEASE BROWNST WIND JOB TYPE 5 1/2" LONGSTROKE TICKET NO. 8234

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) <small>ACT</small>	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	1830							OK LOADS RECEIVED KANSAS CORPORATION COMMISSION NOV 14 2005 TP-3625 TP-3618.49 ST-42.50 SET = 3618.49 5 1/2 #/FT 14 PORT COLLAR = 1185'
	1945							DROP BALL - CORALITE ROATE
	2048	6	12		✓		400	PUMP 500 GAL MUDFLUSH "
	2050	6	20		✓		400	PUMP 20 BBL KCL FLUSH "
	2057		4 1/2					PLUG RH - MH
	2104	6	38		✓		300	MIX COMMT 100 SKS SMD 12.5 " 5 1/2 29 ✓ 300 120 SKS SA-2 15.5 "
	2119							WASH OUT PUMP - LOWS
	2120							RELEASE LATCH DOWN PLUG
	2122	6 1/2	0		✓			DESPAGE PLUG "
		6 1/2	77				850	SHUT OFF ROTATING
	2134	6	87.3				1800	PLUG DOWN - PICK UP LATCH PLUG
	2136						OK	RELEASE ASE - HELM WASH UP
	2230							JOB COMPLETE THANK YOU WALLY AUSTY, JASON

ALLIED CEMENTING CO., INC. 16284

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

SERVICE POINT: R

DATE <u>4-2-05</u>	SEC.	TWP.	RANGE	CALLED OUT	ON LOCATION	JOB START <u>5:45 AM</u>	JOB FINISH <u>6:00 AM</u>
BRUNGARDT LEASE <u>LINE</u>	WELL # <u>23</u>		LOCATION <u>CODELL E REVER RD</u>			COUNTY <u>ROCKS</u>	STATE <u>KS</u>
OLD OR <input checked="" type="radio"/> NEW (Circle one)			<u>2 1/4 IN WIN</u>				

CONTRACTOR SHELDON

TYPE OF JOB SURFACE

HOLE SIZE 12 1/4 T.D. 275

CASING SIZE 8 5/8 DEPTH 225 20"

TUBING SIZE _____ DEPTH _____

DRILL PIPE _____ DEPTH _____

TOOL _____ DEPTH _____

PRES. MAX _____ MINIMUM _____

MEAS. LINE _____ SHOE JOINT _____

CEMENT LEFT IN CSG. 10-15'

PERFS. _____

DISPLACEMENT 13 3/4 BBL

OWNER _____

CEMENT AMOUNT ORDERED 150 1000 3 1/2

COMMON	<u>150</u>	@	<u>8.30</u>	<u>1,245.00</u>
POZMIX		@		
GEL	<u>3</u>	@	<u>13.00</u>	<u>39.00</u>
CHLORIDE	<u>5</u>	@	<u>36.00</u>	<u>180.00</u>
ASC		@		
RECEIVED				
KANSAS CORPORATION COMMISSION				
NOV 14 2005				
CONSERVATION DIVISION				
WICHITA, KS				
HANDLING	<u>158</u>	@	<u>150</u>	<u>237.00</u>
MILEAGE	<u>.055/sk/mi.</u>			<u>330.22</u>
TOTAL				<u>2,031.22</u>

EQUIPMENT

PUMP TRUCK CEMENTER MARK

346 HELPER STEVE

BULK TRUCK

282 DRIVER KEITH

BULK TRUCK

_____ DRIVER _____

REMARKS:

CEMENT CIRC

SERVICE

DEPTH OF JOB	_____			
PUMP TRUCK CHARGE			<u>1025.00</u>	
EXTRA FOOTAGE		@		
MILEAGE	<u>38 mi.</u>	@	<u>4.50</u>	
		@		
		@		
		@		
TOTAL				<u>896.00</u>

CHARGE TO: LARSON OPERATING

STREET _____

CITY _____ STATE _____ ZIP _____

PLUG & FLOAT EQUIPMENT

MANIFOLD	_____	@		
<u>8 5/8</u>	<u>WOOD</u>	@	<u>55.00</u>	
		@		
		@		
		@		
TOTAL				<u>55.00</u>

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 Burton Beery Burton Beery
PRINTED NAME

P.O. BOX 31
RUSSELL, KANSAS 67665

SERVICE POINT:

Russell

DATE <u>5/16/05</u>	SEC.	TWP.	RANGE	CALLED OUT <u>8:00 a.m.</u>	ON LOCATION <u>1:00 pm</u>	JOB START	JOB FINISH <u>4:30 p.m.</u>
LEASE <u>Dringardt Unit</u>	WELL # <u>23</u>	LOCATION <u>Codell River Rd Jct</u>			COUNTY <u>Etting</u>	STATE <u>Ks.</u>	
OLD OR <u>(NEW)</u> (Circle one)			<u>1N w into</u>			<u>Rocks</u>	

CONTRACTOR Wild West Wells Service OWNER _____
TYPE OF JOB Port Collar (Circulate Cement)

HOLE SIZE _____ T.D. _____
CASING SIZE 5 1/2 DEPTH _____
TUBING SIZE 2 3/8 DEPTH _____
DRILL PIPE _____ DEPTH _____
TOOL Port Collar DEPTH 1190
PRES. MAX 1000 psi MINIMUM _____
MEAS. LINE _____ SHOE JOINT _____

CEMENT
AMOUNT ORDERED 250 60/40 690 60/1
1/4" Fl 2 sks Gel on side

CEMENT LEFT IN CSG. _____
PERFS. _____
DISPLACEMENT T 4.6 661
EQUIPMENT _____

COMMON	<u>150</u>	@	<u>870</u>	<u>1305.00</u>
POZMIX	<u>100</u>	@	<u>470</u>	<u>470.00</u>
GEL	<u>14</u>	@	<u>14.00</u>	<u>196.00</u>
CHLORIDE		@		
ASC		@		
Floerol	<u>63#</u>	@	<u>170</u>	<u>107.10</u>

PUMP TRUCK CEMENTER Shane
368 HELPER Gene
BULK TRUCK
215 DRIVER Keith
BULK TRUCK
_____ DRIVER Fred

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CONSERVATION DIVISION
WICHITA, KS
HANDLING 264 @ 160 422.40
MILEAGE 64 /sk/mile 554.40
TOTAL 3054.90

REMARKS:

Tested Casing to 1000 psi (held)
Oppr PC. Mixed 100 sks no blow
stopped for 60 min mixed 125 sks
got circulation closed tool test
to 1000 psi held washed
around came out of hole
Cement did circulate
State Rep on location (Rich Williams)

SERVICE

DEPTH OF JOB _____
PUMP TRUCK CHARGE _____ 785.00
EXTRA FOOTAGE @ _____
MILEAGE 35 @ 5.00 175.00
@ _____
@ _____
@ _____
TOTAL 960.00

CHARGE TO: Larsen Operating
STREET _____
CITY _____ STATE _____ ZIP _____

PLUG & FLOAT EQUIPMENT

MANIFOLD @ _____
@ _____
@ _____
@ _____
@ _____
TOTAL _____

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 T. C. Larson

T. C. LARSON
PRINTED NAME