

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

Form ACO-1
October 2008
Form Must Be Typed

ORIGINAL

OPERATOR: License # 3842
 Name: LARSON ENGINEERING, INC.
 Address 1: 562 WEST STATE ROAD 4
 Address 2: _____
 City: OLMITZ State: KS Zip: 67564 + 8561
 Contact Person: TOM LARSON
 Phone: (620) 653-7368
 CONTRACTOR: License # 32592
 Name: WILD WEST WELL SERVICE
 Wellsite Geologist: THOMAS LARSON
 Purchaser: NCRA
 Designate Type of Completion:
 _____ New Well Re-Entry _____ Workover
 Oil _____ SWD _____ SLOW
 _____ Gas _____ ENHR _____ SIGW
 _____ CM (Coal Bed Methane) _____ Temp. Abd.
 _____ Dry _____ Other _____
(Core, WSW, Expl., Cathodic, etc.)

If Workover/Re-entry: Old Well Info as follows:
 Operator: A. L. ABERCROMBIE, INC
 Well Name: SPLITTER "B" #2
 Original Comp. Date: 10/8/1983 Original Total Depth: 4670'
 _____ 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. _____

<u>1/12/2009</u>	<u>1/26/2009</u>	<u>2/27/2009</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 101-20842-00-01
 Spot Description: _____
E2 - W2 - W2 - SE Sec. 35 Twp. 18 S. R. 29 East West
 _____ feet from SOUTH Line of Section
 _____ feet from EAST Line of Section
 Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
 County: LANE
 Lease Name: SPLITTER "B" Well #: 2 OWWO
 Field Name: WILDCAT
 Producing Formation: L-KC, MARMATON, CHEROKEE
 Elevation: Ground: 2799' Kelly Bushing: 2804'
 Total Depth: 4670' Plug Back Total Depth: 4617'
 Amount of Surface Pipe Set and Cemented at: 323' Feet
 Multiple State Cementing Collar Used? Yes No
 If yes, show depth set: 1670' Feet
 If Alternate II completion, cement circulated from: 1670'
 feet depth to: SURFACE w/ _____
RPZ-DL-8/3109 ^{5x cmt.}

Drilling Fluid Management Plan
(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 S. 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 Lee*
 Title: SECRETARY/TREASURER Date: 5/21/2009
 Subscribed and sworn to before me this 21ST day of MAY, 2009.
 Notary Public: *Debra Ludwig*
 Date Commission Expires: MAY 5, 2012

KCC Office Use ONLY

Letter of Confidentiality Received
 If Denied, Yes Date: _____
 Wireline Log Received
 Geologist Report Received
 UIC Distribution

RECEIVED
MAY 22 2009

DEBRA J. LUDWIG
 Notary Public - State of Kansas
 My Appt. Expires 5/5/2012

KCC WICHITA

Side Two

Operator Name: LARSON ENGINEERING, INC. Lease Name: SPLITTER "B" Well #: 2 OWWO

Sec. 35 Twp. 18 S. R. 29 East West County: LANE

INSTRUCTIONS: Show important tops and base of formations 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 Yes No
(Attach Additional Sheets)

Samples Sent to Geological Survey Yes No

Cores Taken Yes No

Electric Log Run Yes No
(Submit Copy)

List All E. Logs Run: NONE

Log Formation (Top), Depth and Datum Sample

Name SEE ORIGINAL ACO-1 Top Datum

RECEIVED
 MAY 22 2009
 KCC WICHITA

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"		323'	UNKNOWN		UNKNOWN
PRODUCTION	7-7/8"	5-1/2"		4667'	UNKNOWN	175	UNKNOWN

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	Depth
4	4588-90, 4547-50, 4357-60	250 GAL 15% MCA	4588-90
4	4310-18	250 GAL 15% MCA	4547-50
		250 GAL 15% MCA	4357-60
		250 GAL 15% MCA	4310-18

TUBING RECORD: Size: 2-3/8" Set At: 4605' Packer At: NONE Liner Run: Yes No

Date of First, Resumed Production, SWD or Enhr. 2/27/09 Producing Method: Flowing Pumping Gas Lift Other (Explain)

Estimated Production Per 24 Hours	Oil	Bbls.	Gas	Mcf	Water	Bbls.	Gas-Oil Ratio	Gravity

DISPOSITION OF GAS: <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>If vented, submit ACO-18.)</i>	METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input checked="" type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <input type="checkbox"/> Other (Specify)	PRODUCTION INTERVAL: <u>4310-4590'</u>
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