

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form ACO-1
September 1999
Form Must Be Typed

WELL COMPLETION FORM

ORIGINAL

WELL HISTORY - DESCRIPTION OF WELL & LEASE

CONFIDENTIAL

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: SOUTHWIND DRILLING, INC.
License: 33350
Wellsite Geologist: ROBERT LEWELLYN

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. _____

7/21/2006 7/30/2006 8/28/2006
Spud Date or Date Reached TD Completion Date or Recompletion Date

API No. 15 - 135-24526-0000
County: LANE NESS
APP SW NW NE Sec. 30 Twp. 18 S. R. 26 East West
800 feet from NORTH Line of Section
2450 feet from EAST Line of Section

Footages Calculated from Nearest Outside Section Corner:
(circle one) NE SE NW SW
Lease Name: DELANEY Well #: 2-30
Field Name: _____
Producing Formation: _____
Elevation: Ground: 2646' Kelly Bushing: 2656'
Total Depth: 4675' Plug Back Total Depth: 4629'
Amount of Surface Pipe Set and Cemented at 262 Feet
Multiple State Cementing Collar Used? Yes No
If yes, show depth set 2000 Feet
If Alternate II completion, cement circulated from 2000
feet depth to SURFACE w/ 170 sx cmt.

Drilling Fluid Management Plan ALT II NH 8-18-08
(Data must be collected from the Reserve Pit)
Chloride content 18000 ppm Fluid volume 450 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 Larson
Title: SECRETARY/TREASURER Date: 11/15/06
Subscribed and sworn to before me this 15TH day of NOVEMBER,
2006.
Notary Public: Debra J. Ludwig
Date Commission Expires: MAY 5, 2008

KCC Office Use ONLY
 Letter of Confidentiality Attached
If Denied, Yes Date: _____
 Wireline Log Received
 Geologist Report Received
 UIC Distribution
RECEIVED
KANSAS CORPORATION COMMISSION
NOV 15 2006


DEBRA J. LUDWIG
Notary Public - State of Kansas
My Appt. Expires 5/5/2008

CONSERVATION DIVISION
WICHITA, KS

Operator Name: LARSON OPERATING COMPANY
A DIVISION OF LARSON ENGINEERING, INC. Lease Name: DELANEY Well #: 2-30
 Sec. 30 Twp. 18 S. R. 26 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 type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Name	Top	Datum
Cores Taken	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	ANHYDRITE	2021	+635
Electric Log Run (Submit Copy)	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	BASE ANHYDRITE	2050	+606
List All E. Logs Run:	DUAL INDUCTION		HEEBNER SH	3957	-1301
	DUAL COMP POROSITY		LANSING-KANSAS CITY	3997	-1341
	BOREHOLE COMP SONIC		STARK SH	4259	-1603
	MICRORESISTIVITY		BASE KANSAS CITY	4370	-1714
			PAWNEE	4465	-1809
			FORT SCOTT	4517	-1861
			CHEROKEE	4542	-1886
			MISSISSIPPIAN	4626	-1970

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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"	24#	262'	CLASS A	175	2% GEL, 3% CC
PRODUCTION	7-7/8"	5-1/2"	15.5#	2674'	SMD	125	1/4#/SK FLOCELE
					EA-2	100	5#/SK GILSONITE & 1/2% HALAD

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	2000	SMD	170	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	4538-40, 4440-46		250 GAL 15% MCA	
			250 GAL 15% MCA	4440-46	
			1000 GAL 15% NEFE	4440-46	
			1000 GAL 15% NEFE	4538-40	

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TUBING RECORD		Size 2-3/8"	Set At 4625'	Packer At	Liner Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date of First, Resumed Production, SWD or Enhr. 8/28/06		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. 112	Gas Mcf 0	Water Bbls. 0	Gas-Oil Ratio 0	Gravity 38

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 4538-40 4440-46
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ALLIED CEMENTING CO., INC.

24277

Federal Tax I.D.#

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

SERVICE POINT:

Neos City

NOV 15 2006

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DATE <u>7-21-06</u>	SEC. <u>30</u>	TWP. <u>18</u>	RANGE <u>26</u>	CALL OUT <u>8:00pm</u>	ON LOCATION <u>11:00pm</u>	JOB START <u>12:10pm</u>	JOB FINISH <u>12:45pm</u>
LEASE <u>Delaney</u>	WELL # <u>2-30</u>	LOCATION <u>Neos city 18w e.s</u>	COUNTY <u>Neos</u>	STATE <u>KS</u>			
OLD OR <u>NEW</u> (Circle one).							

CONTRACTOR Southwind Drilling #1

TYPE OF JOB Surface

HOLE SIZE 12 1/4 T.D. 265

CASING SIZE 8 5/8 DEPTH 265

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 175 Com 3% c 2 1/2 gal

COMMON	<u>175 gal</u>	@	<u>10.65</u>	<u>1863.75</u>
POZMIX		@		
GEL	<u>3 gal</u>	@	<u>16.65</u>	<u>49.95</u>
CHLORIDE	<u>5 gal</u>	@	<u>46.00</u>	<u>230.00</u>
ASC		@		

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HANDLING	<u>183 gal</u>	@	<u>1.90</u>	<u>347.70</u>
MILEAGE	<u>183.08</u>	@	<u>18</u>	<u>263.52</u>
TOTAL				<u>2751.92</u>

REMARKS:

new 24#
circ 8 5/8 casing / rig pump
mix cement, plug / 16 BK
ceint drill Circ.

THANKS

CHARGE TO: Larson Oper.

STREET _____

CITY _____ STATE _____ ZIP _____

SERVICE

DEPTH OF JOB	<u>265</u>			
PUMP TRUCK CHARGE				<u>85.00</u>
EXTRA FOOTAGE		@		
MILEAGE	<u>18</u>	@	<u>5.00</u>	<u>90.00</u>
MANIFOLD		@		
TOTAL				<u>905.00</u>

PLUG & FLOAT EQUIPMENT

<u>8 5/8 Top caps</u>	@	<u>60.00</u>	<u>60.00</u>
	@		
	@		
	@		
	@		
TOTAL			<u>60.00</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 Day Rhodes

PRINTED NAME



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

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 CONSERVATION DIVISION
 WICHITA, KS

TICKET No. 10559

PAGE 1 OF 1

SERVICE LOCATIONS
 1. **NESS CITY, KS**
 WELL/PROJECT NO. **2-30** LEASE **DELAWEY** COUNTY/PARISH **NESS** STATE **Ks** CITY DATE **8-3-06** OWNER **SAME**
 2. TICKET TYPE SERVICE CONTRACTOR **WOB WEST WELL SERVICE** RIG NAME/NO. SHIPPED VIA **CR** DELIVERED TO **LOCATION** ORDER NO.
 3. WELL TYPE **ORL** WELL CATEGORY **DEVELOPMENT** JOB PURPOSE **CRUMP PORT COLLAR** WELL PERMIT NO. WELL LOCATION **DEWEY, KS - 2 1/2 W, N 2ND**
 4. REFERRAL LOCATION INVOICE INSTRUCTIONS

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.		UM		UNIT PRICE	AMOUNT
		LOC	ACCT	DF							
575		1			MILEAGE # 104	30		MI		4.00	120.00
577		1			PUMP SERVICE	1		JOB		850.00	850.00
330		1			SWIFT MULTI-DEGREE STANDARDS	170		SYS		12.50	2125.00
276		1			FLOOCE	501		US		1.25	626.50
290		1			DADR	1		GA		32.00	32.00
581		1			SERVICE CHARGE CONT.	200		SYS		1.10	220.00
593		1			DRAINAGE	19970		US	249.55 M	1.00	299.55

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 KCCO

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 **8-3-06** TIME SIGNED **1600** 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?					3709.05
WE UNDERSTOOD AND MET YOUR NEEDS?					
OUR SERVICE WAS PERFORMED WITHOUT DELAY?					
WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY?					117.63
ARE YOU SATISFIED WITH OUR SERVICE? <input type="checkbox"/> YES <input type="checkbox"/> NO					
<input type="checkbox"/> CUSTOMER DID NOT WISH TO RESPOND				TOTAL	3826.68

NESS TAX 5.3%

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

SWIFT OPERATOR **WANE WILSON** APPROVAL

Thank You!

JOB LOG

SWIFT Services, Inc.

DATE **8-3-06** PAGE NO. **7**

CUSTOMER **LARSON OPERATING** WELL NO. **2-30** LEASE **DELAWEY** JOB TYPE **CMT PORT COLLAR** TICKET NO. **10559**

CHART NO.	TIME	RATE (BPM)	VOLUME (BB) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	1600							ON LOCATION
								2 3/8 x 5 1/2 PORT COLLAR - 2005
								KCC NOV 15 2006 CONFIDENTIAL
	1630				✓		1000	PSE-TEST CASING - HELD
	1635	3	3	✓			400	OPEN PORT COLLAR - ZWT RATE
	1640	4 1/2	94	✓			500	MAX CEMENT 170 SEC CMT
	1710	4	7	✓			550	DISPARE CEMENT
	1715			✓			1000	CLOSE PORT COLLAR - PSE TEST - HELD
								CIRCULATED 10 SEC CMT TO POT
	1725	3	25	✓			400	RUN 4 JTS CIRCULATE CLEAN
								WASH TRUCK
								PULL TOOL
	1800							JOB COMPLETE
								THANK YOU WAYNE, DUSTY, ROB



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

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 WICHITA, KS

TICKET No 10450

PAGE 1 OF 2

SERVICE LOCATIONS 1. NESS CITY, KS	WELL/PROJECT NO. 2-30	LEASE DELAWEY	COUNTY/PARISH NESS	STATE Ks	CITY	DATE 7-30-06	OWNER SAME
2.	TICKET TYPE <input checked="" type="checkbox"/> SERVICE <input type="checkbox"/> SALES	CONTRACTOR SOUTHWIND DRILL	RIG NAME/NO.	SHIPPED VIA CT	DELIVERED TO LARSON	ORDER NO.	
3.	WELL TYPE OIL	WELL CATEGORY DEVELOPMENT	JOB PURPOSE 5 1/2" LOGGING	WELL PERMIT NO.	WELL LOCATION BEUSE, KS - 2 1/2 W NORTH 210		
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	20	ME	4.00		80.00
578		1			PUMP SERVICE	1	JOB	1250.00		1250.00
221		1			LIQUID KCL	2	GAL	26.00		52.00
281		1			MUDFLUSH	500	GAL	.75		375.00
419		1			ROTATING HEAD RENTAL	1	JOB	250.00		250.00

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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 *T.C. Larson*
 DATE SIGNED **7-30-06** TIME SIGNED **2030** 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	2007.00
WE UNDERSTOOD AND MET YOUR NEEDS?				#2	3856.66
OUR SERVICE WAS PERFORMED WITHOUT DELAY?				subtotal	5863.66
WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY?				TAX	
ARE YOU SATISFIED WITH OUR SERVICE?	<input type="checkbox"/> YES	<input type="checkbox"/> NO		ness 5.3%	214.66
<input type="checkbox"/> CUSTOMER DID NOT WISH TO RESPOND				TOTAL	6078.32

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

SWIFT OPERATOR *WAVE WASON* APPROVAL

Thank You!



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

TICKET CONTINUATION

TICKET No. 10450

CUSTOMER **LARSON OPERATING** WELL **DELAWEY 2-30** DATE **7-30-06** PAGE **2** OF **2**

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			TIME	DESCRIPTION	QTY.		UNIT PRICE		AMOUNT		
		LOC	ACCT	DF			QTY.	UM	QTY.	UM			
325		1				STANDARD CEMENT	EA-2	100	SKS		10.00	1000.00	
330		1				SWIFT MULTI-DENSITY STANDARDS		125	SKS		12.50	1562.50	
276		1				FLOCELE		31	LBS		1.25	38.75	
277		1				GELSOJOTE		700	LBS		.40	280.00	
283		1				SALT		550	LBS		.20	110.00	
284		1				CALSEAL		5	SKS	500	LBS	30.00	150.00
285		1				CFR-1		50	LBS		4.00	200.00	
290		1				D-AR		1	GAL		32.00	32.00	
581		1				SERVICE CHARGE							
583		1				MILEAGE CHARGE							
						TOTAL WEIGHT		23591					
						LOADED MILES		20					
						CUBIC FEET		225		1.10		247.50	
						TON MILES		235.91		1.00		235.91	

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CONTINUATION TOTAL 3856.66

JOB LOG

SWIFT Services, Inc.

DATE 7-30-06 PAGE NO. 1

CUSTOMER **LARSON OPERATING** WELL NO. **2-30** LEASE **DELAWEY** JOB TYPE **5 1/2 LONGSTRONG** TICKET NO. **10450**

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	2030							ON LOCATION
	1930							START 5 1/2" CASING IN WELL
								TO-4675 SET 4674
								TP-4677 5 1/2" / FT 15.5
								ST-42.59 PORT COLLAR 2005
	2130							DROP BALL - CIRCULATE ROTATE
	2234	6	12		✓		450	PUMP 500 GAL MUST FLUSH
	2236	6	20		✓		450	PUMP 20 BBLs KCL - FLUSH
	2245		4 1/2					PLUG RH-MH
	2248	6	52		✓		400	MIXCSMWT - W-125 SMO = 12.2 PPG
		4 1/2	24		✓		300	TL-100 EA2 = 15.2 PPG
	2305							WASH OUT PUMP - LOWES
	2306							RELEASE CATCH DOWN PLUG
	2308	6 1/2	0		✓			DISPLACE PLUG
		6 1/2	100				800	SHUT OFF ROTATING
	2324	6 1/2	110.3				1500	PLUG DOWN - PSE UP CATCH IN PLUG
	2326						OK	RELEASE PSE - HELD
								WASH UP TRUCK
	0030							JOB COMPLETE

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THANK YOU
WAYNE, DUSTY, JASON