

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

ORIGINAL

Form ACO-1
September 1999
Form Must Be Typed

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

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: N/A
 Operator Contact Person: TOM LARSON
 Phone: (620) 653-7368
 Contractor: Name: SOUTHWIND DRILLING, INC.
 License: 33350
 Wellsite Geologist: STEVE DAVIS
 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: _____
 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. _____
 1/25/2005 2/2/2005 2-2-05
 Spud Date or Date Reached TD Completion Date or
 Recompletion Date Recompletion Date

API No. 15 - 083-21491-0000
 County: HODGEMAN
 APPROX SE NE NE Sec. 15 Twp. 24 S. R. 23 East West
970 feet from NORTH Line of Section
100 feet from EAST Line of Section
 Footages Calculated from Nearest Outside Section Corner:
 (circle one) NE SE NW SW
 Lease Name: ANITA RUBY Well #: 1
 Field Name: WILDCAT
 Producing Formation: N/A
 Elevation: Ground: 2341' Kelly Bushing: 2351'
 Total Depth: 4697' Plug Back Total Depth: _____
 Amount of Surface Pipe Set and Cemented at 323.53 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
 (Data must be collected from the Reserve Pit)
 Chloride content 12400 ppm Fluid volume 1000 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.: _____

PLA-DG-11-1208

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 Larson
 Title: PRESIDENT Date: 4/10/2005
 Subscribed and sworn to before me this 10TH day of APRIL,
 2005.
 Notary Public: Carol S. Larson
 Date Commission Expires: JUNE 25, 2005

CAROL S. LARSON
 Notary Public - State of Kansas
 My Appt. Expires 6/25/2005

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

RECEIVED
KANSAS CORPORATION COMMISSION

JUL 25 2005

CONSERVATION DIVISION
WICHITA, KS

✓

Operator Name: LARSON OPERATING COMPANY
A DIVISION OF LARSON ENGINEERING, INC. Lease Name: ANITA RUBY Well #: 1
 Sec. 15 Twp. 24 S. R. 23 East West County: HODGEMAN

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 <i>(Attach Additional Sheets)</i> 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(Submit Copy)</i> List All E. Logs Run: <u>RADIATION GUARD LOG</u>	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Name</th> <th style="text-align: left;">Top</th> <th style="text-align: left;">Datum</th> </tr> </thead> <tbody> <tr> <td>ANHYDRITE</td> <td>1507</td> <td>+844</td> </tr> <tr> <td>HEEBNER</td> <td>3939</td> <td>-1588</td> </tr> <tr> <td>LANSING</td> <td>4022</td> <td>-1671</td> </tr> <tr> <td>STARK</td> <td>4300</td> <td>-1949</td> </tr> <tr> <td>BASE KANSAS CITY</td> <td>4376</td> <td>-2025</td> </tr> <tr> <td>CHEROKEE</td> <td>4582</td> <td>-2231</td> </tr> <tr> <td>MISSISSIPPI</td> <td>4666</td> <td>-2315</td> </tr> </tbody> </table>	Name	Top	Datum	ANHYDRITE	1507	+844	HEEBNER	3939	-1588	LANSING	4022	-1671	STARK	4300	-1949	BASE KANSAS CITY	4376	-2025	CHEROKEE	4582	-2231	MISSISSIPPI	4666	-2315
Name	Top	Datum																							
ANHYDRITE	1507	+844																							
HEEBNER	3939	-1588																							
LANSING	4022	-1671																							
STARK	4300	-1949																							
BASE KANSAS CITY	4376	-2025																							
CHEROKEE	4582	-2231																							
MISSISSIPPI	4666	-2315																							

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#	335' KB	CLASS A	200	2% GEL, 3% CC

ADDITIONAL CEMENTING/SQUEEZE RECORD					
Purpose:	Depth Top	Depth Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
<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

TUBING RECORD	Size	Set At	Packer At	Liner Run <input type="checkbox"/> Yes <input type="checkbox"/> No
Date of First, Resumed Production, SWD or Enhr.		Producing Method <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)		
Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio
				Gravity

Disposition of Gas	METHOD OF COMPLETION	Production Interval
<input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>If vented, submit ACO-18.)</i>	<input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <input type="checkbox"/> Other (Specify) _____	_____

ALLIED CEMENTING CO., INC. 20628

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

SERVICE POINT:

Crest Bend

DATE <u>1-26-05</u>	SEC. <u>15</u>	TWP. <u>24</u>	RANGE <u>23w</u>	CALLED OUT <u>2:00am</u>	ON LOCATION <u>5:00am</u>	JOB START <u>6:30am</u>	JOB FINISH <u>7:30am</u>
LEASE <u>Anta - Ruby</u>	WELL # <u>#1</u>	LOCATION <u>Tetmore - 9 south - 4 East</u>	COUNTY <u>Hodgeman</u>	STATE <u>KS</u>			
OLD OR <u>NEW</u> (Circle one)			<u>3/4 north</u>				

CONTRACTOR Southwind Drllg
 TYPE OF JOB Surface
 HOLE SIZE 12 1/4 T.D. 340
 CASING SIZE 8 5/8 DEPTH 335
 TUBING SIZE _____ DEPTH _____
 DRILL PIPE _____ DEPTH _____
 TOOL _____ DEPTH _____
 PRES. MAX _____ MINIMUM _____
 MEAS. LINE _____ SHOE JOINT _____
 CEMENT LEFT IN CSG: approx 10'
 PERFS. _____
 DISPLACEMENT 20 1/2 BBT's

EQUIPMENT

PUMP TRUCK CEMENTER Tack
 # 120 HELPER T.D.
 BULK TRUCK _____
 # 341 DRIVER Steve
 BULK TRUCK _____
 # _____ DRIVER _____

REMARKS:

Run 8 ft of 8 5/8 csg - cement with 200 sx cement - displace plug with 20 1/2 BBT's of fresh water - cement did circ.

Thanks

CHARGE TO: Harson Operating Co.
 STREET 562 W. Highway 4
 CITY Olmitz STATE KS ZIP 67561-8521

OWNER Harson Operating

CEMENT
 AMOUNT ORDERED 200 sx Common
3% c/c of 2% gel

COMMON	<u>20004</u>	@	<u>8.30</u>	<u>1660.00</u>
POZMIX		@		
GEL	<u>4 1/4</u>	@	<u>13.00</u>	<u>52.00</u>
CHLORIDE	<u>6 1/4</u>	@	<u>36.00</u>	<u>216.00</u>
ASC		@		

RECEIVED				
KANSAS CORPORATION COMMISSION				
JUL 25 2006				
CONSERVATION DIVISION				
WICHITA, KS				
HANDLING	<u>2.10m</u>	@	<u>1.50</u>	<u>315.00</u>
MILEAGE	<u>2.10m</u>	<u>SS</u>	<u>37</u>	<u>427.35</u>
TOTAL <u>2670.35</u>				

SERVICE

DEPTH OF JOB	<u>335'</u>			
PUMP TRUCK CHARGE			<u>625.00</u>	
EXTRA FOOTAGE	<u>35</u>	@	<u>SS</u>	<u>19.25</u>
MILEAGE	<u>37</u>	@	<u>4.50</u>	<u>166.50</u>
MANIFOLD		@		
TOTAL <u>810.75</u>				

PLUG & FLOAT EQUIPMENT

<u>1-8 5/8 Wood Double</u>	@	<u>SS</u>	<u>SS.00</u>
<u>cup</u>	@		
TOTAL <u>SS.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 Darryl Krier

DARRYL KRIER
 PRINTED NAME