

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 STATE ROAD 4
City/State/Zip: OLMITZ, KS 67564-8561
Purchaser: _____
Operator Contact Person: TOM LARSON
Phone: (620) 653-7368
Contractor: Name: EXPRESS WELL SERVICE
License: 6426
Wellsite Geologist: _____

Designate Type of Completion:
____ New Well ____ Re-Entry X Workover
____ Oil X SWD ____ SIOW ____ Temp Abd.
____ Gas ____ ENHR ____ SIGW
____ Dry ____ Other (Core, WSW, Expl., Cathodic, etc)

If Workover/Re-entry: Old Well Info as follows:

Operator: LARSON OPERATING COMPANY
Well Name: STAAB #10 SWD
Original Comp. Date: 8-14-50 Original Total Depth: 3659'
____ Deepening ____ Re-perf. ____ Conv. to Enhr./SWD
____ Plug Back ____ Plug Back Total Depth
____ Commingled ____ Docket No. _____
____ Dual Completion ____ Docket No. _____
X Other (SWD or Enhr.?) ____ Docket No. D-03,060

9/25/2006 10/24/2006 10/30/2006
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 051-06666-0001
County: Ellis
NE NW NE Sec. 11 Twp. 12 S. R. 18 ☐ East ☒ West
4643 4620 feet from South Line of Section
1702 1680 feet from EAST Line of Section
Footages Calculated from Nearest Outside Section Corner:

(circle one) NE SE NW SW
Lease Name: AV STAAB Well #: 10 SWD
Field Name: BEMIS-SHUTTS
Producing Formation: ARBuckle/GRANITE WASH SWD
Elevation: Ground: 2121' Kelly Bushing: 2126'
Total Depth: 4190' Plug Back Total Depth: 4190'
Amount of Surface Pipe Set and Cemented at 1375 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.

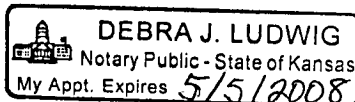
Drilling Fluid Management Plan
(Data must be collected from the Reserve Pit)

Chloride content _____ 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 Larson
Title: SECRETARY/TREASURER Date: 11/6/06
Subscribed and sworn to before me this 11TH day of NOVEMBER,
2006.
Notary Public: Debra J. Ludwig
Date Commission Expires: MAY 5, 2008



KCC Office Use ONLY	
<u>N</u>	Letter of Confidentiality Attached
If Denied, Yes ☐ Date: _____	
____	Wireline Log Received
____	Geologist Report Received
____	UIC Distribution

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NOV 08 2006

KCC WICHITA

Operator Name: LARSON OPERATING COMPANY
A DIVISION OF LARSON ENGINEERING, INC. Lease Name: STAAB Well #: 10 SWD
 Sec. 11 Twp. 28 S. R. 18 ☐ East ☒ West County: ELLIS

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 ☐ Yes ☐ No
 (Attach Additional Sheets)

Sample Sent to Geological Survey ☐ Yes ☐ No

Cores Taken ☐ Yes ☐ No

Electric Log Run ☐ Yes ☐ No
 (Submit Copy)

List All E. Logs Run:

☐ Log Formation (Top), Depth and Datum ☐ Sample
 Name Top Datum

CASING RECORD ☐ New ☐ 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		10-3/4		1375'		700	
PRODUCTION		7	20	3651'		175	
LINER		5-1/2	15.5	3608'	SMD	225	NONE

ADDITIONAL CEMENTING/SQUEEZE RECORD

Purpose:	Depth		Type of Cement	# Sacks Used	Type and Percent Additives
	Top	Bottom			
☐ Perforate	3619	3866	5-1/2" 17# WELDED LINER	100	
☐ Protect Casing					
☐ Plug Back TD					
☐ Plug Off Zone					

Shots per Foot	PERFORATION RECORD – Bridge Plugs Set/Type	Acid. Fracture, Shot, Cement, Squeeze Record	
	Specify Footage of Each Interval Perforated	(Amount and Kind of Material Used)	Depth
	OPEN HOLE 3866-4190	2500 GAL 28% Fe	3866-4190

TUBING RECORD		Size	Set At	Packer At	Liner Run	
		2-7/8" SEAL-TITE	3578'	3578'	☒ Yes ☐ No	
Date of First, Resumed Production, SWD or Enhr.			Producing Method			
10/30/06			☐ Flowing ☐ Pumping ☐ Gas Lift ☐ Other (Explain)			
Estimated Production Per 24 Hours	Oil	Bbls.	Gas	Mcf	Water	Bbls.
					Gas-Oil Ratio	Gravity

Disposition of Gas

☐ Vented ☐ Sold ☐ Used on Lease
 If vented, submit ACO-18.)

METHOD OF COMPLETION

☒ Open Hole ☐ Perf. ☐ Dually Comp. ☐ Commingled
☒ Other (Specify) SWD

Production Interval

3688-

4190'

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KCC WICHITA

JOB LOG

SWIFT Services, Inc.

DATE	PAGE NO
10-16-04	1

CUSTOMER

WELL NO. #10

LEASE**JOB TYPE**

TICKET NO.

PAGE NO

Larsen Operating

Strab

Linear

TICKET NO.
11124

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL / GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	16:50							on loc. set up truck
								5 1/2 csg. in 7" @ 3600'
								Taser Float @ 3581'
								Hook up to 5 1/2
								Break Circulation
	17:50							Drop Ball
	18:00		70					START mixing 125 sk SMOG 112 #
			8.4					Tail in with 30 sk 14 #
	18:25		79					Finished mixing
								wash out pump & line
	18:55					1500		Diaph. hatch down plug
								Plug down 1500 psi holding
								Release press. Float held
								Ann. still Flowing
	19:15							Hook up pump 70 sk down Ann.
								Finished mixing
								Ann. Holding 200 psi
								shut in
								Release press. off 5 1/2
								wash and rack up truck
								JOB Complete

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KANSAS CORPORATION COMMISSION

DEC 09 2008

CONSERVATION DIVISION
WICHITA, KS

Thank You

Ryan, Don, Shane

PAGE 1 OF 1

SERVICE LOCATION(S) 1. <i>Hughes, La</i>	WELL/PROJECT NO. #10	LEASE <i>Stagab</i>	COUNTY/PARISH <i>Ellis</i>	STATE <i>Ks.</i>	CITY	DATE <i>10-16-06</i>	OWNER <i>Same</i>
2.	TICKET TYPE ☒ SERVICE ☐ SALES	CONTRACTOR <i>Express Well Serv</i>	RIG NAME/NO.	SHIPPED VIA <i>CIT</i>	DELIVERED TO <i>Loc.</i>	ORDER NO.	
3.	WELL TYPE <i>Disposal</i>	WELL CATEGORY <i>Workover</i>	JOB PURPOSE <i>Conn. 5 1/2" Lines in 7" Csg.</i>	WELL PERMIT NO.	WELL LOCATION		
4. REFERRAL LOCATION	INVOICE INSTRUCTIONS						

[illegible]

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**

DATE SIGNED _____

TIME SIGNED

☐ 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		
OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN?					PAGE TOTAL	5,174 60
WE UNDERSTOOD AND MET YOUR NEEDS?						
OUR SERVICE WAS PERFORMED WITHOUT DELAY?						
WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY?					Ellis TAX 5.3%	274 20
ARE YOU SATISFIED WITH OUR SERVICE? ☐ YES ☐ NO						
☐ CUSTOMER DID NOT WISH TO RESPOND					TOTAL	5448 20

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

SWIFT OPERATOR

APPROVAL

Thank You!

Dec. 9. 2008 4:34PM

LARSON ENGINEERING

No. 4668 P. 2