

CONFIDENTIAL

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

ORIGINAL

Form ACO-1
October 2008
Form Must Be Typed

6/24/12

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

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 # 33935

Name: H.D. DRILLING, LLC

Wellsite Geologist: ROBERT LEWELLYN

Purchaser: _____

Designate Type of Completion:

- New Well Re-Entry Workover
- Oil SWD SIOW
- 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: _____

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. _____

6/26/2010 3/9/2010

Spud Date or Recompletion Date Date Reached TD Completion Date or Recompletion Date

API No. 15 - 101-22214-00-00

Spot Description: _____

NE - NW - NE - SW Sec. 1 Twp. 18 S. R. 27 East West

2360 feet from SOUTH Line of Section

1668 feet from WEST Line of Section

Footages Calculated from Nearest Outside Section Corner:

NE NW SE SW

County: LANE

Lease Name: WILES Well #: 1-1

Field Name: DELOS SOUTHWEST

Producing Formation: _____

Elevation: Ground: 2562' Kelly Bushing: 2572'

Total Depth: 4560' Plug Back Total Depth: 264'

Amount of Surface Pipe Set and Cemented at: _____ 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.: _____

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: Coral Larson

Title: SECRETARY/TREASURER Date: 6/24/2010

Subscribed and sworn to before me this 24TH day of JUNE

2010.

Notary Public: Debra Ludwig

Date Commission Expires: MAY 5, 2012

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

KCC Office Use ONLY

Letter of Confidentiality Received - 6/24/10

If Denied, Yes Date: _____

Wireline Log Received

Geologist Report Received

UIC Distribution

RECEIVED

JUN 25 2010

KCC WICHITA