

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 # 5214
Name: Lario Oil & Gas Company
Address: 301 S. Market
City/State/Zip: Wichita, KS 67202
Purchaser: _____
Operator Contact Person: Jay G. Schweikert
Phone: (316) 265-5611
Contractor: Name: Lario Oil & Gas Company
License: 5214
Wellsite Geologist: _____

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: Lario Oil & Gas Company

Well Name: Marshall A #3
Original Comp. Date: 7-24-89 Original Total Depth: 3705'
____ 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. E-27107

6-8-10	6-17-10
Spud Date or Recompletion Date	Date Reached TD Completion Date or Recompletion Date

API No. 15 - 051-05996 - 0002
County: Ellis
____ SW ____ SW Sec. 31 Twp. 11 S. R. 17 East West
380 274 feet from S N (circle one) Line of Section
4950 5017 feet from E W (circle one) Line of Section
Footages Calculated from Nearest Outside Section Corner:
GPS-REC-219
(circle one) NE SE NW SW

Lease Name: Marshall A Well #: 3
Field Name: Bemis-Shutts

Producing Formation: _____
Elevation: Ground: _____ Kelly Bushing: 2180'
Total Depth: 3705 Plug Back Total Depth: 3410'
Amount of Surface Pipe Set and Cemented at 1414' Feet
Multiple Stage 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 form 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 of 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: Jay G. Schweikert
Title: Jay G. Schweikert, Operations Engineer Date: 6-22-10
Subscribed and sworn to before me this 22nd day of June
20 10
Notary Public: KATHY L. FORD
Notary Public - State of Kansas
My Appt. Expires 10-22-10
Date Commission Expires: 10-22-10

KCC Office Use ONLY
N Letter of Confidentiality Received
If Denied, Yes Date: _____
____ Wireline Log Received
____ Geologist Report Received
 UIC Distribution
wo-dlg - 6/29/10

Operator Name: Lario Oil & Gas Company Lease Name: Marshall A Well #: 3
 Sec. 31 Twp. 11 S. R. 17 East West County: Ellis

INSTRUCTIONS: Show important tops and base of formations penetrated. Detail all cores. Report all final copies of drill stems 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 geological well site report.

Drill Stem Tests Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(Attach Additional Sheets)</i> Samples 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(Submit Copy)</i> List All E. Logs Run:	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum
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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"	10 3/4"	40	1414'		450	
longstring	8 3/4"	7"	24	3685'		125	
liner		5 1/2"	14	3636'	HCL + POZ	260 + 100	

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top 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 <i>(Amount and Kind of Material Used)</i>	Depth
4	3381' - 3386'	750 gal 15% NEFE.	3381' - 3386'
		1500 gal 15% NEFE	3381' - 3386'
4	3390' - 3394'	1100 Gal 15% NEFE	3390' - 3394'
	CIBP @ 3418' w/1 sk cmt on top.	Perfs below CIBP: 3436'-48', 3485'-91', 3494'-3506'	

TUBING RECORD		Size Set At	Packer At	Liner Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		2 7/8"	3353'	AD-1 lined @ 3349'
Date of First, Resumerd Production, SWD or Enhr. 6-17-10 WIW		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

Vented Sold Used on Lease Open Hole Perf. Dually Comp. Commingled
(If vented, Submit ACO-18.) Other (Specify) _____

01/24/10 - 8/10/10