

KCC OIL/GAS REGULATORY OFFICES

Date: 08/18/2010

District: #1

Case #: _____

New Situation

Lease Inspection

Response to Request

Complaint

Follow-Up

Field Report

Operator License No: 3842

API Well Number: 15-101-22249-0000

Op Name: Larson Operating Company

Spot: E2 NE NW SW Sec 20 Twp 18 S Rng 30 E / W

Address 1: 562 W. State Rd. 4

2,310 (2275) Feet from N / S Line of Section

Address 2: _____

1,130 (4187 FE) Feet from E / W Line of Section

City: Omitz

GPS: Lat: 38.47413 Long: 100.66441 Date: 8/18/2010

State: KS Zip Code: 67564-8561

Lease Name: Harris Well #: 1-20

Operator Phone #: Tom Larson 620-653-7368

County: Lane

Reason for Investigation:

Witness Alternate II completion

Problem:

None - cement circulated to surface and stayed

Persons Contacted:

John Davidson w / Wild West Well Service

Findings:

T.O. @ 4,675'
8 5/8" surface casing @ 258' with 175 sks cmt.
5 1/2" prod. csg. @ 4,674' w / 225 sks. cmt.
Port Collar @ 2,182' cemented with 160 sks Sm D w/ke # Alusol
with 25 sks. to pit. Cement by Swift Services ticket # 18789
Wild West Well Service over the hole.

Action/Recommendations:

Follow Up Required Yes No

Date: _____

Alternate II requirements have been met. Cement circulated to the surface and stayed

Verification Sources:

RBDMS KGS TA Program
 T-I Database District Files Courthouse
 Other: _____

Photos Taken: _____

By: Jerry W. Stapleton
PIRT II

Retain 1 Copy District Office
Send 1 Copy to Conservation Division

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AUG 31 2010

KCC DODGE CITY

Form: _____

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SEP 07 2010

KCC WICHITA

Date: _____

District: _____

License #: _____

Op Name: _____

Spot: _____ Sec _____ Twp _____ S Rng _____ E W

County: _____

Lease Name: _____ Well #: _____

I.D. Sign Yes No

Tank Battery Condition
Condition: Good Questionable Overflowing

Pits, Injection Site
Fluid Depth: _____ ft; Approx. Size: _____ ft. x _____ ft.

Oil Spill Evidence

Abandoned Well Potential Pollution Problem Yes No

Lease Cleanliness
 Very Good Satisfactory Poor Very Bad

Gas Venting Yes No

Pits
Fluid Depth: _____ ft; Approx. Size: _____ ft. x _____ ft.

Saltwater Pipelines
Leaks Visible: Y N Tested for Leaks: Y N

Flowing Holes

TA Wells

Monitoring Records

SWD/ER Injection Well Yes No

Permit #: _____ Pressure - Actual: _____ psi; Authorized: _____ psi

Permit #: _____ Pressure - Actual: _____ psi; Authorized: _____ psi

Permit #: _____ Pressure - Actual: _____ psi; Authorized: _____ psi

Permit #: _____ Pressure - Actual: _____ psi; Authorized: _____ psi

Gauge Connections Yes No

Tubing: _____; T/C Annulus: _____; C/SP Annulus: _____

Tubing: _____; T/C Annulus: _____; C/SP Annulus: _____

Tubing: _____; T/C Annulus: _____; C/SP Annulus: _____

Tubing: _____; T/C Annulus: _____; C/SP Annulus: _____

API Number	Footages	Spot Location	GPS	Well #	Well Status

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Form: _____