



KANSAS CORPORATION COMMISSION 1046393
OIL & GAS CONSERVATION DIVISION

Form ACO-1
June 2009

CONFIDENTIAL

WELL COMPLETION FORM

Form Must Be Typed
Form must be Signed
All blanks must be Filled

WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # 3842

Name: Larson Engineering, Inc. dba Larson Operating Company

Address 1: 562 W STATE RD 4

Address 2: _____

City: OLMITZ State: KS Zip: 67564 + 8561

Contact Person: Thomas Larson

Phone: (620) 653-7368

CONTRACTOR: License # 33935

Name: H. D. Drilling, LLC

Wellsite Geologist: Vernon Schrag

Purchaser: _____

Designate Type of Completion:

- New Well Re-Entry Workover
- Oil WSW SWD SLOW
- Gas D&A ENHR SIGW
- OG GSW Temp. Abd.
- CM (Coal Bed Methane)
- Cathodic Other (Core, Expl., 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 Conv. to SWD
- Conv. to GSW

Plug Back: _____ Plug Back Total Depth _____

Commingled Permit #: _____

Dual Completion Permit #: _____

SWD Permit #: _____

ENHR Permit #: _____

GSW Permit #: _____

7/10/2010 7/23/2010 7/23/2010

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

API No. 15 - 15-101-22250-00-00

Spot Description: _____

E2 NW NW NE Sec. 23 Twp. 19 S. R. 30 East West

330 Feet from North / South Line of Section

2,027 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE NW SE SW

County: Lane

Lease Name: Anchor Cattle Well #: 1-23

Field Name: Clark

Producing Formation: N/A

Elevation: Ground: 2878 Kelly Bushing: 2885

Total Depth: 4700 Plug Back Total Depth: _____

Amount of Surface Pipe Set and Cemented at: 253 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: 23000 ppm Fluid volume: 900 bbls

Dewatering method used: Evaporated

Location of fluid disposal if hauled offsite: _____

Operator Name: _____

Lease Name: _____ License #: _____

Quarter _____ Sec. _____ Twp. _____ S. R. _____ East West

County: _____ Permit #: _____

AFFIDAVIT

I am the affiant and I hereby certify that 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.

Submitted Electronically

KCC Office Use ONLY

- Letter of Confidentiality Received
Date: 11/05/2010
- Confidential Release Date: _____
- Wireline Log Received
- Geologist Report Received
- UIC Distribution
- ALT I II III Approved by: NAOMI JAMES Date: 11/09/2010