



CONFIDENTIAL

OIL & GAS CONSERVATION DIVISION
WELL COMPLETION FORM

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: NCRA

Designate Type of Completion:
[checked] New Well [] Re-Entry [] Workover
[checked] 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 #:

7/26/2010 8/8/2010 8/27/2010
Spud Date or Date Reached TD Completion Date or Recompletion Date

API No. 15 - 15-101-22249-00-00

Spot Description:
SE NE NW SW Sec. 20 Twp. 18 S. R. 30 [] East [checked] West
2,275 Feet from [] North / [checked] South Line of Section
4,187 Feet from [checked] East / [] West Line of Section

Footages Calculated from Nearest Outside Section Corner:
[] NE [] NW [checked] SE [] SW

County: Lane

Lease Name: Harris Well #: 1-20

Field Name: Cowdery

Producing Formation: Cherokee, Marmaton

Elevation: Ground: 2897 Kelly Bushing: 2904

Total Depth: 4680 Plug Back Total Depth: 4634

Amount of Surface Pipe Set and Cemented at: 258 Feet

Multiple Stage Cementing Collar Used? [checked] Yes [] No

If yes, show depth set: 2182 Feet

If Alternate II completion, cement circulated from: 2182

feet depth to: 0 w/ 160 sx cmt.

Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)

Chloride content: 9600 ppm Fluid volume: 800 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

- [checked] Letter of Confidentiality Received Date: 11/22/2010
[] Confidential Release Date:
[checked] Wireline Log Received
[] Geologist Report Received
[] UIC Distribution
ALT [] I [checked] II [] III Approved by: NAOMI JAMES Date: 11/22/2010