



KANSAS CORPORATION COMMISSION 1048489
 OIL & GAS CONSERVATION DIVISION

Form ACO-1
 June 2009

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

CONFIDENTIAL

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: Robert Lewellyn
 Purchaser: NCRA

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 #: _____

<u>8/26/2010</u>	<u>9/7/2010</u>	<u>10/5/2010</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-101-22252-00-00
 Spot Description: _____
N2_SW_NW_NW Sec. 24 Twp. 18 S. R. 30 East West
887 Feet from North / South Line of Section
330 Feet from East / West Line of Section
 Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
 County: Lane
 Lease Name: Marit Well #: 1-24
 Field Name: Wildcat
 Producing Formation: Marmaton, L-KC
 Elevation: Ground: 2847 Kelly Bushing: 2854
 Total Depth: 4622 Plug Back Total Depth: 4572
 Amount of Surface Pipe Set and Cemented at: 256 Feet
 Multiple Stage Cementing Collar Used? Yes No
 If yes, show depth set: 2111 Feet
 If Alternate II completion, cement circulated from: 2111
 feet depth to: 0 w/ 180 sx cmt.

Drilling Fluid Management Plan
 (Data must be collected from the Reserve Pit)
 Chloride content: 2500 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

Letter of Confidentiality Received
 Date: 12/21/2010

Confidential Release Date: _____

Wireline Log Received

Geologist Report Received

UIC Distribution

ALT I II III Approved by: NAOMI JAMES Date: 12/22/2010

Naomi James