



KANSAS CORPORATION COMMISSION 1049833  
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 # 5214  
Name: Lario Oil & Gas Company  
Address 1: 301 S MARKET ST  
Address 2: \_\_\_\_\_  
City: WICHITA State: KS Zip: 67202 + 3805  
Contact Person: Jay Schweikert  
Phone: ( 316 ) 265-5611  
CONTRACTOR: License # 5929  
Name: Duke Drilling Co., Inc.  
Wellsite Geologist: Brad Rine  
Purchaser: Plains

API No. 15 - 15-109-20958-00-00

Spot Description: \_\_\_\_\_  
N2 SW SW NW Sec. 36 Twp. 12 S. R. 32  East  West  
2,200 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: Logan

Lease Name: Clark Trust Well #: 1-36

Field Name: Unnamed

Producing Formation: Johnson

Elevation: Ground: 2974 Kelly Bushing: 2983

Total Depth: 4700 Plug Back Total Depth: 4659

Amount of Surface Pipe Set and Cemented at: 254 Feet

Multiple Stage Cementing Collar Used?  Yes  No

If yes, show depth set: 2022 Feet

If Alternate II completion, cement circulated from: 2022

feet depth to: 0 w/ 400 sx cmt.

Designate Type of Completion:

New Well  Re-Entry  Workover

Oil  WSW  SWD  SIOW

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>12/07/2010</u>	<u>12/17/2010</u>	<u>01/18/2011</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

**Drilling Fluid Management Plan**

(Data must be collected from the Reserve Pit)

Chloride content: 12000 ppm Fluid volume: 1000 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: 02/10/2011

Confidential Release Date: \_\_\_\_\_

Wireline Log Received

Geologist Report Received

UIC Distribution

ALT  I  II  III Approved by: NAOMI JAMES Date: 02/14/2011