

# 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: 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 #: \_\_\_\_\_

<u>12/16/2010</u>	<u>1/3/2011</u>	<u>1/3/2011</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-101-22268-00-00

Spot Description: \_\_\_\_\_

NW SE NE NW Sec. 24 Twp. 18 S. R. 30  East  West

768 Feet from  North /  South Line of Section

2,242 Feet from  East /  West Line of Section

Footages Calculated from Nearest Outside Section Corner:

NE  NW  SE  SW

County: Lane

Lease Name: Marit Well #: 2-24 SWD

Field Name: Wildcat

Producing Formation: n/a

Elevation: Ground: 2842 Kelly Bushing: 2849

Total Depth: 4626 Plug Back Total Depth: \_\_\_\_\_

Amount of Surface Pipe Set and Cemented at: 256 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 cnt.

**Drilling Fluid Management Plan**  
 (Data must be collected from the Reserve Pit)

Chloride content: 9100 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: 03/25/2011

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

Wireline Log Received

Geologist Report Received

UIC Distribution

ALT  I  II  III Approved by: Amy Banks Date: 04/05/2011