

**CONFIDENTIAL**

KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION  
**WELL COMPLETION FORM**  
**WELL HISTORY - DESCRIPTION OF WELL & LEASE**

1052140

Form ACO-1

June 2009

Form Must Be Typed

Form must be Signed

All blanks must be Filled

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:

Designate Type of Completion:

New Well       Re-Entry       Workover

<input type="checkbox"/> Oil	<input type="checkbox"/> WSW	<input type="checkbox"/> SWD	<input type="checkbox"/> SIW
<input type="checkbox"/> Gas	<input checked="" type="checkbox"/> D&A	<input type="checkbox"/> ENHR	<input type="checkbox"/> SIGW
<input type="checkbox"/> OG		<input type="checkbox"/> GSW	<input type="checkbox"/> Temp. Abd.
<input type="checkbox"/> CM (Coal Bed Methane)			
<input type="checkbox"/> Cathodic <input type="checkbox"/> 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 #: \_\_\_\_\_

11/12/2010

11/24/2010

11/24/2010

Spud Date or  
Recompletion Date

Date Reached TD

Completion Date or  
Recompletion Date

API No. 15 - 15-101-22265-00-00

Spot Description:

SW SE NW NE Sec. 25 Twp. 18 S. R. 27  East  West1,311 Feet from  North /  South Line of Section1,775 Feet from  East /  West Line of Section

Footages Calculated from Nearest Outside Section Corner:

 NE  NW  SE  SW

County: Lane

Lease Name: Ed Well #: 1-25

Field Name:

Producing Formation: none

Elevation: Ground: 2612 Kelly Bushing: 2617

Total Depth: 4654 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: 36500 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: 03/10/2011

 Confidential Release Date: \_\_\_\_\_ Wireline Log Received Geologist Report Received UIC DistributionALT   II  III Approved by: NAOMI JAMES Date: 03/11/2011