

CONFIDENTIAL

Kansas Corporation Commission Oil & Gas Conservation Division

Form ACO-1 June 2009 Form Must Be Typed Form must be Signed All blanks must be Filled

WELL COMPLETION FORM

WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License #5214	API No. 15 - 15-051-26109-00-00
Name: Lario Oil & Gas Company	Spot Description:
Address 1: _ 301 S MARKET ST	S2 SW SW NW Sec. 31 Twp. 11 S. R. 17 East West
Address 2:	
City: WICHITA State: KS Zip: 67202 + 3805.	
Contact Person:	Footages Calculated from Nearest Outside Section Corner: NE NW SE SW County: Ellis
Name: Murfin Drilling Co., Inc.	Lease Name: Marshall A Well #: 35
Wellsite Geologist: Wes Hansen	Field Name: Bemis-Shutts
Purchaser:	Producing Formation: Arbuckle
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.):	Elevation: Ground: 2123 Kelly Bushing: 2120 Total Depth: 3725 Plug Back Total Depth: 3700 Amount of Surface Pipe Set and Cemented at: 263 Feet Multiple Stage Cementing Collar Used? Yes No If yes, show depth set: 2716 Feet If Alternate II completion, cement circulated from: 2716 feet depth to: 0 w/ 570 sx cmt.
If Workover/Re-entry: Old Well Info as follows:	•
Operator:	Drilling Fluid Management Plan
Original Comp. Date: Original Total Depth: Conv. to ENHR	(Data must be collected from the Reserve Pit) Chloride content: 10100 ppm Fluid volume: 1100 bbls Dewatering method used: Evaporated
Plug Back: Plug Back Total Depth	Location of fluid disposal if hauled offsite:
☐ Commingled Permit #:	Operator Name:
03/18/2011 03/25/2011 04/06/2011	
Spud Date or Recompletion Date Spud Date or Recompletion Date Completion Date or Recompletion Date	

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

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