



CONFIDENTIAL

OIL & GAS CONSERVATION DIVISION

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

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: [X] New Well [] Re-Entry [] Workover [] Oil [] WSW [] SWD [] SIOW [] Gas [X] 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 #:

1/6/2011 1/19/2011 1/19/2011 Spud Date or Recompletion Date Date Reached TD Completion Date or Recompletion Date

API No. 15 - 15-101-22274-00-00 Spot Description: E2_NE_NW_NW Sec. 30 Twp. 18 S. R. 30 [] East [X] West 330 Feet from [X] North / [] South Line of Section 1,015 Feet from [] East / [X] West Line of Section Footages Calculated from Nearest Outside Section Corner: [] NE [X] NW [] SE [] SW County: Lane Lease Name: Krehbiel Well #: 1-30 Field Name: Producing Formation: N/A Elevation: Ground: 2905 Kelly Bushing: 2912 Total Depth: 4641 Plug Back Total Depth: Amount of Surface Pipe Set and Cemented at: 261 Feet Multiple Stage Cementing Collar Used? [] Yes [X] 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: 6900 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

[X] Letter of Confidentiality Received Date: 05/04/2011 [] Confidential Release Date: [X] Wireline Log Received [] Geologist Report Received [] UIC Distribution ALT [] I [X] II [] III Approved by: NAOMI JAMES Date: 05/05/2011