

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

ORIGINAL

Form ACO-1
October 2008
Form Must Be Typed

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

5/27/11

OPERATOR: License # 3842
Name: LARSON ENGINEERING, INC.
Address 1: 562 WEST STATE ROAD 4
Address 2: _____
City: OLMITZ State: KS Zip: 67564 + 8561
Contact Person: TOM LARSON
Phone: (620) 653-7368
CONTRACTOR: License # 33935
Name: H. D. DRILLING, LLC
Wellsite Geologist: THOMAS J FUNK
Purchaser: _____

Designate Type of Completion:
 New Well Re-Entry Workover
 Oil SWD SLOW
 Gas ENHR SIGW
 CM (Coal Bed Methane) Temp. Abd.
 Dry Other _____
(Core, WSW, Expl., Cathodic, 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./SWD
 Plug Back: _____ Plug Back Total Depth _____
 Commingled Docket No. _____
 Dual Completion Docket No. _____
 Other (SWD or Enhr.?) Docket No. _____
1/29/2009 2/8/2009 PA 2/08/09
Spud Date or Recompletion Date Date Reached TD Completion Date or Recompletion Date

API No. 15 - 101-22152-00-00
Spot Description: _____
SE - NE - SW - SW Sec. 33 Twp. 18 S. R. 29 East West
836 feet from SOUTH Line of Section
1062 feet from WEST Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: LANE
Lease Name: MURPHY Well #: 2-33
Field Name: MCWHIRTER NORTHWEST
Producing Formation: _____
Elevation: Ground: 2823' Kelly Bushing: 2828'
Total Depth: 4648' Plug Back Total Depth: _____
Amount of Surface Pipe Set and Cemented at: 248' Feet
Multiple State Cementing Collar Used? Yes No
If yes, show depth set: _____ Feet
If Alternate II completion, cement circulated from: _____
feet depth to: _____ w/ _____ ^{sx.cmt.} PA-DIG-5/11/09

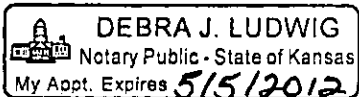
Drilling Fluid Management Plan
(Data must be collected from the Reserve Pit)
Chloride content: 9500 ppm Fluid volume: 800 bbls
Dewatering method used: ALLOWED TO DRY
Location of fluid disposal if hauled offsite: _____
Operator Name: _____
Lease Name: _____ License No.: _____
Quarter _____ Sec. _____ Twp. _____ S. R. _____ East West
County: _____ Docket No.: _____

INSTRUCTIONS: An original and two copies of this information shall be filed with the Kansas Corporation Commission, 130 S. Market - Room 2078, Wichita, Kansas 67202, within 120 days of the spud date, recompletion, workover or conversion of a well. Rule 82-3-130, 82-3-106 and 82-3-107 apply. Information on side two of this form will be held confidential for a period of 12 months if requested in writing and submitted with the form (see rule 82-3-107 for confidentiality in excess of 12 months). One copy of all wireline logs and geologist well report shall be attached with this form. ALL CEMENTING TICKETS MUST BE ATTACHED. Submit CP-4 form with all plugged wells. Submit CP-111 form with all temporarily abandoned wells.

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.

Signature: Carol Kern
Title: SECRETARY/TREASURER Date: 5/27/2009
Subscribed and sworn to before me this 27TH day of MAY, 2009.
Notary Public: Debra J Ludwig
Date Commission Expires: MAY 5, 2012

KCC Office Use ONLY
 Letter of Confidentiality Received
If Denied, Yes Date: _____
 Wireline Log Received
 Geologist Report Received
 UIC Distribution
RECEIVED
MAY 27 2009

**DEBRA J. LUDWIG**
Notary Public - State of Kansas
My Appt. Expires 5/5/2012

KCC WICHITA

Side Two

Operator Name: LARSON ENGINEERING, INC. Lease Name: MURPHY Well #: 2-33

Sec. 33 Twp. 18 S. R. 29 East West County: LANE

INSTRUCTIONS: Show important tops and base of formations penetrated. Detail all cores. Report all final copes of drill stem tests giving interval tested, time tool open and closed, flowing and shut-in pressures, whether shut-in pressure reached static level, hydrostatic pressures, bottom hole temperature, fluid recovery, and flow rates if gas to surface test, along with final chart(s). Attach extra sheet if more space is needed. Attach copy of all Electric Wireline Logs surveyed. Attach final geologist well site report.

Drill Stem Tests Taken <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Electric Log Run <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(Submit Copy)</i> List All E. Logs Run: <input checked="" type="checkbox"/> DUAL INDUCTION <input checked="" type="checkbox"/> DUAL COMP POROSITY <input checked="" type="checkbox"/> MICRORESISTIVITY	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:70%;">Name</td> <td style="width:15%;">Top</td> <td style="width:15%;">Datum</td> </tr> <tr> <td>ANHYDRITE</td> <td>2155</td> <td>+873</td> </tr> <tr> <td>BASE ANHYDRITE</td> <td>2181</td> <td>+647</td> </tr> <tr> <td>HEEBNER SHALE</td> <td>3930</td> <td>-1102</td> </tr> <tr> <td>LANSING</td> <td>3971</td> <td>-1143</td> </tr> <tr> <td>STARK SHALE</td> <td>4257</td> <td>-1429</td> </tr> <tr> <td>BASE KANSAS CITY</td> <td>4337</td> <td>-1509</td> </tr> <tr> <td>PAWNEE</td> <td>4452</td> <td>-1624</td> </tr> <tr> <td>FORT SCOTT</td> <td>4503</td> <td>-1675</td> </tr> <tr> <td>CHEROKEE SHALE</td> <td>4527</td> <td>-1699</td> </tr> <tr> <td>MISSISSIPPIAN</td> <td>4614</td> <td>-1786</td> </tr> </table>	Name	Top	Datum	ANHYDRITE	2155	+873	BASE ANHYDRITE	2181	+647	HEEBNER SHALE	3930	-1102	LANSING	3971	-1143	STARK SHALE	4257	-1429	BASE KANSAS CITY	4337	-1509	PAWNEE	4452	-1624	FORT SCOTT	4503	-1675	CHEROKEE SHALE	4527	-1699	MISSISSIPPIAN	4614	-1786
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CASING RECORD <input type="checkbox"/> New <input checked="" type="checkbox"/> Used Report all strings set - conductor, surface, intermediate, production, etc.							
Purpose of string	Size Hole Drilled	Size Casing Set (In O.D.)	Weight Lbs./Ft.	Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives
SURFACE	12-1/4"	8-5/8"	28#	248'	CLASS A	175	2% GEL, 3% CC

ADDITIONAL CEMENTING/SQUEEZE RECORD					
Purpose:	Depth		Type of Cement	# Sacks Used	Type and Percent Additives
	Top	Bottom			
<input type="checkbox"/> Perforate					
<input type="checkbox"/> Protect Casing					
<input type="checkbox"/> Plug Back TD					
<input type="checkbox"/> Plug Off Zone					

Shots per Foot	PERFORATION RECORD - Bridge Plugs Set/Type		Acid. Fracture, Shot, Cement, Squeeze Record	
	Specify Footage of Each Interval Perforated		(Amount and Kind of Material Used)	Depth

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TUBING RECORD:		Size:	Set At:	Packer At:	Liner Run:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Date of First, Resumed Production, SWD or Enhr.			Producing Method:					
			<input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)					
Estimated Production Per 24 Hours	Oil	Bbls.	Gas	Mcf	Water	Bbls.	Gas-Oil Ratio	Gravity

DISPOSITION OF GAS: <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>If vented, submit ACO-18.)</i>	METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <input checked="" type="checkbox"/> Other (Specify) P & A	PRODUCTION INTERVAL: _____
------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------

LARSON ENGINEERING INC.

EXPLORATION AND PRODUCTION

562 WEST STATE ROAD 4

OLMITZ, KS 67564-8561

(620) 653-7368

(620) 653-7635 FAX

ACO-1 CONFIDENTIALITY REQUEST

VIA Certified Mail

May 27, 2009

Kansas Corporation Commission
Oil & Gas Conservation Division
130 South Market, Room 2078
Wichita, KS 67202

Re: Murphy 2-33
495' FSL & 1105' FWL Sec. 33-18S-29W
Lane County, Kansas
API #15-101-22152-00-00

Ladies and Gentlemen:

Enclosed please find the ACO-1 Well Completion Form, with copies of the following:

- ✓ wireline logs
- ✓ geologist well report
- ✓ drillstem test data
- ✓ cementing tickets (xz)

We request that all information be held confidential for the maximum time allowable.

If you have questions or require additional information, please call.

Sincerely,

Larson Engineering, Inc.



Carol Larson
Secretary/Treasurer

Encl.

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MAY 29 2009

KCC WICHITA

ALLIED CEMENTING CO., LLC. 33287

REMIT TO P.O. BOX 31
RUSSELL, KANSAS 67665

SERVICE POINT:
Ness City

DATE <u>2-8-09</u>	SEC <u>33</u>	TWP. <u>18s</u>	RANGE <u>29W</u>	CALLED OUT <u>10:00 AM</u>	ON LOCATION <u>2:30 pm</u>	JOB START <u>5:30 pm</u>	JOB FINISH <u>6:00 pm</u>
LEASE <u>Murphy</u>		WELL # <u>2-33</u>		LOCATION <u>Dighton, 3w, 3s, 1w, 1/2 into</u>		COUNTY <u>Lane</u>	STATE <u>KS</u>
<input checked="" type="radio"/> OLD OR NEW (Circle one)							

CONTRACTOR H-D
 TYPE OF JOB Rotary Plug
 HOLE SIZE 7 7/8 T.D.
 CASING SIZE _____ DEPTH _____
 TUBING SIZE _____ DEPTH _____
 DRILL PIPE 4 1/2 DEPTH 2190'
 TOOL _____ DEPTH _____
 PRES. MAX _____ MINIMUM _____
 MEAS. LINE _____ SHOE JOINT _____
 CEMENT LEFT IN CSG. _____
 PERFS. _____

OWNER Larson
 CEMENT AMOUNT ORDERED 280sy 60/40
4% gel, 1/4 Flo-seal
 COMMON 168 @ 13.65 2,293.20
 POZMIX 112 @ 7.60 851.20
 GEL 10 @ 20.40 204.00
 CHLORIDE _____ @ _____
 ASC _____ @ _____

DISPLACEMENT Mud? Fresh H2O
 EQUIPMENT _____

Flo-seal 70# @ 2.45 171.50
 @ _____
 @ RECEIVED
 @ MAY 23 2009
 @ _____
 @ KCC WICHITA
 @ _____
 @ _____
 HANDLING 294 @ 225.00 661.50
 MILEAGE 35/294/.10 1117.20
 TOTAL 5298.60

PUMP TRUCK # 3666 CEMENTER Tyler
 HELPER Carl
 BULK TRUCK # 344/170 DRIVER Jeff
 BULK TRUCK # _____ DRIVER _____

REMARKS:

- 50sy @ 2190'
- 80sy @ 1410'
- 50sy @ 720'
- 50sy @ 270'
- 20sy @ 60'
- 30sy @ R.H.

SERVICE

DEPTH OF JOB 2190'
 PUMP TRUCK CHARGE _____ 7170.00
 EXTRA FOOTAGE _____ @ _____
 MILEAGE 35 @ 7.00 245.00
 MANIFOLD _____ @ _____
 @ _____
 @ _____

CHARGE TO: Larson
 STREET _____
 CITY _____ STATE _____ ZIP _____

TOTAL 7436.00

Thank you.

PLUG & FLOAT EQUIPMENT

_____ @ _____
 _____ @ _____
 _____ @ _____
 _____ @ _____
 _____ @ _____
 TOTAL _____

To Allied Cementing Co., LLC.
 You are hereby requested to rent cementing equipment and furnish cementer and helper(s) to assist owner or contractor to do work as is listed. The above work was done to satisfaction and supervision of owner agent or contractor. I have read and understand the "GENERAL TERMS AND CONDITIONS" listed on the reverse side.

SALES TAX (If Any) _____
 TOTAL CHARGES _____
 DISCOUNT _____ IF PAID IN 30 DAYS

PRINTED NAME X Days Roberts
 SIGNATURE X Days Roberts
Thanks!

ALLIED CEMENTING CO., LLC. 33340

REMIT TO P.O. BOX 31
RUSSELL, KANSAS 67665

SERVICE POINT:
Ness City KS

DATE <u>1-30-09</u>	SEC. <u>33</u>	TWP. <u>18S</u>	RANGE <u>29W</u>	CALLED OUT <u>3:00 PM</u>	ON LOCATION <u>5:00 PM</u>	JOB START <u>12:00 AM</u>	JOB FINISH <u>1:00 PM</u>
LEASE <u>Murphy</u>		WELL # <u>2-33</u>	LOCATION <u>Dighton KS 3 west To</u>			COUNTY <u>harc</u>	STATE <u>KS</u>
OLD OR <input checked="" type="radio"/> (Circle one)			IHC RD 3 South To 120 RD 1 west Ninto				

CONTRACTOR H-D Rig 1 OWNER hanson

TYPE OF JOB Surface

HOLE SIZE 12 1/4 T.D. 251

CASING SIZE 8 3/4 DEPTH 251

TUBING SIZE _____ DEPTH _____

DRILL PIPE _____ DEPTH _____

TOOL _____ DEPTH _____

PRES. MAX 200 MINIMUM 0

MEAS. LINE _____ SHOE JOINT _____

CEMENT LEFT IN CSG. 15

PERFS. _____

DISPLACEMENT 15 BBbs fresh water

EQUIPMENT

PUMP TRUCK CEMENTER wayne-D

366 HELPER Alvin-R

BULK TRUCK

482-112 DRIVER Jeff-w

BULK TRUCK

_____ DRIVER _____

REMARKS:

pipe on bottom Break circulation
mix 175 sx common 3% cc 2% Gel
start Displace with 15 BBbs fresh
water wash up Rig Down
Cement did circulate

CEMENT

AMOUNT ORDERED 175 sx common 3% cc
2% Gel

COMMON <u>175</u>	@ <u>13.65</u>	<u>2388.75</u>
POZMIX _____	@ _____	_____
GEL <u>3</u>	@ <u>20.40</u>	<u>61.20</u>
CHLORIDE <u>5</u>	@ <u>57.15</u>	<u>285.75</u>
ASC _____	@ _____	_____
_____	@ _____	_____
_____	@ _____	_____
_____	@ _____	_____
_____	@ _____	_____
_____	@ _____	_____
_____	@ _____	_____
_____	@ _____	_____
_____	@ _____	_____
HANDLING <u>193</u>	@ <u>2.25</u>	<u>411.75</u>
MILEAGE <u>38/183/010</u>		<u>695.40</u>
TOTAL		<u>3842.85</u>

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SERVICE

DEPTH OF JOB 251

PUMP TRUCK CHARGE _____ 999.00

EXTRA FOOTAGE _____ @ _____

MILEAGE 38 @ 7.00 266.00

MANIFOLD _____ @ _____

_____ @ _____

_____ @ _____

TOTAL 1265.00

PLUG & FLOAT EQUIPMENT

~~_____~~ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

TOTAL _____

SALES TAX (If Any) _____

TOTAL CHARGES _____

DISCOUNT _____ IF PAID IN 30 DAYS

CHARGE TO: hanson

STREET _____

CITY _____ STATE _____ ZIP _____

To Allied Cementing Co., LLC.
You are hereby requested to rent cementing equipment and furnish cementer and helper(s) to assist owner or contractor to do work as is listed. The above work was done to satisfaction and supervision of owner agent or contractor. I have read and understand the "GENERAL TERMS AND CONDITIONS" listed on the reverse side.

PRINTED NAME Doug Roberts

SIGNATURE Doug Roberts

THANKS!