



KANSAS CORPORATION COMMISSION 1055167
 OIL & GAS CONSERVATION DIVISION

Form ACO-1
 June 2009

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

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: Robert Lewellyn
 Purchaser: _____

API No. 15 - 15-101-22277-00-00
 Spot Description: _____
NE NE SW NW Sec. 19 Twp. 17 S. R. 29 East West
1,520 Feet from North / South Line of Section
1,069 Feet from East / West Line of Section
 Footages Calculated from Nearest OUTSIDE Section Corner:
 NE NW SE SW
 County: Lane
 Lease Name: Ehmke Well #: 1-19
 Field Name: _____
 Producing Formation: Cherokee, Marmaton, L-KC
 Elevation: Ground: 2830 Kelly Bushing: 2840
 Total Depth: 4629 Plug Back Total Depth: 4580
 Amount of Surface Pipe Set and Cemented at: 265 Feet
 Multiple Stage Cementing Collar Used? Yes No
 If yes, show depth set: 2181 Feet
 If Alternate II completion, cement circulated from: 2181
 feet depth to: 0 w/ 185 sx cmt.

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.): _____

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>1/21/2011</u>	<u>2/5/2011</u>	<u>3/14/2011</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

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

Letter of Confidentiality Received
 Date: 05/19/2011
 Confidential Release Date: _____
 Wireline Log Received
 Geologist Report Received
 UIC Distribution
 ALT I II III Approved by: NAOMI JAMES Date: 05/20/2011