



KANSAS CORPORATION COMMISSION 1056306

Form ACO-1

June 2009

Form Must Be Typed

Form must be Signed

All blanks must be Filled

CONFIDENTIAL

OIL & GAS CONSERVATION DIVISION

WELL COMPLETION FORM

WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # 5214

Name: Lario Oil & Gas Company

Address 1: 301 S MARKET ST

Address 2:

City: WICHITA State: KS Zip: 67202 + 3805

Contact Person: Jay Schweikert

Phone: (316) 265-5611

CONTRACTOR: License # 5929

Name: Duke Drilling Co., Inc.

Wellsite Geologist: Brad Rine

Purchaser:

Designate Type of Completion:

- Checkboxes for completion types: New Well, Re-Entry, Workover, Oil, WSW, SWD, SLOW, 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:

- Checkboxes for completion types: 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 #:

05/17/2011 05/24/2011 05/26/2011
Spud Date or Recompletion Date Date Reached TD Completion Date or Recompletion Date

API No. 15 - 15-063-21911-00-00

Spot Description:

NW SW SE NW Sec. 31 Twp. 14 S. R. 31 East West

2175 Feet from North / South Line of Section

1535 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- Checkboxes for corner footages: NE, NW, SE, SW

County: Gove

Lease Name: Krebs Credit Shelter Well #: 1-31

Field Name:

Producing Formation: na

Elevation: Ground: 2643 Kelly Bushing: 2650

Total Depth: 4450 Plug Back Total Depth:

Amount of Surface Pipe Set and Cemented at: 222 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: 15200 ppm Fluid volume: 880 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

- Checkboxes for office use: Letter of Confidentiality Received, Confidential Release Date, Wireline Log Received, Geologist Report Received, UIC Distribution, Approved by: NAOMI JAMES Date: 06/06/2011