



# 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: Richard S Davis Jr

API No. 15 - 15-101-22279-00-00  
Spot Description: \_\_\_\_\_  
NE NW SW NW Sec. 17 Twp. 19 S. R. 29  East  West  
1617 Feet from  North /  South Line of Section  
586 Feet from  East /  West Line of Section  
Footages Calculated from Nearest Outside Section Corner:  
 NE  NW  SE  SW  
County: Lane  
Lease Name: Kim Well #: 1-17  
Field Name: \_\_\_\_\_

Purchaser: \_\_\_\_\_  
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.): \_\_\_\_\_

Producing Formation: none  
Elevation: Ground: 2849 Kelly Bushing: 2856  
Total Depth: 4682 Plug Back Total Depth: \_\_\_\_\_  
Amount of Surface Pipe Set and Cemented at: 261 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.

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 #: \_\_\_\_\_  
2/26/2011 3/11/2011 3/11/2011  
Spud Date or Date Reached TD Completion Date or Recompletion Date

**Drilling Fluid Management Plan**  
(Data must be collected from the Reserve Pit)  
Chloride content: 8000 ppm Fluid volume: 1000 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: 06/23/2011

Confidential Release Date: \_\_\_\_\_

Wireline Log Received

Geologist Report Received

UIC Distribution

ALT  I  II  III Approved by: NAOAR JAMES Date: 06/23/2011