

CONFIDENTIAL

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

ORIGINAL

Form ACO-1
October 2008
Form Must Be Typed

6/10/11

WELL COMPLETION FORM

WELL HISTORY - DESCRIPTION OF WELL & LEASE

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: _____
Purchaser: _____

Designate Type of Completion:

 New Well X Re-Entry Workover
 X Oil SWD SLOW
 Gas ENHR SIGW
 CM (Coal Bed Methane) X Temp. Abd.
 Dry Other _____
(Core, WSW, Expl., Cathodic, etc.)

If Workover/Re-entry: Old Well Info as follows:

Operator: PICKRELL DRILLING COMPANY
Well Name: REIFSCHNEIDER "C" #1
Original Comp. Date: 3/18/1981 Original Total Depth: 4625'
 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. _____
2/12/2009 2/14/2009
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 101-20521-00-01
Spot Description: _____
 - SE - SE - NW Sec. 17 Twp. 18 S. R. 29 ☐ East ☒ West
2310 feet from NORTH Line of Section
2310 feet from WEST Line of Section
Footages Calculated from Nearest Outside Section Corner:
☐ NE ☒ NW ☐ SE ☐ SW
County: LANE
Lease Name: SCHWARTZ Well #: 1-17 OWWO
Field Name: WILDCAT
Producing Formation: _____
Elevation: Ground: 2825' Kelly Bushing: 2831'
Total Depth: 4581' Plug Back Total Depth: 4581'
Amount of Surface Pipe Set and Cemented at: _____ Feet
Multiple State Cementing Collar Used? ☒ Yes ☐ No
If yes, show depth set: 2146 Feet
If Alternate II completion, cement circulated from: _____
feet depth to: 2146' w/ 210 sx cmt.

Drilling Fluid Management Plan ALLOWED TO DRY
(Data must be collected from the Reserve Pit)
Chloride content: 8700 ppm Fluid volume: 550 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 Larson
Title: SECRETARY/TREASURER Date: 6/10/2009
Subscribed and sworn to before me this 10TH day of JUNE,
20 09.
Notary Public: Debra J. Ludwig
Date Commission Expires: MAY 5, 2012

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

KCC Office Use ONLY	
<input checked="" type="checkbox"/>	Letter of Confidentiality Received
<input type="checkbox"/>	If Denied, Yes <input type="checkbox"/> Date: _____
<input type="checkbox"/>	Wireline Log Received
<input type="checkbox"/>	Geologist Report Received
<input type="checkbox"/>	UIC Distribution

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JUN 11 2009

KCC WICHITA

Operator Name: LARSON ENGINEERING, INC. Lease Name: SCHWARTZ Well #: 1-17 OWWOSec. 17 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 ☐ Yes ☒ No
(Attach Additional Sheets)Samples Sent to Geological Survey ☐ Yes ☒ NoCores Taken ☐ Yes ☒ NoElectric Log Run ☐ Yes ☒ No
(Submit Copy)List All E. Logs Run: NONE
☐ Log Formation (Top), Depth and Datum ☐ Sample
Name Top Datum

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KCC WICHITA

CASING RECORD <input checked="" type="checkbox"/> New <input 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
PRODUCTION	7-7/8"	5-1/2"	15.5#	4624'	SMD	125	1/4#/SK FLOCELE
					EA-2	100	7#/SK GILSONITE, 1/8#/SK FLOCELE, 3/4% CFR

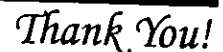
ADDITIONAL CEMENTING/SQUEEZE RECORD					
Purpose:	Depth		Type of Cement	# Sacks Used	Type and Percent Additives
	Top	Bottom			
<input type="checkbox"/> Perforate					
<input checked="" type="checkbox"/> Protect Casing	SURF	2146'	SMD	210	1/4#/SK FLOCELE
<input type="checkbox"/> Plug Back TD					
<input type="checkbox"/> Plug Off Zone					

Shots per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid. Fracture, Shot, Cement, Squeeze Record (Amount and Kind of Material Used)	
		Depth	
4	4550-56, 4388-90	250 GAL 15% MCA	4550-56
4	4274-82	250 GAL 15% MCA	4388-90
		250 GAL 15% MCA	4274-82

TUBING RECORD: Size: Set At: Packer At: Liner Run: ☐ Yes ☒ 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:		METHOD OF COMPLETION:		PRODUCTION INTERVAL:
<input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease If vented, submit ACO-18.		<input type="checkbox"/> Open Hole <input checked="" type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <input checked="" type="checkbox"/> Other (Specify) waiting for conversion to WIW		<u>4550 - 4282 OA</u>



[illegible]

JOB LOG **SWIFT Services, Inc.**

SWIFT Services, Inc.

DATE	2-14-09	PAGE NO.	1
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TICKET NO. 15294

CUSTOMER

Larsen Engineering

WELL NO.

1-17 OWWO

LEASE

LEASE
Schwartz

JOB TYPE

JOB TYPE Long String

[illegible]



CHARGE TO: Lorson Engineering

ADDRESS: _____

CITY, STATE, ZIP CODE: _____

TICKET
No 15828

PAGE 1 OF 1

SERVICE LOCATIONS
1. Hays, Ks.
2. Ness City, Ks.
3. _____
4. _____

WELL/PROJECT NO. 1-17A LEASE own COUNTY/PARISH Lane STATE Ks CITY _____ DATE 2-18-09 OWNER SAM L

TICKET TYPE ☒ SERVICE ☐ SALES CONTRACTOR W.W.W.S. RIG NAME/NO. _____ SHIPPED VIA 2H DELIVERED TO Location ORDER NO. _____

WELL TYPE oil WELL CATEGORY own JOB PURPOSE Cement Port Collar WELL PERMIT NO. _____ WELL LOCATION _____

REFERRAL LOCATION _____ INVOICE INSTRUCTIONS _____

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.		U/M		UNIT PRICE	AMOUNT	
		LOC	ACCT	DF								
575		1			MILEAGE #111	40	mi			5.00	200	00
576D		1			Pump Charge (Port Collar)	1	ea	2146'		1200.00	1200	00
330	KCC WICHITA JUN 11 2009 RECEIVED	2			SMD Cement	210	cks			15.00	3150	00
276		2			Flacole	50	#			1.50	75	00
581		2			Cement Service Charge	250	cks			1.75	437	50
583		2			Drayage	488	TN			1.50	732	00

LEGAL TERMS: Customer hereby acknowledges and agrees to the terms and conditions on the reverse side hereof which include, but are not limited to, **PAYMENT, RELEASE, INDEMNITY, and LIMITED WARRANTY** provisions.

MUST BE SIGNED BY CUSTOMER OR CUSTOMER'S AGENT PRIOR TO START OF WORK OR DELIVERY OF GOODS

X [Signature]
DATE SIGNED 2-18-09 TIME SIGNED 1440 ☐ A.M. ☒ P.M.

REMIT PAYMENT TO:

SWIFT SERVICES, INC.
P.O. BOX 466
NESS CITY, KS 67560
785-798-2300

SURVEY	AGREE	UN-DECIDED	DIS-AGREE	PAGE TOTAL	
OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN?					
WE UNDERSTOOD AND MET YOUR NEEDS?					
OUR SERVICE WAS PERFORMED WITHOUT DELAY?					
WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY?					
ARE YOU SATISFIED WITH OUR SERVICE?	<input type="checkbox"/> YES <input type="checkbox"/> NO				
<input type="checkbox"/> CUSTOMER DID NOT WISH TO RESPOND				TOTAL	

Lane TAX 5.3% 307 11

5794 50

6101 61

CUSTOMER ACCEPTANCE OF MATERIALS AND SERVICES The customer hereby acknowledges receipt of the materials and services listed on this ticket.

SWIFT OPERATOR [Signature] APPROVAL _____

Thank You!

Kim
6/12/09

SWIFT Services, Inc.

DATE 2-18-59	PAGE NO
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CUSTOMER

Larson Engineering

WELL NO. 27

2

PLEASE

Schwarze

JOB TYPE	DATE	TIME	LOCATION	STATUS
...

Cement Port Cellar

TICKET NO.

NO. 15828

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JUN 11 2000
KCC WICHITA

Thank you

Nick, Josh & Scott