



KANSAS CORPORATION COMMISSION 1058983
OIL & GAS CONSERVATION DIVISION

Form ACO-1
June 2009

CONFIDENTIAL

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

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: Vernon Schrag
Purchaser: NCRA

Designate Type of Completion:

- 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: _____

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>3/14/2011</u>	<u>3/27/2011</u>	<u>4/18/2011</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-101-22283-00-00

Spot Description: _____
NE SW NW NN Sec. 11 Twp. 19 S. R. 29 East West
952 Feet from North / South Line of Section
379 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW

County: Lane

Lease Name: Spatz Well #: 3-11

Field Name: Paris North

Producing Formation: Cherokee, L-KC

Elevation: Ground: 2809 Kelly Bushing: 2816

Total Depth: 4657 Plug Back Total Depth: 4610

Amount of Surface Pipe Set and Cemented at: 256 Feet

Multiple Stage Cementing Collar Used? Yes No

If yes, show depth set: 2113 Feet

If Alternate II completion, cement circulated from: 2113
feet depth to: 0 w/ 190 sx cmt.

Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)

Chloride content: 15600 ppm Fluid volume: 900 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: 07/08/2011
- Confidential Release Date: _____
- Wireline Log Received
- Geologist Report Received
- UIC Distribution
- ALT I II III Approved by: NAOMI JAMES Date: 07/11/2011