



KANSAS CORPORATION COMMISSION 1062026
OIL & GAS CONSERVATION DIVISION

Form ACO-1
June 2009

CONFIDENTIAL

WELL COMPLETION FORM

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

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: NCRA

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>5/17/2011</u>	<u>6/1/2011</u>	<u>7/6/2011</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-101-22292-00-00

Spot Description: _____

NW SW NW SE Sec. 32 Twp. 17 S. R. 28 East West
1800 Feet from North / South Line of Section
2475 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE NW SE SW

County: Lane

Lease Name: Joann Unit Well #: 1-32

Field Name: Wildcat

Producing Formation: Cherokee, Marmaton

Elevation: Ground: 2762 Kelly Bushing: 2769

Total Depth: 4653 Plug Back Total Depth: 4607

Amount of Surface Pipe Set and Cemented at: 261 Feet

Multiple Stage Cementing Collar Used? Yes No

If yes, show depth set: 2159 Feet

If Alternate II completion, cement circulated from: 2159
feet depth to: 0 w/ 170 sx cmt.

Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)

Chloride content: 12000 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: 09/14/2011
- Confidential Release Date: _____
- Wireline Log Received
- Geologist Report Received
- UIC Distribution
- ALT I II III Approved by: NAOMI JAMES Date: 09/14/2011