



KANSAS CORPORATION COMMISSION 1059983
OIL & GAS CONSERVATION DIVISION

Form ACO-1

June 2009

Form Must Be Typed

Form must be Signed

All blanks must be Filled

CONFIDENTIAL

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 # 34432
Name: Falcon Drilling, LLC
Wellsite Geologist: Larry Friend
Purchaser: _____

API No. 15 - 15-063-21923-00-00

Spot Description: _____
S2 NE NW NE Sec. 31 Twp. 13 S. R. 31 East West
335 Feet from North / South Line of Section
1650 Feet from East / West Line of Section

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

County: Gove
Lease Name: Knapp Well #: 5-31
Field Name: _____

Producing Formation: Lansing, Cherokee, Johnson
Elevation: Ground: 2909 Kelly Bushing: 2918
Total Depth: 4696 Plug Back Total Depth: 4666
Amount of Surface Pipe Set and Cemented at: 269 Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set: 2329 Feet
If Alternate II completion, cement circulated from: 2329
feet depth to: 0 w/ 345 sx cmt.

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 #: _____

07/17/2011	07/29/2011	09/07/2011
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

Drilling Fluid Management Plan
(Data must be collected from the Reserve Pit)

Chloride content: 1800 ppm Fluid volume: 760 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: 09/23/2011
- Confidential Release Date: _____
- Wireline Log Received
- Geologist Report Received
- UIC Distribution
- ALT I II III Approved by: NAOMI JAMEE Date: 09/28/2011