

KCC OIL/GAS REGULATORY OFFICES

Date: 11/21/11

District: 01

Case #: _____

- New Situation
- Response to Request
- Follow-Up

- Lease Inspection
- Complaint
- Field Report

Operator License No: 3842

API Well Number: 15-101-22,325-00-00

Op Name: Larson Engineering Inc., dba Larson Operating Company-

Spot: SE-SW-NE-NE Sec 21 Twp 18 S Rng 29 E / W

Address 1: 562 W State Rd. 4

1165 (1064) Feet from N / S Line of Section

Address 2: _____

950 (933) Feet from E / W Line of Section

City: Olmitz

GPS: Lat: 38.47901 Long: 100.52547 Date: 11/21/11

State: Kansas Zip Code: 67564 -8561

Lease Name: Gail Well #: 1-21

Operator Phone #: (620) 653-7368

County: Lane

Reason for Investigation:

Witness Alt.II

Problem:

None

Persons Contacted:

Findings:

8-5/8"@258"W/175sxs
TD@4659'
5-1/2"@4658"W/225sxs
Port Collar@2118'cemented with 170sxs-smd-1/4#flo seal-2%cc-20sxs to pit

RECEIVED
DEC 01 2011
KCC WICHITA

Action/Recommendations:

Follow Up Required Yes No

Date: _____

None Alt.II requirements have been met.

RECEIVED

NOV 30 2011

Verification Sources:

- RBDMS
- T-I Database
- Other: _____
- District Files
- TA Program
- Courthouse

Photos Taken: _____

By: Michael Maier
Michael Maier

Retain 1 Copy District Office
Send 1 Copy to Conservation Division

Form: _____

Date: 11/21/11

District: 01

License #: 3842

Op Name: 3842

Spot: SE-SW-NE-NE Sec 21 Twp 18 S Rng 29 E W

County: Lane

Lease Name: Gail Well #: 1-21

I.D. Sign Yes No

Tank Battery Condition
Condition: Good Questionable Overflowing

Pits, Injection Site
Fluid Depth: _____ ft; Approx. Size: _____ ft. x _____ ft.

Oil Spill Evidence

Abandoned Well Potential Pollution Problem Yes No

Lease Cleanliness
 Very Good Satisfactory Poor Very Bad

Gas Venting Yes No

Pits
Fluid Depth: _____ ft; Approx. Size: _____ ft. x _____ ft.

Saltwater Pipelines
Leaks Visible: Y N Tested for Leaks: Y N

Flowing Holes

TA Wells

Monitoring Records

SWD/ER Injection Well Yes No Lane

Permit #: _____ Pressure - Actual: _____ psi; Authorized: _____ psi

Permit #: _____ Pressure - Actual: _____ psi; Authorized: _____ psi

Permit #: _____ Pressure - Actual: _____ psi; Authorized: _____ psi

Permit #: _____ Pressure - Actual: _____ psi; Authorized: _____ psi

Gauge Connections Yes No

Tubing: _____; T/C Annulus: _____; C/SP Annulus: _____

Tubing: _____; T/C Annulus: _____; C/SP Annulus: _____

Tubing: _____; T/C Annulus: _____; C/SP Annulus: _____

Tubing: _____; T/C Annulus: _____; C/SP Annulus: _____

API Number	Footages	Spot Location	GPS	Well #	Well Status
15-101-22.325-00-00	1064FNL 950FEL	SE-SW-NE-NE	38.47901-100.52547	1-21	New well, Alt, II completed

Retain 1 Copy District Office
Send 1 Copy to Conservation Division

Form: _____