



KANSAS CORPORATION COMMISSION 1072479  
OIL & GAS CONSERVATION DIVISION

Form ACO-1

June 2009

**CONFIDENTIAL**

**WELL COMPLETION FORM**  
**WELL HISTORY - DESCRIPTION OF WELL & LEASE**

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

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: Bob Lewellyn  
Purchaser: \_\_\_\_\_

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 #: \_\_\_\_\_

10/15/2011	10/28/2011	10/28/2011
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-101-22316-00-00

Spot Description: \_\_\_\_\_  
E2 SE SW SE Sec. 3 Twp. 18 S. R. 28 ☐ East ☒ West  
330 Feet from ☐ North / ☒ South Line of Section  
1504 Feet from ☒ East / ☐ West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- ☐ NE ☐ NW ☒ SE ☐ SW

County: Lane

Lease Name: McWhirter 'E' Well #: 1-3

Field Name: \_\_\_\_\_

Producing Formation: none

Elevation: Ground: 2721 Kelly Bushing: 2728

Total Depth: 4661 Plug Back Total Depth: \_\_\_\_\_

Amount of Surface Pipe Set and Cemented at: 255 Feet

Multiple Stage Cementing Collar Used? ☐ Yes ☒ No

If yes, show depth set: \_\_\_\_\_ Feet

If Alternate II completion, cement circulated from: \_\_\_\_\_

feet depth to: \_\_\_\_\_ w/ \_\_\_\_\_ sx cmt.

**Drilling Fluid Management Plan**

(Data must be collected from the Reserve Pit)

Chloride content: 26500 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: 02/10/2012  
☐ Confidential Release Date: \_\_\_\_\_  
☒ Wireline Log Received  
☒ Geologist Report Received  
☐ UIC Distribution  
ALT ☐ I ☒ II ☐ III Approved by: NAOMI JAMES Date: 02/10/2012