



KANSAS CORPORATION COMMISSION 1076563
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 # 33575
Name: WW Drilling, LLC
Wellsite Geologist: Brad Rine
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 #: _____

<u>03/14/2012</u>	<u>03/23/2012</u>	<u>04/03/2012</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-063-21955-00-00
Spot Description: _____
SW NW NE SE Sec. 5 Twp. 13 S. R. 31 East West
560 Feet from North / South Line of Section
1085 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Gove
Lease Name: Parsons A Well #: 1-5
Field Name: Logo Southeast
Producing Formation: Johnson
Elevation: Ground: 2943 Kelly Bushing: 2948
Total Depth: 4740 Plug Back Total Depth: 4705
Amount of Surface Pipe Set and Cemented at: 254 Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set: 2309 Feet
If Alternate II completion, cement circulated from: 2309
feet depth to: 0 w/ 525 sx cmt.

Drilling Fluid Management Plan
(Data must be collected from the Reserve Pit)
Chloride content: 6000 ppm Fluid volume: 840 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: 04/20/2012
 Confidential Release Date: _____
 Wireline Log Received
 Geologist Report Received
 UIC Distribution
ALT I II III Approved by: NAOMI JAMES Date: 04/23/2012