



KANSAS CORPORATION COMMISSION 1076608
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 # 30606
Name: Murfin Drilling Co., Inc.
Wellsite Geologist: Steve Murphy
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>03/15/2012</u>	<u>03/23/2012</u>	<u>04/12/2012</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-063-21979-00-00

Spot Description: _____
NE NW SE SW Sec. 14 Twp. 14 S. R. 31 East West
1050 Feet from North / South Line of Section
1665 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE NW SE SW

County: Gove

Lease Name: Hanna C Well #: 1-14

Field Name: _____

Producing Formation: Johnson & Ft. Scott

Elevation: Ground: 2874 Kelly Bushing: 2885

Total Depth: 4700 Plug Back Total Depth: 4633

Amount of Surface Pipe Set and Cemented at: 227 Feet

Multiple Stage Cementing Collar Used? Yes No

If yes, show depth set: 2270 Feet

If Alternate II completion, cement circulated from: 2270

feet depth to: 0 w/ 375 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: 04/27/2012
- Confidential Release Date: _____
- Wireline Log Received
- Geologist Report Received
- UIC Distribution
- ALT I II III Approved by: NAOMI JAMES Date: 05/01/2012