



KANSAS CORPORATION COMMISSION 1082547

Form ACO-1

June 2009

CONFIDENTIAL

OIL & GAS CONSERVATION DIVISION

Form Must Be Typed**Form must be Signed****All blanks must be Filled****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 # 33793

Name: H2 Drilling LLC

Wellsite Geologist: Steve Davis

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 #:

05/07/2012 05/18/2012 06/20/2012

Spud Date or Date Reached TD Completion Date or Recompletion Date

API No. 15 - 15-109-21089-00-00

Spot Description:

SW NW SE SE Sec. 33 Twp. 14 S. R. 32 ☐ East ☒ West915 Feet from ☐ North / ☒ South Line of Section1065 Feet from ☒ East / ☐ West Line of Section

Footages Calculated from Nearest Outside Section Corner:

☐ NE ☐ NW ☒ SE ☐ SW

County: Logan

Lease Name: Corinne Well #: 1-33

Field Name:

Producing Formation: Lansing, Marmaton, Johnson & Basal Penn

Elevation: Ground: 2680 Kelly Bushing: 2688

Total Depth: 4450 Plug Back Total Depth: 4410

Amount of Surface Pipe Set and Cemented at: 225 Feet

Multiple Stage Cementing Collar Used? ☒ Yes ☐ No

If yes, show depth set: 2159 Feet

If Alternate II completion, cement circulated from: 2159

feet depth to: 0 w/ 390 sx cmt.

Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)

Chloride content: 15000 ppm Fluid volume: 800 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: 07/25/2012

☐ Confidential Release Date:☒ Wireline Log Received☐ Geologist Report Received☐ UIC DistributionALT ☐ I ☒ II ☐ III Approved by: NAOMI JAMES Date: 07/25/2012