



# CONFIDENTIAL

## KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

1090434

Form ACO-1  
June 2009Form Must Be Typed  
Form must be Signed  
All blanks must be Filled

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

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: Vernon Schrag  
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 #: \_\_\_\_\_

4/16/2012	4/30/2012	4/30/2012
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-101-22365-00-00

Spot Description:  
SW NE NW SW Sec. 13 Twp. 19 S. R. 29 ☐ East ☒ West  
2294 Feet from ☐ North / ☒ South Line of Section  
704 Feet from ☐ East / ☒ West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- ☐ NE ☐ NW ☐ SE ☒ SW

County: LaneLease Name: L York Well #: 1-13

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

Producing Formation: NAElevation: Ground: 2814 Kelly Bushing: 2821Total Depth: 4684 Plug Back Total Depth: \_\_\_\_\_Amount of Surface Pipe Set and Cemented at: 260 FeetMultiple 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: 30000 ppm Fluid volume: 1100 bblsDewatering 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 ReceivedDate: 08/13/2012☐ Confidential Release Date: \_\_\_\_\_☒ Wireline Log Received☒ Geologist Report Received☐ UIC DistributionALT ☐ I ☒ II ☐ III Approved by: Deanna Garrison Date: 08/16/2012