



KANSAS CORPORATION COMMISSION 1090444

Form ACO-1

June 2009

Form Must Be Typed

Form must be Signed

All blanks must be Filled

CONFIDENTIAL

OIL & GAS CONSERVATION DIVISION

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: Robert 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 #:

5/2/2012

5/19/2012

5/19/2012

Spud Date or
Recompletion Date

Date Reached TD

Completion Date or
Recompletion Date

API No. 15 - 15-101-22368-00-00

Spot Description:

NE SE SW SE Sec. 13 Twp. 19 S. R. 29 ☐ East ☒ West

347 Feet from ☐ North / ☒ South Line of Section

1329 Feet from ☒ East / ☐ West Line of Section

Footages Calculated from Nearest Outside Section Corner:

☐ NE ☐ NW ☒ SE ☐ SW

County: Lane

Lease Name: Leroy Well #: 1-13

Field Name:

Producing Formation: NA

Elevation: Ground: 2804 Kelly Bushing: 2811

Total Depth: 4710 Plug Back Total Depth:

Amount of Surface Pipe Set and Cemented at: 259 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: 23000 ppm Fluid volume: 1000 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: 08/29/2012

☐ Confidential Release Date:☒ Wireline Log Received☒ Geologist Report Received☐ UIC DistributionALT ☐ I ☒ II ☐ III Approved by: NAOMI JAMES Date: 08/30/2012