



KANSAS CORPORATION COMMISSION 1081311
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 # 5822
Name: Val Energy, Inc.
Wellsite Geologist: Tim Lauer
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>05/07/2012</u>	<u>05/22/2012</u>	<u>06/28/2012</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-109-21090-00-00

Spot Description: _____

SW NE NW SE Sec. 36 Twp. 14 S. R. 32 East West

2305 Feet from North / South Line of Section

1850 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE NW SE SW

County: Logan

Lease Name: Krebs Credit Shelter Well #: 3-36

Field Name: Shelter

Producing Formation: Lansing & Johnson

Elevation: Ground: 2693 Kelly Bushing: 2702

Total Depth: 4598 Plug Back Total Depth: 4497

Amount of Surface Pipe Set and Cemented at: 223 Feet

Multiple Stage Cementing Collar Used? Yes No

If yes, show depth set: 2175 Feet

If Alternate II completion, cement circulated from: 2175

feet depth to: 0 w/ 375 sx cmt.

Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)

Chloride content: 12500 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: 08/14/2012
- Confidential Release Date: _____
- Wireline Log Received
- Geologist Report Received
- UIC Distribution
- ALT I II III Approved by: Deanna Gamsor Date: 08/17/2012