



KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

1092389

Form ACO-1

June 2009

CONFIDENTIAL

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

Form Must Be Typed
Form must be Signed
All blanks must be Filled

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 (Corr, 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>5/25/2012</u>	<u>7/8/2012</u>	<u>7/8/2012</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-101-22383-00-00

Spot Description: _____
N2 NW SW SE Sec. 17 Twp. 17 S. R. 30 ☐ East ☒ West
1318 Feet from ☐ North / ☒ South Line of Section
2310 Feet from ☒ East / ☐ West Line of Section

Footages Calculated from Nearest Outside Section Corner:

☐ NE ☐ NW ☒ SE ☐ SW

County: Lane
Lease Name: Cramer Well #: 1-17
Field Name: _____

Producing Formation: n/a
Elevation: Ground: 2882 Kelly Bushing: 2889
Total Depth: 4620 Plug Back Total Depth: _____
Amount of Surface Pipe Set and Cemented at: 261 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: 21000 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: 09/20/2012
☐ Confidential Release Date: _____
☒ Wireline Log Received
☐ Geologist Report Received
☐ UIC Distribution
ALT ☐ I ☒ II ☐ III Approved by: NAOMI JAMES Date: 09/20/2012