

CONFIDENTIAL "

Kansas Corporation Commission Oil & Gas Conservation Division

1096669

Form ACO-1
June 2009
Form Must Be Typed

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

WELL COMPLETION FORM WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License #3842			API No. 15 - 15-101-20300-00-01
	j, Inc. dba Larso	n Operating Company	Spot Description:
Address 1: 562 W STATE RD	4		N2 NE NW SW Sec. 13 Twp. 19 S. R. 29 ☐ East West
Address 2:			
City: OLMITZ S	itate: KS Zip	67564 + 8561	990 Feet from East / 🗹 West Line of Section
Contact Person: Thomas Lars			Footages Calculated from Nearest Outside Section Corner:
Phone: ()653-7368			□NE □NW □SE ØSW
CONTRACTOR: License # 325	92		County: Lane
Name: Wild West Well Servi	re Inc		Lease Name: Voshell Well #: 1 OWWO
Wellsite Geologist: n/a			Field Name:
Purchaser: NCRA			Producing Formation: Marmaton, L-KC
Designate Type of Completion:			Elevation: Ground: 2814 Kelly Bushing: 2819
	e-Entry	Workover	Total Depth: 4532 Plug Back Total Depth: 4526
✓ oil wsw	SWD	SIOW	Amount of Surface Pipe Set and Cemented at: 315 Feet
Gas D&A	ENHR	SIGW	Multiple Stage Cementing Collar Used? ☐ Yes ✔ No
OG	GSW	Temp. Abd.	If yes, show depth set: Feet
CM (Coal Bed Methane)			If Alternate II completion, cement circulated from:
Cathodic Other (Co	re, Expl., etc.):		feet depth to:w/sx cmt
If Workover/Re-entry: Old Well I	nfo as follows:		
Operator: Beren Corporatio	<u> </u>		Deilling Flyid Managament Dlan
Well Name: Voshell #1	***************************************		Drilling Fluid Management Plan (Data must be collected from the Reserve Pit)
Original Comp. Date: 6/18/197	'9 Original To	otal Depth: 4631	Chloride content:ppm Fluid volume:bbls
Deepening 🗹 Re-pe	rf. Conv. to	ENHR Conv. to SWD	Dewatering method used:
	Conv. to	GSW	Dewatering method used.
Plug Back:	Plu	g Back Total Depth	Location of fluid disposal if hauled offsite:
Commingled	Permit #:		Operator Name:
Dual Completion	Permit #:		Lease Name: License #:
SWD		······································	Quarter Sec TwpS. R
ENHR			County: Permit #:
GSW	Permit #:		County.
6/11/2012 6/29/		8/17/2012	
Spud Date or Date R Recompletion Date	eached TD	Completion Date or Recompletion Date	

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

	NCC Office use UNLY	
Letter of Co	onfidentiality Received 09/2012	
Confidentia	al Release Date:	
Wireline Lo	og Received	
Geologist f	Report Received	
UIC Distrib		
ALT 🗌 I 🗸 II	I III Approved by: NAOMI JAMES Date: 10/15/2012	