



KANSAS CORPORATION COMMISSION 1098084  
OIL & GAS CONSERVATION DIVISION

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: Robert Lewellyn  
Purchaser:

API No. 15 - 15-101-22394-00-00  
Spot Description:  
NE NE NE SE Sec. 27 Twp. 19 S. R. 28  East  West  
2540 Feet from  North /  South Line of Section  
93 Feet from  East /  West Line of Section  
Footages Calculated from Nearest Outside Section Corner:  
 NE  NW  SE  SW  
County: Lane  
Lease Name: Busst Unit Well #: 1-27  
Field Name:  
Producing Formation: n/a  
Elevation: Ground: 2761 Kelly Bushing: 2768  
Total Depth: 4700 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.

Designate Type of Completion:  
 New Well  Re-Entry  Workover  
 Oil  WSW  SWD  SLOW  
 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 #:  
7/24/2012 8/5/2012 8/5/2012  
Spud Date or Date Reached TD Completion Date or Recompletion Date

**Drilling Fluid Management Plan**  
(Data must be collected from the Reserve Pit)  
Chloride content: 47000 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: 11/19/2012  
 Confidential Release Date:  
 Wireline Log Received  
 Geologist Report Received  
 UIC Distribution  
ALT  I  II  III Approved by: NAOMI JAMES Date: 11/26/2012