

STATE CORPORATION COMMISSION OF KANSAS
OIL & GAS CONSERVATION DIVISION
WELL COMPLETION FORM
ACO-1 WELL HISTORY
DESCRIPTION OF WELL AND LEASE

Operator: License # 3842
Larson Operating Company
Name: A Division of Larson Engineering, Inc.
Address 562 West Highway 4
City/State/Zip Olmitz, KS 67564-8561

Purchaser: EOTT Operating LP **KCC**
Operator Contact Person: Tom Larson **FEB 28 2000**

Phone 316-653-7368 **CONFIDENTIAL**
Contractor: Name: Shields Oil Producers, Inc.

License: 5184
Wellsite Geologist: Tom Funk

Designate Type of Completion
 New Well Re-Entry Workover
 Oil SWD SLOW Temp. Abd.
 Gas ENHR SIGW
 Dry Other (Core, WSW, Expl., Cathodic, etc.)

If Workover/Re-Entry: Oil well info as follows:
Operator: _____
Well Name: _____
Comp. Date _____ Old Total Depth _____
 Deepening Re-Perf. Conv. To Inj/SWD
 Plug Back PBTB
 Commingled Docket No. _____
 Dual Completion Docket No. _____
 Other (SWD or Inj?) Docket No. _____
12/6/99 12/17/99 1/7/00
Spud Date Date Reached TD Completion Date

API No. 15- 101-21774-0000
County Lane Lane E
NE - NE - SW - Sec. 34 Twp. 18S Rge. 29 X W

2310 Feet from South Line of Section
2310 Feet from West Line of Section

Footages calculated from nearest outside section corner: SW
Lease Name McWhirter "A" Well # 2

Field Name McWhirter North
Producing Formation Lansing-Kansas City

Elevation: Ground 2827' KB 2832'
Total Depth 4652' PBTB 4598'

Amount of Surface Pipe Set and Cemented at 213 Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set 2153 Feet

If Alternate II completion, cement circulated from 2153
feet depth to surface w/ 170 sx cmt.

Drilling Fluid Management Plan ALT 2 JPH 2/6/01
(Data must be collected from the Reserve Pit)
Chloride content 12000 ppm Fluid Volume 1200 bbls

Dewatering method used allowed to dry
Location of fluid disposal if hauled offsite: _____

Operator Name _____
Lease Name _____
Quarter Sec. Twp. Rng. W
County _____ Docket No. _____

INSTRUCTIONS: An original and two copies of this information shall be filed with the Kansas Corporation Commission, 130 South Market, Room 2078, Wichita, Kansas 67202, within 120 days of the spud date, recompletion, workover or conversion of a well. Rule 82-3-130, 82030196 and 82-3-107 apply. Information on side two of this form will be held confidential for a period of 12 months if requested in writing and submitted with the form (see rule 82-3-107 for confidentiality in excess of 12 months). One copy of all wireline logs and geological well report shall be attached with this form. ALL CEMENTING TICKETS MUST BE ATTACHED. Submit CP-4 with all plugged wells. Submit CP-111 form with all temporarily abandoned wells.

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.

Signature Thomas Larson
Title President Date 2/20/2000

Subscribed and sworn to before me this 20th day of February 2000.

Notary Public Carol S. Larson
Carol S. Larson

My Commission Expires June 25, 2001

STATE CORPORATION COMMISSION
RECEIVED
2-29-00
FEB 29 2000
WICHITA, KANSAS
OIL & GAS CONSERVATION DIVISION

K.C.C. OFFICE USE ONLY
F Letter of Confidentiality Attached
C Wireline Log Received
C Geologist Report Received
Distribution
KCC _____ SWD/Rep _____ NGPA _____
KGS _____ Plug _____ Other (Specify) _____

Operator Name Larson Operating Company Lease Name McWhirter "A" Well # 2

Sec. 34 Twp. 18S Rge. 29 East West County Lane

Instructions: Show important tops and base of formation penetrated. Detail all cores. Report all drill stem tests giving interval tested, time tool open and closed, flowing and shut-in pressures, whether shut-in pressure reached static level, hydrostatic pressures, bottom hole temperature, fluid recovery, and flow rates if gas to surface during test. Attach extra sheet if more space is needed. Attach copy of log.

Drill Stem Tests Taken (Attach Additional Sheets.)	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Log	Formation (Top), Depth and Datum Name	Top	<input type="checkbox"/> Sample Datum
Sample Sent to Geological Survey	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No		Anhydrite	2151	+681
Cores Taken	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No		B. Anhydrite	2177	+655
Electric Log Run (Submit Copy.)	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No		Heebner Sh.	3936	-1104
List all E. Logs Run:	Dual Induction			Lansing	3979	-1147
	Comp Neutron Density			Muncie Creek	4155	-1323
	Sonic Log			Stark Sh.	4259	-1427
	Micro Log			Marmaton	4376	-1544
				Fort Scott	4512	-1680
				Cherokee Sh.	4535	-1703
				Mississippian	4605	-1773
				TD	4652	

CASING RECORD <input type="checkbox"/> New <input checked="" type="checkbox"/> Used							
Report all strings set - conductor, surface, intermediate, production, etc.							
Purpose of string	Size Hole Drilled	Size Casing Set (in O.D.)	Weight Lbs./Ft.	Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives
Surface	12-1/4"	8-5/8"	25#	213'	60-40 poz	150	2% gel, 3% cc
Production	7-7/8"	5-1/2"	15.5#	4645'	EA-2	125	5% calseal, 7#/sk gits, 18% salt, 0.5% CFR, 0.25% Halad, 0.05% D-Air
					HLC	25	

ADDITIONAL CEMENTING/SQUEEZE RECORD					
Purpose:	Depth		Type of Cement	# Sacks Used	Type and Percent Additives
	Top	Bottom			
<input type="checkbox"/> Perforate <input checked="" type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> Plug Off Zone	surface	2153	Swift multidensity	170	2% cc, 1/4#/sk flocele

Shots per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement, Squeeze Record (Amount and Kind of Material Used)		Depth
		Amount	Kind	
4	4492-97'	500 gal	15% MCA	
4	4416.5-20'	none		
4	4206-12'	500 gal	15% MCA	
	CIBP @ 4395'			

TUBING RECORD		Size 2-3/8"	Set At 4366'	Packer At	Liner Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date of First, Resumed Production, SWD or Inj. 1/8/00			Producing Method <input type="checkbox"/> Flowing <input checked="" type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)		
Estimated Production Per 24 Hours	Oil 80	Bbls.	Gas	Mcf	Water nil
					Bbls.
					Gas-Oil Ratio
					Gravity

Disposition of Gas <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease (If vented, submit ACO-18).	METHOD OF COMPLETION <input type="checkbox"/> Open Hole <input checked="" type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <input type="checkbox"/> Other (Specify) _____	Production Interval 4206-12'
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Operator Name Larson Operating Company Lease Name McWhirter "A" Well # 2

Sec. 34 Twp. 18S Rge. 29 East
 West

County Lane

ORIGINAL

DRILL STEM TEST #1

Interval tested: 4190-4213'
Times tool opened: 15-30-45-60
Initial hydrostatic pressure: 2105#
Initial flow pressures: 64-242#
Initial shut-in pressure: 924#
Final flow pressures: 256-480#
Final shut-in pressure: 910#
Final hydrostatic pressure: 2079#
Bottom hole temperature: 124°
Recovery: 370' GIP, 50' CO, 1200' CGO, 60' MCGO

KCC
FEB 28 2000
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DRILL STEM TEST #2

Interval tested: 4361-4425"
Times tool opened: 15-30-8-out
Initial hydrostatic pressure: 2187#
Initial flow pressures: 50-205#
Initial shut-in pressure: 1026#
Final flow pressures: 247-566#
Final shut-in pressure: none
Final hydrostatic pressure: 2161#
Bottom hole temperature: 112°
Recovery: 180' OCM, 480' SOCM, 120' M w/ oil scum

DRILL STEM TEST #3

Interval tested:
Times tool opened:
Initial hydrostatic pressure:
Initial flow pressures:
Initial shut-in pressure:
Final flow pressures:
Final shut-in pressure:
Final hydrostatic pressure:
Bottom hole temperature:
Recovery:

DRILL STEM TEST #1

Interval tested:
Times tool opened:
Initial hydrostatic pressure:
Initial flow pressures:
Initial shut-in pressure:
Final flow pressures:
Final shut-in pressure:
Final hydrostatic pressure:
Bottom hole temperature:
Recovery:

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FEB 29 2000

CONSERVATION DIVISION
Wichita, Kansas



CHARGE TO: *Linson Operator*
 ADDRESS:
 CITY, STATE, ZIP CODE: *Olmitz, Ks*

ORIGINAL
 No 1815

PAGE 1 OF #1

SERVICE LOCATIONS 1. *Ness City, Ks* WELL/PROJECT NO. *A # 2* LEASE *ADC Winter* COUNTY/PARISH *Lane* STATE *Ks* CITY *Ness City, Ks* DATE *12-17-99* OWNER *Sone*

2. TICKET TYPE SERVICE SALES CONTRACTOR *Shields Drly Co* RIG NAME/NO. SHIPPED VIA *S/woz Dighton* ORDER NO.

3. WELL TYPE *oil* WELL CATEGORY *Development* JOB PURPOSE *new well Long string* WELL PERMIT NO. WELL LOCATION

4. REFERRAL LOCATION INVOICE INSTRUCTIONS

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.		U/M		UNIT PRICE	AMOUNT
		LOC	ACCT	DF							
575		1			MILEAGE <i>103</i>	35	mi			2.00	70.00
578		1			Pump charge Long string	4650	ft	1	ea	1200.00	1200.00
280		1			Flocheck	500	gal			11.50	750.00
221		1			Liquid KCL	2	gal			19.00	38.00
410		1			Top Plug	1	ea	52	11	50.00	50.00
328		1			60/40 Pozmix <i>67 gal</i>	50	shs			5.55	277.50
325		1			Standard	125	shs			6.75	843.75
284		1			Calscal	600	lb	10	sb	20.00	120.00
283		1			Salt	1200	lbs			15	180.00
277		1			Bilscrite	800	lbs			25	200.00
290		1			DeAir-1	50	lb			2.75	137.50
		1			DEIR From Continuation Page						687.49

LEGAL TERMS: Customer hereby acknowledges and agrees to the terms and conditions on the reverse side hereof which include, but are not limited to, **PAYMENT, RELEASE, INDEMNITY, and LIMITED WARRANTY** provisions.

MUST BE SIGNED BY CUSTOMER OR CUSTOMER'S AGENT PRIOR TO START OF WORK OR DELIVERY OF GOODS

X *J.C. Larson*
 DATE SIGNED *12-17-99* TIME SIGNED *10:00* A.M. P.M.

REMIT PAYMENT TO:
 SWIFT SERVICES, INC.
 P.O. BOX 466
 NESS CITY, KS 67560
 785-798-2300

SURVEY	AGREE	UN-DECIDED	DIS-AGREE	PAGE TOTAL
OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN?				454.24
WE UNDERSTOOD AND MET YOUR NEEDS?				10%
OUR SERVICE WAS PERFORMED WITHOUT DELAY?				Discount 468.82
WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY?				TAX
ARE YOU SATISFIED WITH OUR SERVICE? <input type="checkbox"/> YES <input type="checkbox"/> NO				TOTAL
<input type="checkbox"/> CUSTOMER DID NOT WISH TO RESPOND				

CUSTOMER ACCEPTANCE OF MATERIALS AND SERVICES The customer hereby acknowledges receipt of the materials and services listed on this ticket.

SWIFT OPERATOR *Jed Fricks* APPROVAL

Thank You!

JOB LOG

SWIFT Services, Inc. ORIGINAL

DATE 12-17-99 PAGE NO. 87

CUSTOMER Larson Operation WELL NO. A#2 LEASE McWhider JOB TYPE Long string TICKET NO. 1815

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
#1	06:00							Pulled out
	09:30							On location / set up truck Ccg. in bottom
								Hook up to circulators & rotate Circulate 1 hr while rotating
	11:15		8					Done circulating
	11:17		5					Pump 5 bbl KCL water
			12					Pump 500 gal Flocheck
	11:25		5					Pump 5 bbl KCL water
	11:30		4					Plugged rat hole w/ 155sk
	11:33		3					Plugged mouse hole w/ 105sk
		5	7					Run 25 sks scavenger
		5	33					Run 125 sks PA-2' blend
	11:50							Release Plug & washed out Pump & lines
	11:55							Start displacement
	12:10	6	109					Done w/ displ.
	12:12							Loaded plug at 1500 PSI Released pressure float field
	12:30							Racked up & washed up
	12:45							Job completed
								Plug loaded 4 bbls early

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STATE CORPORATION COMMISSION

FEB 29 2000

CONSERVATION DIVISION
Wichita, Kansas



CHARGE TO: *Larson Operating*
 ADDRESS:
 CITY, STATE, ZIP CODE: *Olmitz, KS*

TICKET ORIGINAL
 No 1879

PAGE 1 OF 1

SERVICE LOCATIONS: 1. *Ness City*
 WELL/PROJECT NO.: *2*
 LEASE: *McWhirter "A"*
 COUNTY/PARISH: *Lane*
 STATE: *KS*
 CITY:
 DATE: *12-23-99*
 OWNER: *Sene*
 TICKET TYPE: SERVICE SALES
 CONTRACTOR:
 RIG NAME/NO.: *Plains*
 SHIPPED VIA: *104*
 DELIVERED TO: *S.W. Dighton*
 ORDER NO.:
 WELL TYPE: *oil*
 WELL CATEGORY: *Development*
 JOB PURPOSE: *Part Collon*
 WELL PERMIT NO.:
 WELL LOCATION:
 REFERRAL LOCATION:
 INVOICE INSTRUCTIONS:

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.		UM		UNIT PRICE	AMOUNT
		LOC	ACCT	DF							
575		1			MILEAGE	35		mi		2.00	70.00
577		1			Pump Charge	1		EA			650.00
704		1			Part Collon Opening Tool	1		EA		350.00	350.00
107		1			Stripper Head	1		Tag			110.00
330		1			SMDS Cement	205		SKS		9.50	1947.50
276		1			Fluorele	51		LBS		1.90	45.90
581		1			Bulk Service Charge	205		CU FT		1.00	205.00
583		1			Drayage	357		72 Ton Mile		.75	268.29

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 STATE CORPORATION COMMISSION
 CONSERVATION DIVISION
 FEB 29 2000
 Wichita, Kansas

KCC
 FEB 28 2000
 CONFIDENTIAL

LEGAL TERMS: Customer hereby acknowledges and agrees to the terms and conditions on the reverse side hereof which include, but are not limited to, PAYMENT, RELEASE, INDEMNITY, and LIMITED WARRANTY provisions.

MUST BE SIGNED BY CUSTOMER OR CUSTOMER'S AGENT PRIOR TO START OF WORK OR DELIVERY OF GOODS

X *T.C. Larson*
 DATE SIGNED: *12-23-99* TIME SIGNED: *11:30*
 A.M. P.M.

REMIT PAYMENT TO:
 SWIFT SERVICES, INC.
 P.O. BOX 466
 NESS CITY, KS 67560
 785-798-2300

SURVEY	AGREE	UN-DECIDED	DIS-AGREE	PAGE TOTAL
OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN?				3296.69
WE UNDERSTOOD AND MET YOUR NEEDS?				
OUR SERVICE WAS PERFORMED WITHOUT DELAY?				
WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY?				TAX
ARE YOU SATISFIED WITH OUR SERVICE?	<input type="checkbox"/> YES <input type="checkbox"/> NO			TOTAL
<input type="checkbox"/> CUSTOMER DID NOT WISH TO RESPOND				

ALLIED CEMENTING CO., INC.

ORIGINAL
9542

Federal Tax I.D.# 48-0727860

REMIT TO P.O. BOX 31
RUSSELL, KANSAS 67665

SERVICE POINT:
Great Bend

DATE <u>12.6.99</u>	SEC. <u>34</u>	TWP. <u>18</u>	RANGE <u>29</u>	CALLED OUT <u>5:00 PM</u>	ON LOCATION <u>7:30 PM</u>	JOB START <u>10:05 PM</u>	JOB FINISH <u>10:30 PM</u>
LEASE <u>Melwhita</u>		WELL # <u>2</u>	LOCATION <u>Eighton 3 west, 3 south</u>		COUNTY <u>Lane</u>	STATE <u>Kansas</u>	
OLD OR <u>NEW</u> (Circle one)							

CONTRACTOR Shields
 TYPE OF JOB Surface
 HOLE SIZE 12 1/8 T.D. 216'
 CASING SIZE 8 5/8 DEPTH 216'
 TUBING SIZE _____ DEPTH _____
 DRILL PIPE _____ DEPTH _____
 TOOL _____ DEPTH _____
 PRES. MAX _____ MINIMUM _____
 MEAS. LINE _____ SHOE JOINT _____
 CEMENT LEFT IN CSG. 15'
 PERFS. _____
 DISPLACEMENT 12.4 BBL
 EQUIPMENT _____
 PUMP TRUCK CEMENTER J.P. Pfeiling
 # 224 HELPER Jim Weighman
 BULK TRUCK _____
 # 222 DRIVER Rich Weiser
 BULK TRUCK _____
 # _____ DRIVER _____

OWNER Larson Operating
 CEMENT
 AMOUNT ORDERED 150 ox 60/40 2% gel 3% cc
 COMMON 90 ox @ 6.35 571.50
 POZMIX 60 ox @ 3.25 195.00
 GEL 3 ox @ 9.50 28.50
 CHLORIDE 5 ox @ 28.00 140.00
 @ _____
 @ _____
 @ _____
 @ _____
 @ _____
 HANDLING 150 ox @ 1.05 157.50
 MILEAGE 37 miles 222.00
 TOTAL \$ 1,314.50

REMARKS:

Ran 8 5/8 casing to bottom
Circ with rig pump, shut down
hook up to truck & mixed 150 ox 60/40
2+3. Shut down released 8 5/8 wiper plug
& displaced with 12.4 bbl fresh h₂O
Cement did circulate.

SERVICE

DEPTH OF JOB 216'
 PUMP TRUCK CHARGE _____ 470.00
 EXTRA FOOTAGE _____ @ _____
 MILEAGE 37 miles @ 2.85 105.45
 PLUG 1 - 8 5/8 @ 45.00 45.00
 @ _____
 @ _____
 TOTAL 620.45

CHARGE TO: Larson Operating Co.
 STREET 562 West Hwy 4
 CITY Admity STATE Kansas ZIP 67564-8561

FLOAT EQUIPMENT

@ _____
 @ _____
 @ _____
 @ _____
 @ _____

TOTAL _____

To Allied Cementing Co., Inc.
 You are hereby requested to rent cementing equipment and furnish cementer and helper to assist owner or contractor to do work as is listed. The above work was done to satisfaction and supervision of owner agent or contractor. I have read & understand the "TERMS AND CONDITIONS" listed on the reverse side.

TAX 0
 TOTAL CHARGE \$ 1,934.95
 DISCOUNT \$ 386.99 IF PAID IN 30 DAYS

SIGNATURE Burton Beery

Burton Beery
 PRINTED NAME

Net \$ 1547.96