

KCC OIL/GAS REGULATORY OFFICES

Date: 09/18/13

District: 01

Case #: _____

- New Situation
- Response to Request
- Follow-Up

- Lease Inspection
- Complaint
- Field Report

Operator License No: 15-101-22457-00-00
 Op Name: Larson Engineering, Inc. dba Larson Operating Company
 Address 1: 562 W State RD 4
 Address 2: _____
 City: Olmitz
 State: Kansas Zip Code: 67564 -8561
 Operator Phone #: (620) 653-7368

API Well Number: 15-101-22457-00-00
 Spot: NESENWNW Sec 16 Twp 17 S Rng 29 E / W
 860 (867) Feet from N / S Line of Section
 1173 (1188) Feet from E / W Line of Section
 GPS: Lat: 38.58153 Long: 100.53767 Date: 9/18/13
 Lease Name: Boomhower A Well #: 1-16
 County: Lane

Reason for Investigation:

Witness Alt.II

Problem:

None

Persons Contacted:

Findings:

8-5/8"W/175sxs
 TD@4621'
 5-1/2@4620"W/125sxs
 PortCollar@2176"W/150sxs-smd-1/4#floseal-2%cc-15sxs to pit

Action/Recommendations:

Follow Up Required Yes No

Date: _____

None Alt.II requirements have been met

KCC WICHITA
SEP 25 2013
RECEIVED

Verification Sources:

Photos Taken: 0

- | | | |
|---------------------------------------|--|-------------------------------------|
| <input type="checkbox"/> RBDMS | <input type="checkbox"/> KGS | <input type="checkbox"/> TA Program |
| <input type="checkbox"/> T-I Database | <input checked="" type="checkbox"/> District Files | <input type="checkbox"/> Courthouse |
| <input type="checkbox"/> Other: _____ | | |

By: Michael Maier

Retain 1 Copy District Office
Send 1 Copy to Conservation Division

RECEIVED
 SEP 23 2013

Form: _____

KCC DODGE CITY

Handwritten initials

Date: 09/18/13

District: 01

License #: 15-101-22457-00-00

Op Name: 15-101-22457-00-00

Spot: NESENWNW Sec 16 Twp 17 S Rng 29 E W

County: Lane

Lease Name: Boomhower A Well #: 1-16

I.D. Sign Yes No

Tank Battery Condition
Condition: Good Questionable Overflowing

Pits, Injection Site
Fluid Depth: _____ ft; Approx. Size: _____ ft. x _____ ft.

Oil Spill Evidence

Abandoned Well Potential Pollution Problem Yes No

Lease Cleanliness
 Very Good Satisfactory Poor Very Bad

Gas Venting Yes No

Pits
Fluid Depth: _____ ft; Approx. Size: _____ ft. x _____ ft.

Saltwater Pipelines
Leaks Visible: Y N Tested for Leaks: Y N

Flowing Holes

TA Wells

Monitoring Records

SWD/ER Injection Well Yes No Lane

Permit #: _____ Pressure - Actual: _____ psi; Authorized: _____ psi

Permit #: _____ Pressure - Actual: _____ psi; Authorized: _____ psi

Permit #: _____ Pressure - Actual: _____ psi; Authorized: _____ psi

Permit #: _____ Pressure - Actual: _____ psi; Authorized: _____ psi

Gauge Connections Yes No

Tubing: _____; T/C Annulus: _____; C/SP Annulus: _____

Tubing: _____; T/C Annulus: _____; C/SP Annulus: _____

Tubing: _____; T/C Annulus: _____; C/SP Annulus: _____

Tubing: _____; T/C Annulus: _____; C/SP Annulus: _____

API Number	Footages	Spot Location	GPS	Well #	Well Status
15-101-22457-00-00	867FNL 1188EWL	NESENWNW	38.58153-100.53767	1-16	Cement circulated to surface.

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Form: _____