



KANSAS CORPORATION COMMISSION 1058005
OIL & GAS CONSERVATION DIVISION

Form ACO-1

June 2009

Form Must Be Typed

Form must be Signed

All blanks must be Filled

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # _____

Name: _____

Address 1: _____

Address 2: _____

City: _____ State: _____ Zip: _____ + _____

Contact Person: _____

Phone: (_____) _____

CONTRACTOR: License # _____

Name: _____

Wellsite Geologist: _____

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 (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 #: _____

Spud Date or Recompletion Date Date Reached TD Completion Date or Recompletion Date

API No. 15 - _____

Spot Description: _____

_____ - _____ - _____ Sec. _____ Twp. _____ S. R. _____ East West

_____ Feet from North / South Line of Section

_____ Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE NW SE SW

County: _____

Lease Name: _____ Well #: _____

Field Name: _____

Producing Formation: _____

Elevation: Ground: _____ Kelly Bushing: _____

Total Depth: _____ Plug Back Total Depth: _____

Amount of Surface Pipe Set and Cemented at: _____ 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: _____ ppm Fluid volume: _____ bbls

Dewatering method used: _____

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: _____
- Confidential Release Date: _____
- Wireline Log Received
- Geologist Report Received
- UIC Distribution
- ALT I II III Approved by: _____ Date: _____



1058005

Operator Name: _____ Lease Name: _____ Well #: _____

Sec. _____ Twp. _____ S. R. _____ East West County: _____

INSTRUCTIONS: Show important tops and base of formations penetrated. Detail all cores. Report all final copies of drill stems 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 test, along with final chart(s). Attach extra sheet if more space is needed. Attach complete copy of all Electric Wire-line Logs surveyed. Attach final geological well site report.

Drill Stem Tests Taken <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey <input type="checkbox"/> Yes <input type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Run <input type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Submitted Electronically <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If no, Submit Copy)</i> List All E. Logs Run:	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum
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CASING RECORD <input type="checkbox"/> New <input 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

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
_____ Perforate _____ Protect Casing _____ Plug Back TD _____ Plug Off Zone				

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>	Depth

TUBING RECORD: Size: _____ Set At: _____ Packer At: _____ Liner Run: Yes No

Date of First, Resumed Production, SWD or ENHR. _____ Producing Method: Flowing Pumping Gas Lift Other *(Explain)* _____

Estimated Production Per 24 Hours	Oil Bbbs.	Gas Mcf	Water Bbbs.	Gas-Oil Ratio	Gravity
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DISPOSITION OF GAS: <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <i>(Submit ACO-5)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____ <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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Conservation Division
Finney State Office Building
130 S. Market, Rm. 2078
Wichita, KS 67202-3802



Phone: 316-337-6200
Fax: 316-337-6211
<http://kcc.ks.gov/>

Mark Sievers, Chairman
Ward Loyd, Commissioner
Thomas E. Wright, Commissioner

Sam Brownback, Governor

June 20, 2011

Francis Hitschmann
Carmen Schmitt, Inc.
PO BOX 47
GREAT BEND, KS 67530-0047

Re: ACO1 - Workover
API 15-101-22166-00-00
MARLENE 'A' 2
NW/4 Sec.06-19S-29W
Lane County, Kansas

Dear Production Department:

We are herewith requesting that the Well Completion Form ACO-1 and attached information for the subject well be held confidential for a period of two years.

Should you have any questions or need additional information regarding subject well, please contact our office.

Respectfully,
Francis Hitschmann



P. O. Box 466
 Ness City, KS 67560
 Off: 785-798-2300



Invoice

DATE	INVOICE #
5/2/2011	20503

BILL TO
Carmen Schmitt, Inc. P. O. Box 47 915 Harrison Great Bend, KS 67530-0047

- Acidizing
- Cement
- Tool Rental

TERMS	Well No.	Lease	County	Contractor	Well Type	Well Category	Job Purpose	Operator
Net 30	#2	Marlene A	Lane	DS&W Well Servi...	Oil	Workover	Squeeze Perforat...	Wayne

PRICE REF.	DESCRIPTION	QTY	UM	UNIT PRICE	AMOUNT
575W	Mileage - 1 Way	40	Miles	5.00	200.00T
578W-D	Pump Charge - Deep Squeeze (> 1500 Ft.) - 4142 Feet	1	Job	1,400.00	1,400.00T
325	Standard Cement	50	Sacks	12.00	600.00T
290	D-Air	1	Gallon(s)	35.00	35.00T
581W	Service Charge Cement	125	Sacks	1.50	187.50T
582W	Minimum Drayage Charge	1	Each	250.00	250.00T
	Subtotal				2,672.50
	Sales Tax Lane County			6.30%	168.37

We Appreciate Your Business!	Total	\$2,840.87
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CHARGE TO: **CARMEN SCHMETT**
 ADDRESS:
 CITY, STATE, ZIP CODE:

TICKET
20503

PAGE 1 OF 1

SERVICE LOCATIONS: 1. **NESS CITY, Ks**
 WELL/PROJECT NO. **A-2** LEASE **MARLENE** COUNTY/PARISH **LANE** STATE **Ks** CITY **Location** DATE **5-2-11** OWNER **SAME**
 2. TICKET TYPE SERVICE SALES CONTRACTOR **DS-W** RIG NAME/NO. **Location** SHIPPED VIA **CT** DELIVERED TO **Location** ORDER NO.
 3. WELL TYPE **Oil** WELL CATEGORY **Workover** JOB PURPOSE **Squeeze Perforations** WELL PERMIT NO. WELL LOCATION **Dehton, Ks - SW, 3S, 12W, S**
 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 # 113	40		mi		5.00	200.00
578		1			PUMP CHARGE	1	4142	gals	FX	1400.00	1400.00
325		1			STANDARD CEMENT	50		sks		12.00	600.00
290		1			D-ADR	1		gal		35.00	35.00
581		1			SERVICE CHARGE CEMENT	125		sks		1.50	187.50
582		1			MINIMUM DRAINAGE CHARGE	235	11750	lbs	TM	250.00	250.00

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 *Curtis Hitchmann*
 DATE SIGNED **5-2-11** TIME SIGNED **1230** 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?				2672.50
WE UNDERSTOOD AND MET YOUR NEEDS?				
OUR SERVICE WAS PERFORMED WITHOUT DELAY?				
WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY?				Lane TAX 6.3% 108.37
ARE YOU SATISFIED WITH OUR SERVICE? <input type="checkbox"/> YES <input type="checkbox"/> NO				TOTAL 2840.87
<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: *WANE WILSON* APPROVAL: *Thank You!*

JOB LOG

SWIFT Services, Inc.

DATE **5-2-11** PAGE NO. **1**

CUSTOMER **CARMEN SCHMETZ** WELL NO. **A-2** LEASE **MARLENE** JOB TYPE **TOOLS - SQUEEZE PERFS** TICKET NO. **20502 - 20503**

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	0745							ON LOCATION
								2 7/8 x 5 1/2 CRP - 4170'
								PERFS - 4142-4146
								PKR - 3984' (11 OUT)
	0800							RELEASE CST-PKR - TSV-RBP PULL OUT WELL
	1000							SET CRP = 4170'
	1030							RUN CST-PKR IN WELL
	1200		16	✓		1500		PKR = 4160 - TEST - HELD
								PULL PKR TO 3984' - SET
	1235		45		✓	500		PRE ANN - HELD - SHUT IN
	1245	1 1/2	20	✓		1000		INJ RATE / 10 MIN VAC
	1300	1	10 1/2	✓		1000		MAX 50 SIS STAMPA CEMENT
	1315							WASH OUT PUMP LINES
	1320	1	0	✓		0		DISPLACE CEMENT
		1	1 1/2	✓		600		"
		1	16	✓		1200		" CEMENT & PERFS
		1	17	✓		1250		"
		1/2	18	✓		1500		"
	1340	1/3	21	✓		1500		" SHUT DOWN
	1345					1500		SHUT IN - WASH TRUCK
	1400					1500		HOLDING
	1410					1500		RELEASE PST - HELD
	1415	3	90		✓	400		REVERSE CLEAN / OZ OUT WELL
	1500				✓	500		PULL 5 JTS - PST SQUEEZE - HELD - SHUT IN
								TOC = 3984'
								25 SIS CMT IN PERFS
	1530							JOB COMPLETE
								THANK YOU
								WAYNE, DON, JOHN