



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1223210
OIL & GAS CONSERVATION DIVISION

Form ACO-1

August 2013

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
- Plug Back Conv. to GSW Conv. to Producer
- Commingled Permit #: _____
- Dual Completion Permit #: _____
- SWD Permit #: _____
- ENHR Permit #: _____
- GSW Permit #: _____

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

GPS Location: Lat: _____, Long: _____
(e.g. xx.xxxxx) (e.g. -xxx.xxxxx)

Datum: NAD27 NAD83 WGS84

County: _____

Lease Name: _____ Well #: _____

Field Name: _____

Producing Formation: _____

Elevation: Ground: _____ Kelly Bushing: _____

Total Vertical 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

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

1223210

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

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

INSTRUCTIONS: Show important tops 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.

Final Radioactivity Log, Final Logs run to obtain Geophysical Data and Final Electric Logs must be emailed to kcc-well-logs@kcc.ks.gov. Digital electronic log files must be submitted in LAS version 2.0 or newer AND an image file (TIFF or PDF).

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 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
<input type="checkbox"/> Perforate <input type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> Plug Off Zone				

Did you perform a hydraulic fracturing treatment on this well? Yes No *(If No, skip questions 2 and 3)*

Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons? Yes No *(If No, skip question 3)*

Was the hydraulic fracturing treatment information submitted to the chemical disclosure registry? Yes No *(If No, fill out Page Three of the ACO-1)*

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: <input type="checkbox"/> Yes <input type="checkbox"/> No
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Date of First, Resumed Production, SWD or ENHR.	Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other <i>(Explain)</i> _____
---	--

Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity

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> _____	PRODUCTION INTERVAL: _____ _____
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Invoice

Quality Oilfield Pipe Manufacturers and Processors

INVOICE NO.

Remit To: Midwestern Pipeworks Inc.

Company Transports
And Storage
Available

28091

Shop (785)625-4670
Gary Geist 625-3017

P.O. Box 1199
North Hwy. 183
Hays, Kansas 67601

PLEASE REFER TO
THIS NUMBER IN
ALL CORRESPONDENCE

Check out our website : www.midwesternpipeworks.com

CUSTOMER ORDER NO.	ORDER DATE	SALESMAN	PAYMENT TERMS	INVOICE DATE	PAYMENT DATE
		Gary	NET 30	10/17/2014	11/17/2014

S
O
L
D
T
O
C
armen Schmitt, Inc.
P.O. Box 47
Great Bend, KS 67530

S
H
I
P
T
O
F Adams D # 1

DATE SHIPPED	SHIPPING NO.	ROUTING	F.O.B.	PPD	ADD	COL	WEIGHT
		Truck	Our Yard				

QUANTITY	DESCRIPTION	UNIT PRICE	PER	AMOUNT
3,057.40	ft 4 1/2 11.60# R-3 New Limited Service Casing for a Threaded Liner ~ 42 footers~	\$7.05		\$21,554.67
73.00	pcs 4 1/2 Special Clearance Collars ~ No Charge ~			
Sub Total				\$21,554.67
Sales Tax 6.65%				<u>\$1,433.39</u>
Total Balance Due				\$22,988.06
Interest will be charged on late payments at 18% per annum or at the prevailing legal limit.				

12330.0001
731/1
" casing liner "
Well file

CONDITIONS OF SALE UNTIL PAID IN FULL, TITLE TO SAID GOODS SHALL REMAIN WITH MIDWESTERN PIPEWORKS, INC. SHOULD THE VENDEE MAKE A DEFAULT IN PAYMENT OR REMOVE ANY OF SAID GOODS OR MORTGAGE OR PART WITH POSSESSION OF SAME WITHOUT CONSENT OF MIDWESTERN PIPEWORKS, INC., THE COMPANY SHALL HAVE RIGHT WITHOUT NOTICE TO RESUME POSSESSION WITHOUT FURTHER PROCEEDINGS, AND COMPANY MAY WITHOUT NOTICE DECLARE THE AGREEMENT TERMINATED AND MAY RETAIN THE CONSIDERATION RECEIVED BY IT THEREUNDER AS LIQUIDATING DAMAGES AND RENTALS OF SAID GOODS.

"Limited Service and/or used Casing and Tubing sold 'as is' with all defects and there are absolutely no guarantees, either expressed or implied, and all warranties of merchantability of fitness for a particular purpose are disclaimed.

THANK YOU
WE SINCERELY APPRECIATE YOUR BUSINESS



PIPE TALLY

Visit our website www.midwesternpipeworks.com

Date 10/8/14

Carmen Schmitt

Company
F Adams D #1

Lease

Size <u>4 1/2</u>		New <u>X</u>		Used		Limited Service		Weight		Grade		Type		Range	
						<u>Threaded Linor</u>		<u>11.60</u>						<u>R3</u>	
Column 1	Column 2	Column 3	Column 4	Column 5	Column 6	Column 7	Column 8	Column 9	Column 10	Column 11	Column 12	Column 13	Column 14	Column 15	Column 16
Feet	In.	Feet	In.	Feet	In.	Feet	In.	Feet	In.	Feet	In.	Feet	In.	Feet	In.
1	41	70	41	95	42	-	42	-							
2	1	70	42	-											
3	1	70	1	-											
4	42	05	1	-											
5	1	-	34	40											
6	1	-	41	95			42	-							
7	41	85	1	95			41	95							
8	42	20	1	95			1	95							
9	1	05	1	95	42	-	42	-							
10	1	25	42	-	41	95	1	-							
11	1	-	42	-	41	95									
12	1	10	41	95	1	95									
13	1	-	1	95	42	-									
14	1	-	42	-											
15	41	95	1	-											
16	42	-	41	95											
17	1	-	42	-											
18	41	85	1	-											
19	42	05	1	-											
20	1	20	42	-											
Total	839	15	832	5	839	80	545	80							

Subtotal this page

73 JTS
Total Number of Joints

73-pcs 4 1/2 S/c Collars

Tallied By

3057.40

GRAND TOTAL

Per DS:W - [Signature]

Received In Good Order By

Casing Head & Accessories

Other

Limited Service and/or Used Materials are sold "as is, without warranty either expressed or implied."

SWIFT



Services, Inc.

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



Invoice

DATE	INVOICE #
10/9/2014	26889

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	#1	F. Adams D	Rooks	DS&W Well Servi...	Oil	Workover	Cement 4-1/2" Li...	Don
PRICE REF.	DESCRIPTION				QTY	UM	UNIT PRICE	AMOUNT
575W	Mileage - 1 Way				40	Miles	6.00	240.00T
578W-D	Pump Charge - Liner - 3037 Feet				1	Job	1,500.00	1,500.00T
290	D-Air				3	Gallon(s)	42.00	126.00T
410-4	4 1/2" Top Plug				1	Each	90.00	90.00T
330	Swift Multi-Density Standard (MIDCON II)				170	Sacks	18.50	3,145.00T
581W	Service Charge Cement				250	Sacks	2.00	500.00T
583W	Drayage				496.3	Ton Miles	1.00	496.30T
	Subtotal							6,097.30
	Sales Tax Rooks County						6.15%	374.98
	12330.0001							
	710/43							
	Well/Ale							

Thank You For Your Business!

Total

\$6,472.28



CHARGE TO:
Carmen Schmidt
 ADDRESS
 CITY, STATE, ZIP CODE

TICKET 26889

PAGE 1 OF 1

SERVICE LOCATIONS 1. <i>Hays, Ks</i>	WELL/PROJECT NO. <i>D-1</i>	LEASE <i>F. Adams</i>	COUNTY/PARISH <i>Rooks</i>	STATE <i>Ks</i>	CITY	DATE <i>10-9-14</i>	OWNER
2. <i>Ness City, Ks</i>	TICKET TYPE <input checked="" type="checkbox"/> SERVICE <input type="checkbox"/> SALES	CONTRACTOR <i>Dsta</i>	RIG NAME/NO.	SHIPPED VIA <i>CT</i>	DELIVERED TO <i>NE/Plainsville, Ks</i>	ORDER NO.	
3.	WELL TYPE <i>Oil</i>	WELL CATEGORY <i>W/O</i>	JOB PURPOSE <i>Cement 9 1/2" Liner</i>	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							
<i>575</i>		<i>1</i>			MILEAGE #113	<i>40</i>	<i>mi</i>			<i>6.00</i>	<i>240.00</i>
<i>578</i>		<i>1</i>			Pump Charge - CMT Liner	<i>1.00</i>		<i>3037</i>	<i>ft</i>	<i>1500.00</i>	<i>1500.00</i>
<i>290</i>		<i>1</i>			D-Air	<i>3</i>	<i>gal</i>			<i>42.00</i>	<i>126.00</i>
<i>410</i>		<i>1</i>			Top Plug	<i>1.00</i>		<i>4 1/2</i>	<i>in</i>	<i>90.00</i>	<i>90.00</i>
<i>330</i>		<i>2</i>			SMD Cement - no floccs	<i>170</i>	<i>sks</i>	<i>16874</i>	<i>lbs</i>	<i>18.50</i>	<i>3145.00</i>
<i>581</i>		<i>2</i>			Service Charge - Cement	<i>250</i>	<i>sks</i>	<i>24815</i>	<i>lbs</i>	<i>2.00</i>	<i>5000.00</i>
<i>583</i>		<i>2</i>			Drayage	<i>496.3</i>	<i>Ton</i>	<i>40</i>	<i>mi</i>	<i>1.00</i>	<i>496.30</i>

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 *Curt Fitchmann*
 DATE SIGNED *10-9-14* TIME SIGNED *11:00* 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?				<i>6097.30</i>
WE UNDERSTOOD AND MET YOUR NEEDS?				
OUR SERVICE WAS PERFORMED WITHOUT DELAY?				<i>Rooks TAX 6.15%</i>
WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY?				
ARE YOU SATISFIED WITH OUR SERVICE?	<input type="checkbox"/> YES <input type="checkbox"/> NO			TOTAL
<input type="checkbox"/> CUSTOMER DID NOT WISH TO RESPOND				<i>6472.28</i>

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

SWIFT OPERATOR *Alan Lemman* APPROVAL

Thank You!

JOB LOG

SWIFT Services, Inc.

DATE 7-9-14 PAGE NO. 1

CUSTOMER *Carmen Schmidt* WELL NO. *D-1* LEASE *F. Adams* JOB TYPE *Cement 4 1/2" Liner* TICKET NO. *26889*

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	11:00					11.6 #/ft	4 1/2	On location
								RS running 4 1/2" liner
	12:20							Fin run liner - cut off casing
								Welder weld collar on - orange peeltape
								Liner @ 3039'
								Hookup to 4 1/2" 11.6 #/ft Liner casing
								Wait for wtr bit
	12:30	4	50					Load casing & est. CIR
		2 1/2				600		Start 5MD cont @ 11.2 #/gal
			75			600		@ 140 SKS cont CIR
						800		Raise cont to 14.5 #/gal slowly
			85			VAC		Fin 30 SKS @ 14.5 # - NOT Wash Pump & Line
		2				1000		Drop 4 1/2" top plug
		2	40			1500		Start Displ
		2	46			2500		@ 40 BBL
		0	47			2900		Last CIR press
	1:50					0		Plug Down - Held press 5 min
								Release - OK
								Job Complete
								Washup & Backup #
								140 SKS @ 11.2
								30 SKS @ 14.5 #
								170 SKS used.
								125 to Pd
								<i>Wheat</i> ILS
								Don, Jon & Steve
								John & Tyler