



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1232165
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: _____

1232165

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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Form	ACO1 - Well Completion
Operator	Carmen Schmitt, Inc.
Well Name	Dorr 302
Doc ID	1232165

All Electric Logs Run

Bond
Micro
Dual Compensated
Dual Induction



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



Invoice

DATE	INVOICE #
10/6/2014	26812

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	#302	Dorr	Rooks	Shields Drilling	Oil	Development	LongString - Top...	Nick
PRICE REF.	DESCRIPTION				QTY	UM	UNIT PRICE	AMOUNT
575D	Mileage - 1 Way				30	Miles	6.00	180.00
579D	Pump Charge - Top To Bottom LongString - 3500 Feet				1	Job	2,000.00	2,000.00
221	Liquid KCL (Clayfix)				6	Gallon(s)	25.00	150.00T
281	Mud Flush				500	Gallon(s)	1.25	625.00T
290	D-Air				5	Gallon(s)	42.00	210.00T
402-5	5 1/2" Centralizer				12	Each	70.00	840.00T
403-5	5 1/2" Cement Basket				6	Each	300.00	1,800.00T
406-5	5 1/2" Latch Down Plug & Baffle				1	Each	275.00	275.00T
407-5	5 1/2" Insert Float Shoe With Auto Fill				1	Each	375.00	375.00T
419-5	5 1/2" Rotating Head Rental				1	Each	200.00	200.00T
330	Swift Multi-Density Standard (MIDCON II)				470	Sacks	18.50	8,695.00T
276	Flocele				125	Lb(s)	2.50	312.50T
581D	Service Charge Cement				470	Sacks	2.00	940.00
583D	Drayage				1,378.5	Ton Miles	1.00	1,378.50
	Subtotal							17,981.00
	Sales Tax Rooks County						6.15%	829.17
				12420.8302				
				7/10/43				
				Well file				

We Appreciate Your Business!

Total

\$18,810.17



CHARGE TO: *Carmen Schmitt*
 ADDRESS:
 CITY, STATE, ZIP CODE:

TICKET 26812

PAGE 1 OF 2

SERVICE LOCATIONS:
 1. *Hays, Ks.*
 2. *Ness City, Ks.*
 3.
 4.

WELL/PROJECT NO. # *302*
 LEASE *Darr*
 COUNTY/PARISH *Reeks*
 STATE *Ks*
 CITY
 DATE *10-6-14*
 OWNER *same*

TICKET TYPE SERVICE SALES
 CONTRACTOR *Shields Drlg*
 RIG NAME/NO.
 SHIPPED VIA *7 location*
 ORDER NO.

WELL TYPE *oil*
 WELL CATEGORY *Development*
 JOB PURPOSE *Longstring Tepto Btm*
 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							
<i>575</i>		<i>1</i>			<i>MILEAGE #111</i>	<i>30</i>	<i>mi</i>			<i>6⁰⁰</i>	<i>180⁰⁰</i>
<i>579</i>		<i>1</i>			<i>Tepto Bottom</i>	<i>1</i>	<i>ea</i>	<i>3500'</i>		<i>2000⁰⁰</i>	<i>2000⁰⁰</i>
<i>821</i>		<i>1</i>			<i>KCL</i>	<i>6</i>	<i>gal</i>			<i>25⁰⁰</i>	<i>150⁰⁰</i>
<i>281</i>		<i>1</i>			<i>MudPlush</i>	<i>500</i>	<i>gal</i>			<i>1²⁵</i>	<i>625⁰⁰</i>
<i>290</i>		<i>1</i>			<i>D-Air</i>	<i>5</i>	<i>gal</i>			<i>42</i>	<i>210⁰⁰</i>
<i>402</i>		<i>1</i>			<i>Centralizers</i>	<i>12</i>	<i>ea</i>	<i>5 1/2"</i>		<i>70⁰⁰</i>	<i>840⁰⁰</i>
<i>403</i>		<i>1</i>			<i>Baskets</i>	<i>6</i>	<i>ea</i>			<i>300⁰⁰</i>	<i>1800⁰⁰</i>
<i>406</i>		<i>1</i>			<i>L D Plug & Bore</i>	<i>1</i>	<i>ea</i>			<i>275⁰⁰</i>	<i>275⁰⁰</i>
<i>407</i>		<i>1</i>			<i>Insert Float Shoe w/fill</i>	<i>1</i>	<i>ea</i>			<i>375⁰⁰</i>	<i>375⁰⁰</i>
<i>419</i>		<i>1</i>			<i>Rotating Head</i>	<i>1</i>	<i>ea</i>			<i>200⁰⁰</i>	<i>200⁰⁰</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 *Curtis Gutachman*
 DATE SIGNED *10-6-14* TIME SIGNED *2015* A.M. P.M.

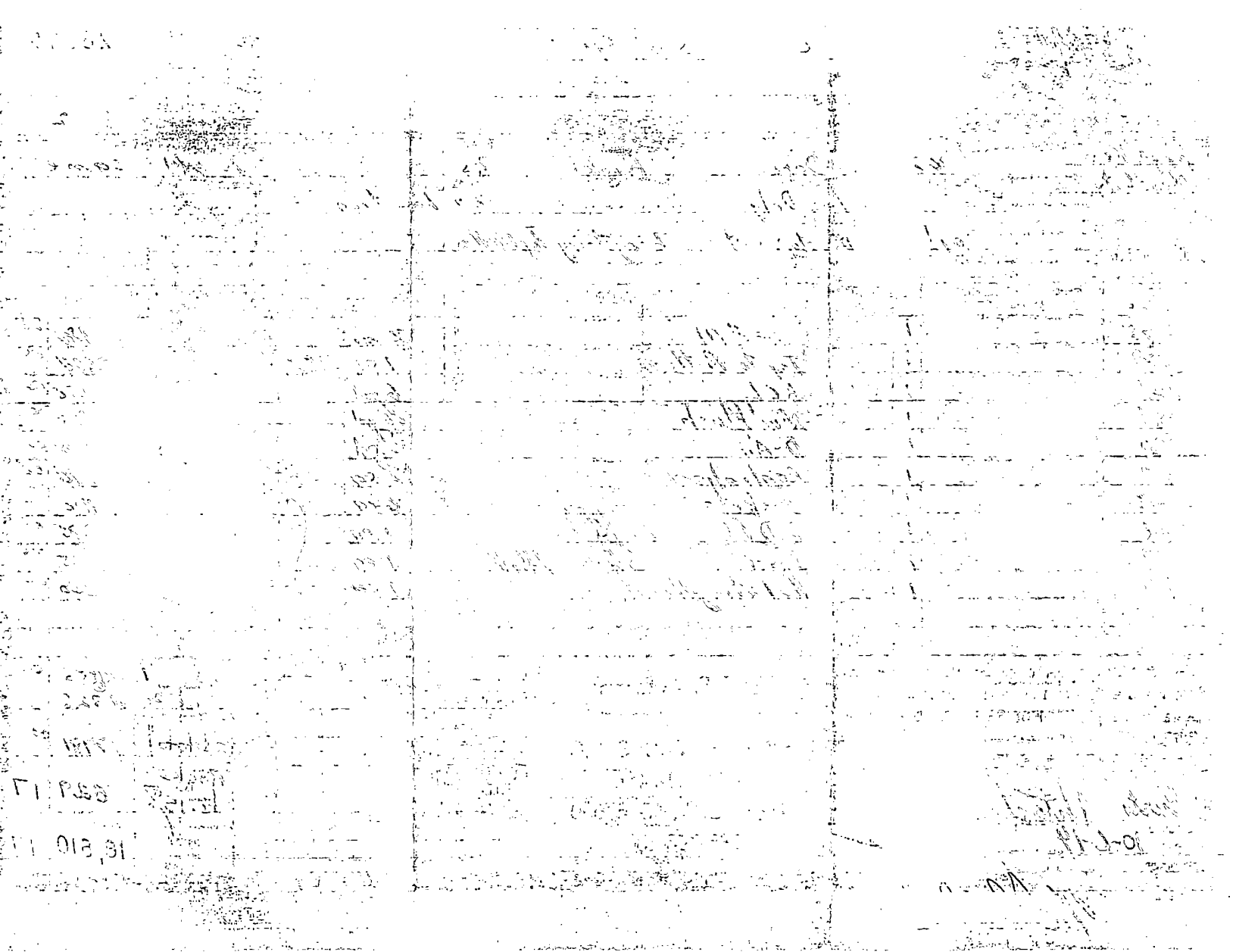
REMIT PAYMENT TO:
 SWIFT SERVICES, INC.
 P.O. BOX 466
 NESS CITY, KS 67560
 785-798-2300

SURVEY	AGREE	UN-DECIDED	DIS-AGREE		AMOUNT
OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN?				PAGE TOTAL 1	<i>6855⁰⁰</i>
WE UNDERSTOOD AND MET YOUR NEEDS?				page 2	<i>11326</i>
OUR SERVICE WAS PERFORMED WITHOUT DELAY?				subtotal	<i>17981⁰⁰</i>
WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY?				Reeks TAX @ 6.15%	<i>829¹⁷</i>
ARE YOU SATISFIED WITH OUR SERVICE? <input type="checkbox"/> YES <input type="checkbox"/> NO				TOTAL	<i>18,810¹⁷</i>
<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 *[Signature]* APPROVAL

Thank You!



11 013 31

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PO Box 466
Ness City, KS 67560
Off: 785-798-2300

TICKET CONTINUATION

TICKET No. 26812

CUSTOMER *Carmen Schmitt* WELL # *302 Derr* DATE *10-6-14* PAGE *2* OF *2*

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			TIME	DESCRIPTION	QTY.		U/M		UNIT PRICE	AMOUNT
		LOC	ACCT	DF								
330		2				SMD Cement	470	skts			18.50	8695.00
276		2				Flocele	125	#	1/4	1/skts	2.50	312.50
581		2				SERVICE CHARGE					2.00	940.00
583		2				MILEAGE CHARGE	TOTAL WEIGHT 45947	LOADED MILES 60			1.00	1378.50

CONTINUATION TOTAL 11326.00

JOB LOG

SWIFT Services, Inc.

DATE 10-6-14 PAGE NO.

CUSTOMER Carmen Schmitt WELL NO. # 302 LEASE Dorr JOB TYPE Top to Bottom TICKET NO. 26812

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	1545							on loc w/FE
								RTD 3500'
								5 1/2" x 15.5" x 3498' x 16'
								Centi. 5, 7, 9, 11, 13, 15, 17, 19, 21, 23, 54, 56
								Base. 3, 9, 13, 17, 54, 61
	1615							Start FE
	1745							Break Circ
	1845		7/4					Plug RHYMH 30/15 sks SMD
	1855	5	0			200		Start 500gal Mud Flush
	1857	5	12/0			200		Start 20 bbl KCL Flush
	1901	5	20/0			200		Start 275 sks SMD @ 11.2 #
	1931	5	152/0			200		75 sks SMD @ 12.5 #
	1937	5	28/0			200		100 sks SMD @ 13.5-14.5 #
	1945		28					End Cement Wash P+L
								Drop L.D. Plug
	1950	6	0			200		Start Displacement
	1957	5	45			400		Circ Cement
	2005		83			950/500		Land Plug Release Pressure Float Held
								circ 50 sks to pit
								Thank you
								Nick, David F., Austin, & Jared



**TRILOBITE
TESTING, INC.**

DRILL STEM TEST REPORT

Carmen Schmitt LLC

PO Box 47
Great Bend KS 67530

ATTN:

Dorr #302

Job Ticket: 60521

DST#: 1

Test Start: 2014.10.03 @ 23:10:34

GENERAL INFORMATION:

Formation: **LKC A-C**

Deviated: No Whipstock: ft (KB)

Time Tool Opened: 00:49:54

Time Test Ended: 06:03:24

Test Type: Conventional Bottom Hole (Initial)

Tester: Tate Lang

Unit No: 77

Interval: 3092.00 ft (KB) To 3190.00 ft (KB) (TVD)

Reference Elevations: 2010.00 ft (KB)

Total Depth: 3190.00 ft (KB) (TVD)

2005.00 ft (CF)

Hole Diameter: 7.88 inches Hole Condition: Good

KB to GR/CF: 5.00 ft

Serial #: 8898 Outside

Press @ Run Depth: 204.19 psig @ 3093.00 ft (KB)

Capacity: 8000.00 psig

Start Date: 2014.10.03

End Date:

2014.10.04

Last Calib.: 2014.10.04

Start Time: 23:10:35

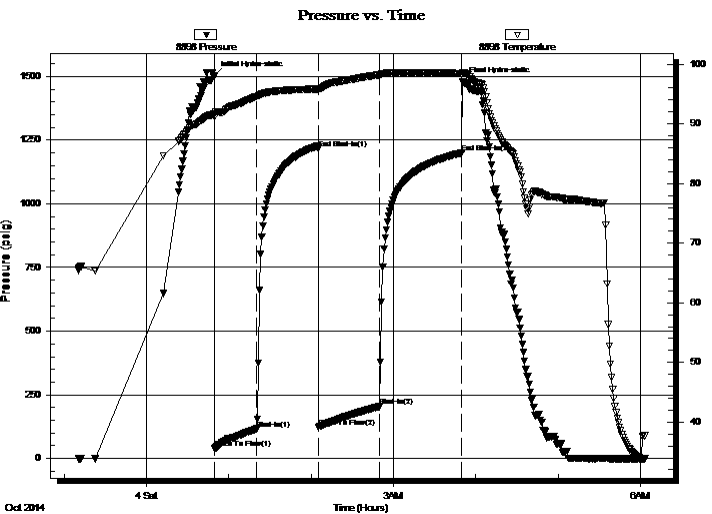
End Time:

06:03:24

Time On Btm: 2014.10.04 @ 00:49:34

Time Off Btm: 2014.10.04 @ 03:50:34

TEST COMMENT: 30-B.O.B. in 12 mins
45-Weak surface blow back built to 1 in
45-B.O.B. in 16 mins
60-Weak surface blow back built to 2 in



PRESSURE SUMMARY

Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	1501.84	91.62	Initial Hydro-static
1	38.68	91.16	Open To Flow (1)
31	116.49	94.56	Shut-In(1)
76	1218.60	95.84	End Shut-In(1)
76	123.49	95.56	Open To Flow (2)
121	204.19	98.21	Shut-In(2)
181	1199.51	98.46	End Shut-In(2)
181	1478.62	98.51	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
174.00	GOCM 10%G 30%O 60%M	1.23
62.00	SGOCM 10%G 10%O 80%M	0.44
124.00	SOCMW 10%O 30%M 60%W	0.88
0.00	92 GIP	0.00

Gas Rates

	Choke (inches)	Pressure (psig)	Gas Rate (Mcf/d)



**TRILOBITE
TESTING, INC.**

DRILL STEM TEST REPORT

FLUID SUMMARY

Carmen Schmitt LLC

PO Box 47
Great Bend KS 67530

ATTN:

Dorr #302

Job Ticket: 60521

DST#: 1

Test Start: 2014.10.03 @ 23:10:34

Mud and Cushion Information

Mud Type: Gel Chem	Cushion Type:	Oil API:	deg API
Mud Weight: 9.00 lb/gal	Cushion Length: ft	Water Salinity:	ppm
Viscosity: sec/qt	Cushion Volume: bbl		
Water Loss: 7.80 in ³	Gas Cushion Type:		
Resistivity: ohm.m	Gas Cushion Pressure: psig		
Salinity: 1900.00 ppm			
Filter Cake: 1.00 inches			

Recovery Information

Recovery Table

Length ft	Description	Volume bbl
174.00	GOCM 10%G 30%O 60%M	1.232
62.00	SGOCM 10%G 10%O 80%M	0.439
124.00	SOCMW 10%O 30%M 60%W	0.878
0.00	92 GIP	0.000

Total Length: 360.00 ft Total Volume: 2.549 bbl

Num Fluid Samples: 0

Num Gas Bombs: 0

Serial #:

Laboratory Name:

Laboratory Location:

Recovery Comments:

