

Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1239792
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: _____

1239792

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> _____
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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	Studer 1-9
Doc ID	1239792

All Electric Logs Run

Sonic Log
Computer Procesed Log
Dual Induction Log
Dual Compensated Porosity Log
Microresistivity
Bond Log



PO Box 93999
Southlake, TX 76092

Voice: (817) 546-7282
Fax: (817) 246-3361

INVOICE

Invoice Number: 148076
Invoice Date: Jan 9, 2015
Page: 1

Federal Tax I.D.#: 20-8651475

Bill To:
Brito Oil Company, Inc. 1223 N. Rock Road Bldg. I, Suite 100 Wichita, KS 67206

Customer ID	Field Ticket #	Payment Terms	
Brito	64805	Net 30 Days	
Job Location	Camp Location	Service Date	Due Date
KS1-01	Oakley	Jan 9, 2015	2/8/15

Quantity	Item	Description	Unit Price	Amount
1.00	WELL NAME	Studer #1-9		
225.00	CEMENT MATERIALS	Class A Common	17.90	4,027.50
423.00	CEMENT MATERIALS	Gel	0.50	211.50
635.00	CEMENT MATERIALS	Chloride	1.10	698.50
243.30	CEMENT SERVICE	Cubic Feet Charge	2.48	603.38
499.50	CEMENT SERVICE	Ton Mileage Charge	2.75	1,373.63
1.00	CEMENT SERVICE	Surface	1,512.25	1,512.25
45.00	CEMENT SERVICE	Pump Truck Mileage	7.70	346.50
45.00	CEMENT SERVICE	Light Vehicle Mileage	4.40	198.00
1.00	CEMENT SUPERVISOR	Paul Beaver		
1.00	EQUIPMENT OPERATOR	Tyler Flipse		

JV- Studer #1-9
PAID JAN 21 2015

ALL PRICES ARE NET, PAYABLE
30 DAYS FOLLOWING DATE OF
INVOICE. 1 1/2% CHARGED
THEREAFTER. IF ACCOUNT IS
CURRENT, TAKE DISCOUNT OF

\$ 1,973.67

ONLY IF PAID ON OR BEFORE
Feb 8, 2015

Subtotal	8,971.26
Sales Tax	353.03
Total Invoice Amount	9,324.29
Payment/Credit Applied	
TOTAL	9,324.29

1-21-15
CK # 3312
7,350.62

ALLIED OIL & GAS SERVICES, LLC 064808

Federal Tax I.D. # 20-8651475

REMIT TO P.O. BOX 93999
SOUTHLAKE, TEXAS 76092

SERVICE POINT: Cobley KS

DATE <u>1-9-15</u>	SEC. <u>9</u>	TWP. <u>6</u>	RANGE <u>35</u>	CALLED OUT	ON LOCATION <u>9:30 a.m.</u>	JOB START <u>12:00 p.m.</u>	JOB FINISH <u>12:30 a.m.</u>
LEASE <u>Studer</u>	WELL# <u>1-9</u>	LOCATION <u>Levant 12 N to Rd CC</u>			COUNTY <u>Thomas</u>	STATE <u>KS</u>	
OLD OR (NEW) (Circle one)		<u>1 W to Rd 10 1 N, 4 1/2 W, Sinto</u>					

CONTRACTOR W.W. 4
 TYPE OF JOB Surface
 HOLE SIZE 12 1/4 T.D. 345'
 CASING SIZE 8 5/8 DEPTH 344.67
 TUBING SIZE DEPTH
 DRILL PIPE DEPTH
 TOOL DEPTH
 PRES. MAX MINIMUM
 MEAS. LINE SHOE JOINT
 CEMENT LEFT IN CSG. 15'
 PERFS.
 DISPLACEMENT @ 21 bbl H2O

OWNER Same
 CEMENT AMOUNT ORDERED 225 sks Com
3 1/2 CC 2 1/2 gel
 COMMON 225 sks @ 17.90 4027.50
 POZMIX @
 GEL 423 # @ 1.50 634.50
 CHLORIDE 635 # @ 1.10 698.50
 ASC @
Moderco 1200 @ 4.00 4800.00
(1086.35 / 2023) @
 @
 @
 @
 @
 @
 HANDLING 243.30 ft @ 2.48 603.38
 MILEAGE 11.10 to cas x 45 mi x 2.75 1373.63

EQUIPMENT
 PUMP TRUCK CEMENTER Paul Beaver
 # 373/281 HELPER Tyler Flipse / Juan 3
 BULK TRUCK
 # 818/287 DRIVER Juan 2 (200)
 BULK TRUCK
 # DRIVER

REMARKS:
mix 225 sks Com 3 1/2 CC 2 1/2 gel
Displacement 21 bbl water
cement did circulate
(Cement in cellar only)
Thank You!
Paul + Crew

CHARGE TO: Brito Oil
 STREET _____
 CITY _____ STATE _____ ZIP _____

To: Allied Oil & Gas Services, LLC.
 You are hereby requested to rent cementing equipment and furnish cementer and helper(s) 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 and understand the "GENERAL TERMS AND CONDITIONS" listed on the reverse side.

PRINTED NAME Walter Brown
 SIGNATURE Walter Brown

TOTAL _____
 SERVICE
 DEPTH OF JOB 345'
 PUMP TRUCK CHARGE 1512.25
 EXTRA FOOTAGE @
 MILEAGE MIAV 45 @ 7.70 346.50
 MANIFOLD @
MILV 45 @ 4.40 198.00
 @
(801.90 / 2023) TOTAL 4052.00

PLUG & FLOAT EQUIPMENT
 @ _____
 @ _____
 @ _____
 @ _____
 @ _____
 TOTAL _____

SALES TAX (If Any) _____
 TOTAL CHARGES 8911.00
 DISCOUNT 1800.00 / 2023 IF PAID IN 30 DAYS
6,911.00



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



Invoice

DATE	INVOICE #
1/19/2015	28197

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	#1-7	Studder	Thomas	WW Drilling	Oil	Development	5-1/2" LongString	Jason
PRICE REF.	DESCRIPTION				QTY	UM	UNIT PRICE	AMOUNT
575D	Mileage - 1 Way				100	Miles	6.00	600.00
579D	Pump Charge - Top To Bottom LongString				1	Job	2,000.00	2,000.00
403-5	5 1/2" Cement Basket				4	Each	300.00	1,200.00T
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
409-5	5 1/2" Turbolizer				12	Each	90.00	1,080.00T
281	Mud Flush				500	Gallon(s)	1.25	625.00T
221	Liquid KCL (Clayfix)				4	Gallon(s)	25.00	100.00T
276	Flocele				150	Lb(s)	2.50	375.00T
283	Salt				1,000	Lb(s)	0.20	200.00T
284	Calseal				9	Sack(s)	35.00	315.00T
285	CFR-1				100	Lb(s)	4.50	450.00T
290	D-Air				6	Gallon(s)	42.00	252.00T
325	Standard Cement				200	Sacks	14.50	2,900.00T
330	Swift Multi-Density Standard (MIDCON II)				400	Sacks	18.50	7,400.00T
581D	Service Charge Cement				600	Sacks	2.00	1,200.00
583D	Drayage				3,035	Ton Miles	1.00	3,035.00
Subtotal								22,382.00
Sales Tax Thomas County							7.15%	1,111.61
<p>18867.0109 7/10/43 Well File</p>								

Thank You For Your Business In 2014! We Look Forward To Serving You In 2015!	Total \$23,493.61
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CHARGE TO: **CARMEN SCHMIDT**
 ADDRESS:
 CITY, STATE, ZIP CODE:

TICKET 28197

PAGE 1 OF 2

SERVICE LOCATIONS: 1. **NESS CITY, KS.** WELL/PROJECT NO.: LEASE: **STUDDER 1-7** COUNTY/PARISH: **THOMAS** STATE: **KS.** CITY: **LEVANT, KS.** DATE: **19 JAN 14** OWNER:
 2. TICKET TYPE: SERVICE SALES CONTRACTOR: **WW DRILLING RIG** RIG NAME/NO.: SHIPPED VIA: DELIVERED TO: ORDER NO.:
 3. WELL TYPE: **OIL** WELL CATEGORY: **DEVELOPMENT** JOB PURPOSE: **S2 LONGSTRING** WELL PERMIT NO.: WELL LOCATION: **12N, 1W1N, 1/2W, S210**
 4. REFERRAL LOCATION: INVOICE INSTRUCTIONS:

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.		UNIT PRICE		AMOUNT
		LOC	ACCT	DF		QTY.	UM	QTY.	UM	
575					MILEAGE # 115	100	MIL	6.00		600.00
579					Pump CHARGE			2000		2000.00
403					CEMENT BASKETS	4	EA.	300		1200.00
406					LATCH DOWN PLUG & BAFFLE	1	EA.	275		275.00
407					INSERT FLOAT SHOE W/FILL	1	EA.	375		375.00
409					TURBOCHARGERS	12	EA.	90		1080.00
281					MUD FLUSH	500	GAL	1.25		625.00
221					LIQUID KEL	4	182L	25		100.00

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 Hutchinson*
 DATE SIGNED: **20 JAN 15** TIME SIGNED: **0300** A.M. P.M.

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

<input type="checkbox"/> SURVEY	AGREE	UN-DECIDED	DIS-AGREE	PAGE TOTAL	6255.00
OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN?				2	16127.00
WE UNDERSTOOD AND MET YOUR NEEDS?					
OUR SERVICE WAS PERFORMED WITHOUT DELAY?				sub total	22382.00
WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY?				Thomas TAX 7.15%	1,111.61
ARE YOU SATISFIED WITH OUR SERVICE?	<input type="checkbox"/> YES <input type="checkbox"/> NO			TOTAL	23,493.61
<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: *[Signature]* Thank You!



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

TICKET CONTINUATION

TICKET No. 28197

CUSTOMER CARMEN SCHMIDT WELL STUDDER 1-7 DATE 19 JAN 15 PAGE 2 OF 2

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			TIME	DESCRIPTION	QTY		U/M		UNIT PRICE	AMOUNT
		LOC	ACCT	DF			QTY	U/M				
276						FLDCELE	150	lbs			2.50	375.00
283						SALT	1000	lbs			.20	200.00
284						CALSEAL	9	sk			35.00	315.00
285						CFR-1	100	lbs			4.50	450.00
290						D-AIR	6	gal			42.00	252.00
325						STANDARD EA-2	200	sk			14.50	2900.00
330						SMD CEMENT	400	sk			18.50	7400.00
581						SERVICE CHARGE					2.00	1200.00
583						MILEAGE CHARGE	60	TON	100		1.00	3035.00
						TOTAL WEIGHT	60	TON				
						LOADED MILES	100					
						CUBIC FEET	600	sk				
						TON MILES	3035.0					

CONTINUATION TOTAL 16127.00

JOB LOG

SWIFT Services, Inc.

DATE 19 JAN 15 PAGE NO.

CUSTOMER CARMEN SCHMITT WELL NO. LEASE STUDDER 1-7 JOB TYPE 5 1/2 LONGSTRING TICKET NO. 28197

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	2030							ON LOCATION
	2150							START PIPE 5 1/2 - 15.5" RTD @ 4840 LTD @ 4844 SHOE JT. 43.40 SET @ 4834 CENTRALIZERS 6, 7, 9, 11, 13, 15, 17, 19, 28, 47, 92 BASKETS. 3, 26, 45, 90
	2355							DROP BALL CIRCULATE.
	0044	6	12		✓		300	Pump 500 gal MUD FLUSH
		6	20		✓		300	Pump 20 BBL KIL SPACER
	0052		7					PLUG RH-30sx
		6	205		✓			MIX 37D sx SMD
		4	48		✓			MIX 200 sx EA-2
	0148							WASH OUT PUMP & LINES.
	0203	6			✓			START DISPLACING PLUG
	0225	0	114		✓		2000	PLUG DOWN - LATCH PLUG IN. CIRCULATE CEMENT TO SURFACE
	0227							RELEASE PSI - DRY
	0230							WASH TRUCK
	0300							JOB COMPLETE
								THANKS #115
								JASON DAVE JARED ISAAC