



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1267579
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: _____



1267579

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 <i>(Attach Additional Sheets)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name	Top	Datum
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:				

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: Yes No

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

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> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	Carmen Schmitt, Inc.
Well Name	GOEBEL 2
Doc ID	1267579

Tops

Name	Top	Datum
Anhydrite	1708	724
Heebner	3980	-1548
Lansing	4031	-1599
Base KC	4399	-1967
Pawnee	4514	-2082
Fort Scott	4566	-2134
Cherokee Shale	4590	-2158
Mississippi	4681	-2249

ALLIED CEMENTING CO., INC.

28927

REMIT TO P.O. BOX 31
RUSSELL, KANSAS 67665

Federal Tax I.D.# 48-0727860

SERVICE POINT:

Ness City KS

DATE <u>11-1-08</u>	SEC. <u>1</u>	TWP. <u>22</u>	RANGE <u>24</u>	CALLED OUT <u>900 PM</u>	ON LOCATION <u>10:00PM</u>	JOB START <u>8:10:00 PM</u>	JOB FINISH <u>1100 PM</u>
LEASE <u>Goebel</u>	WELL # <u>2</u>	LOCATION <u>5 Miles North of Setmore</u>		COUNTY <u>Hodgeman</u>	STATE <u>KS</u>		
OLD OR <u>NEW</u> (Circle one)							

CONTRACTOR Mallard OWNER Garmen Schmitt Inc

TYPE OF JOB Surface

HOLE SIZE 12 1/4 T.D. 232

CASING SIZE 8 5/8 DEPTH

TUBING SIZE DEPTH

DRILL PIPE DEPTH

TOOL DEPTH

CEMENT

AMOUNT ORDERED 165 sk common

3% cr 2% 6el

PRES. MAX MINIMUM

MEAS. LINE SHOE JOINT

CEMENT LEFT IN CSG. 15

PERFS.

DISPLACEMENT 6 BLS fresh water

EQUIPMENT

PUMP TRUCK CEMENTER wayne - D

181 HELPER Galien - D

BULK TRUCK

341 DRIVER Jeff - W

BULK TRUCK

#

HANDLING 173.44 @ 2.05 389.25

MILEAGE 173.44 @ 20 346.00

TOTAL 3334.45

REMARKS:

Pipe on bottom break circulation

Mix 165 sk common 3% cr 2% 6el

Shut Down Release Plug

Displace with 6 BLS fresh

water cement did circulate

wash up Ris Down

DEPTH OF JOB 232

PUMP TRUCK CHARGE 999.00

EXTRA FOOTAGE @

MILEAGE 20 @ 7.00 140.00

MANIFOLD ✓ @

Head Rent @ 111.00 111.00

CHARGE TO: Garmen Schmitt Inc

STREET _____ TOTAL 1250.00

CITY _____ STATE _____ ZIP _____

PLUG & FLOAT EQUIPMENT

1 8 1/4 wooden plug @ 67.00 67.00

@

@

@

@

To Allied Cementing Co., Inc.

You are hereby requested to rent cementing equipment and furnish cementer and helper 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 & understand the "TERMS AND CONDITIONS" listed on the reverse side.

TAX _____ TOTAL 67.00

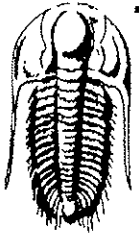
TOTAL CHARGE _____

DISCOUNT _____ IF PAID IN 30 DAYS

SIGNATURE [Signature]

PRINTED NAME Lyte Juergensen

PRINTED NAME Lyte Juergensen



TRILOBITE TESTING, INC.

DRILL STEM TEST REPORT

Carmen Schmidt
 PO Box 47
 Great Bend, Ks 67530
 ATTN: Jamie Hess

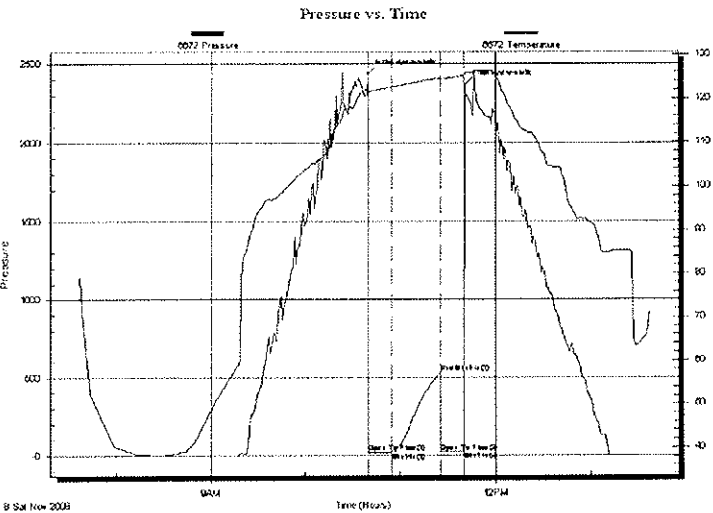
Goebel #2
1-22s-24w/Hodgeman
 Job Ticket: 34706 **DST#: 1**
 Test Start: 2008.11.08 @ 07:36:32

GENERAL INFORMATION:

Formation: **Miss**
 Deviated: No Whipstock: ft (KB)
 Test Type: Conventional Bottom Hole
 Time Tool Opened: 10:40:17
 Tester: Tyson Flax
 Time Test Ended: 13:38:17
 Unit No: 44
 Interval: **4636.00 ft (KB) To 4688.00 ft (KB) (TVD)**
 Reference Elevations: 2432.00 ft (KB)
 Total Depth: 4688.00 ft (KB) (TVD)
 2427.00 ft (CF)
 Hole Diameter: 7.88 inches Hole Condition: Good
 KB to GRVCF: 5.00 ft

Serial #: 6672 **Inside**
 Press@RunDepth: 21.49 psig @ 4643.00 ft (KB) Capacity: 7000.00 psig
 Start Date: 2008.11.08 End Date: 2008.11.08 Last Calib.: 2008.11.08
 Start Time: 07:36:33 End Time: 13:38:17 Time On Btm: 2008.11.08 @ 10:40:02
 Time Off Btm: 2008.11.08 @ 11:41:02

TEST COMMENT: IFF-Weak surface blow built to 1"
 IS-no blow back
 FFP-Weak surface blow died in 7 min
 FSI-pulled test



PRESSURE SUMMARY

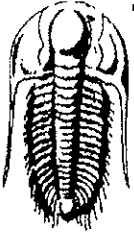
Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	2439.98	122.07	Initial Hydro-static
1	18.25	120.95	Open To Flow (1)
16	21.49	122.52	Shut-In(1)
46	529.25	124.61	End Shut-In(1)
46	22.24	124.22	Open To Flow (2)
61	23.08	125.13	Shut-In(2)
61	2365.75	125.87	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
5.00	Mud	0.02

Gas Rates

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



**TRILOBITE
TESTING, INC.**

DRILL STEM TEST REPORT

FLUID SUMMARY

Carmen Schmidt
PO Box 47
Great Bend, Ks 67530
ATTN: Jamie Hess

Goebel #2
1-22s-24w/Hodgeman
Job Ticket: 34706 **DST#: 1**
Test Start: 2008.11.08 @ 07:36:32

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: 59.00 sec/qt	Cushion Volume: bbl		
Water Loss: 11.17 in ³	Gas Cushion Type:		
Resistivity: ohm.m	Gas Cushion Pressure: psig		
Salinity: 4200.00 ppm			
Filter Cake: inches			

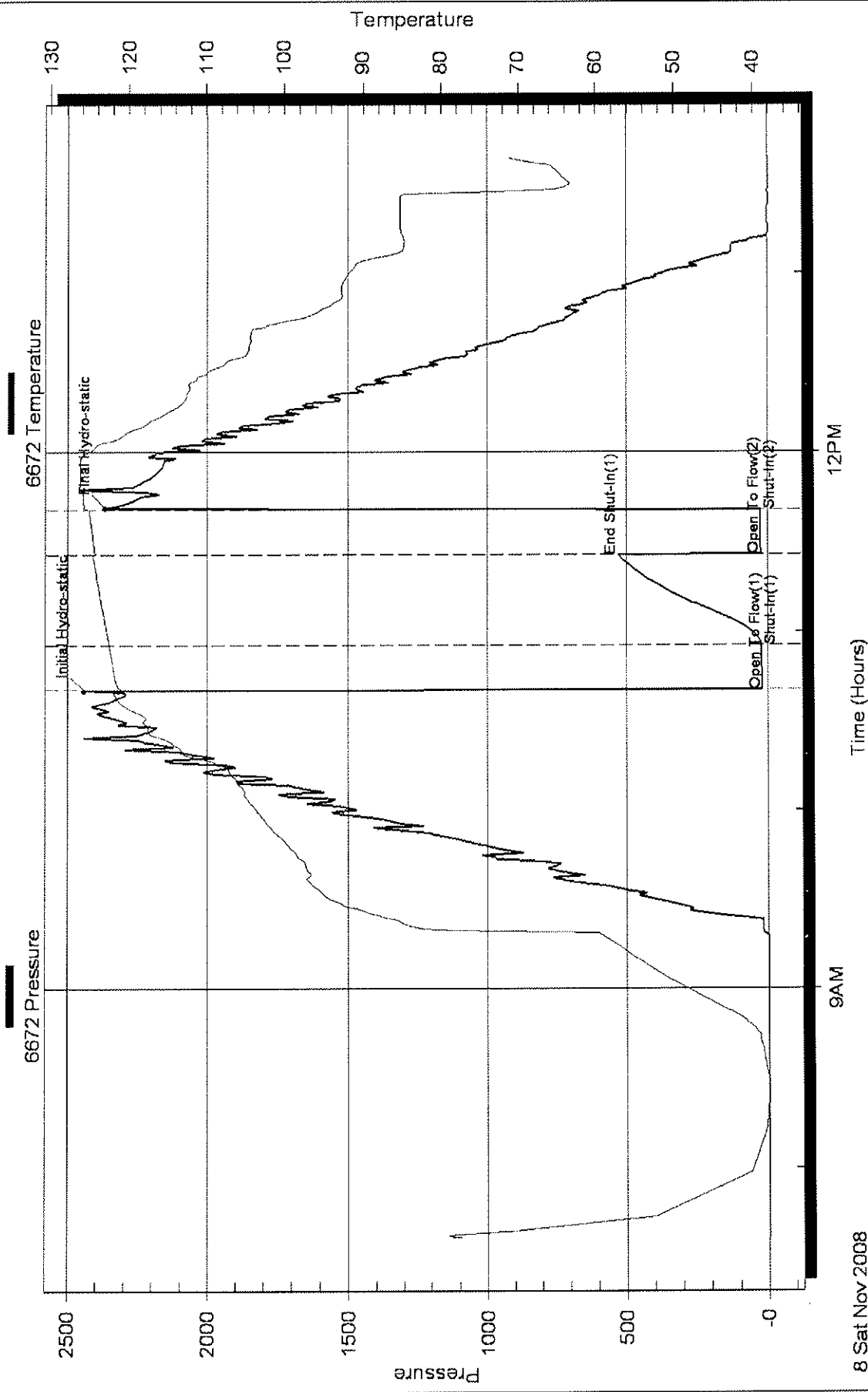
Recovery Information

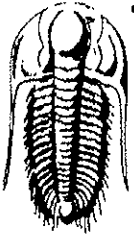
Recovery Table

Length ft	Description	Volume bbl
5.00	Mud	0.025

Total Length: 5.00 ft Total Volume: 0.025 bbl
 Num Fluid Samples: 0 Num Gas Bombs: 0 Serial #:
 Laboratory Name: Laboratory Location:
 Recovery Comments:

Pressure vs. Time





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DRILL STEM TEST REPORT

Carmen Schmidt
 PO Box 47
 Great Bend, Ks 67530
 ATTN: Jamie Hess

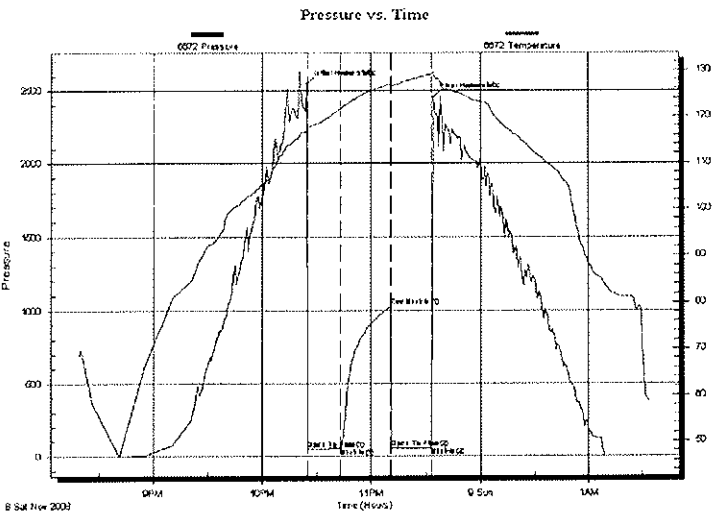
Goebel #2
1-22s-24w/Hodgeman
 Job Ticket: 34707 **DST#: 2**
 Test Start: 2008.11.08 @ 20:18:40

GENERAL INFORMATION:

Formation: **MISS**
 Deviated: No Whipstock: ft (KB)
 Test Type: Conventional Bottom Hole
 Time Tool Opened: 22:25:25 Tester: Tyson Flax
 Time Test Ended: 01:34:25 Unit No: 44
 Interval: **4685.00 ft (KB) To 4695.00 ft (KB) (TVD)** Reference Elevations: 2432.00 ft (KB)
 Total Depth: 4695.00 ft (KB) (TVD) 2427.00 ft (CF)
 Hole Diameter: 7.88 inches Hole Condition: Good KB to GR/CF: 5.00 ft

Serial #: 6672 Inside
 Press@RunDepth: 1022.71 psig @ 4686.00 ft (KB) Capacity: 7000.00 psig
 Start Date: 2008.11.08 End Date: 2008.11.09
 Start Time: 20:18:41 End Time: 01:34:25 Last Calib.: 2008.11.09
 Time On Btm: 2008.11.08 @ 22:24:40
 Time Off Btm: 2008.11.08 @ 23:33:40

TEST COMMENT: IFP-Weak surface blow built to 1"
 ISI-nio blow back
 FFP-Weak surface blow throughout
 FSI-pulled test



PRESSURE SUMMARY

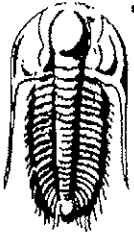
Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	2545.26	117.03	Initial Hydro-static
1	49.71	117.36	Open To Flow (1)
19	52.96	121.58	Shut-In(1)
46	1022.71	127.09	End Shut-In(1)
46	56.43	126.38	Open To Flow (2)
69	60.15	129.27	Shut-In(2)
69	2452.68	129.78	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
60.00	Mud	0.30
5.00	OCM 10%O,90%M	0.02

Gas Rates

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



**TRILOBITE
TESTING, INC.**

DRILL STEM TEST REPORT

FLUID SUMMARY

Carmen Schmidt
PO Box 47
Great Bend, Ks 67530

ATTN: Jamie Hess

Goebel #2
1-22s-24w/Hodgeman
Job Ticket: 34707 **DST#: 2**
Test Start: 2008.11.08 @ 20:18:40

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: 64.00 sec/qt	Cushion Volume: bbl		
Water Loss: 10.38 in ³	Gas Cushion Type:		
Resistivity: ohm.m	Gas Cushion Pressure: psig		
Salinity: 5800.00 ppm			
Filter Cake: inches			

Recovery Information

Recovery Table

Length ft	Description	Volume bbl
60.00	Mud	0.295
5.00	OCM 10%O,90%M	0.025

Total Length: 65.00 ft Total Volume: 0.320 bbl
Num Fluid Samples: 0 Num Gas Bombs: 0 Serial #:
Laboratory Name: Laboratory Location:
Recovery Comments: 64

Serial #: 6672

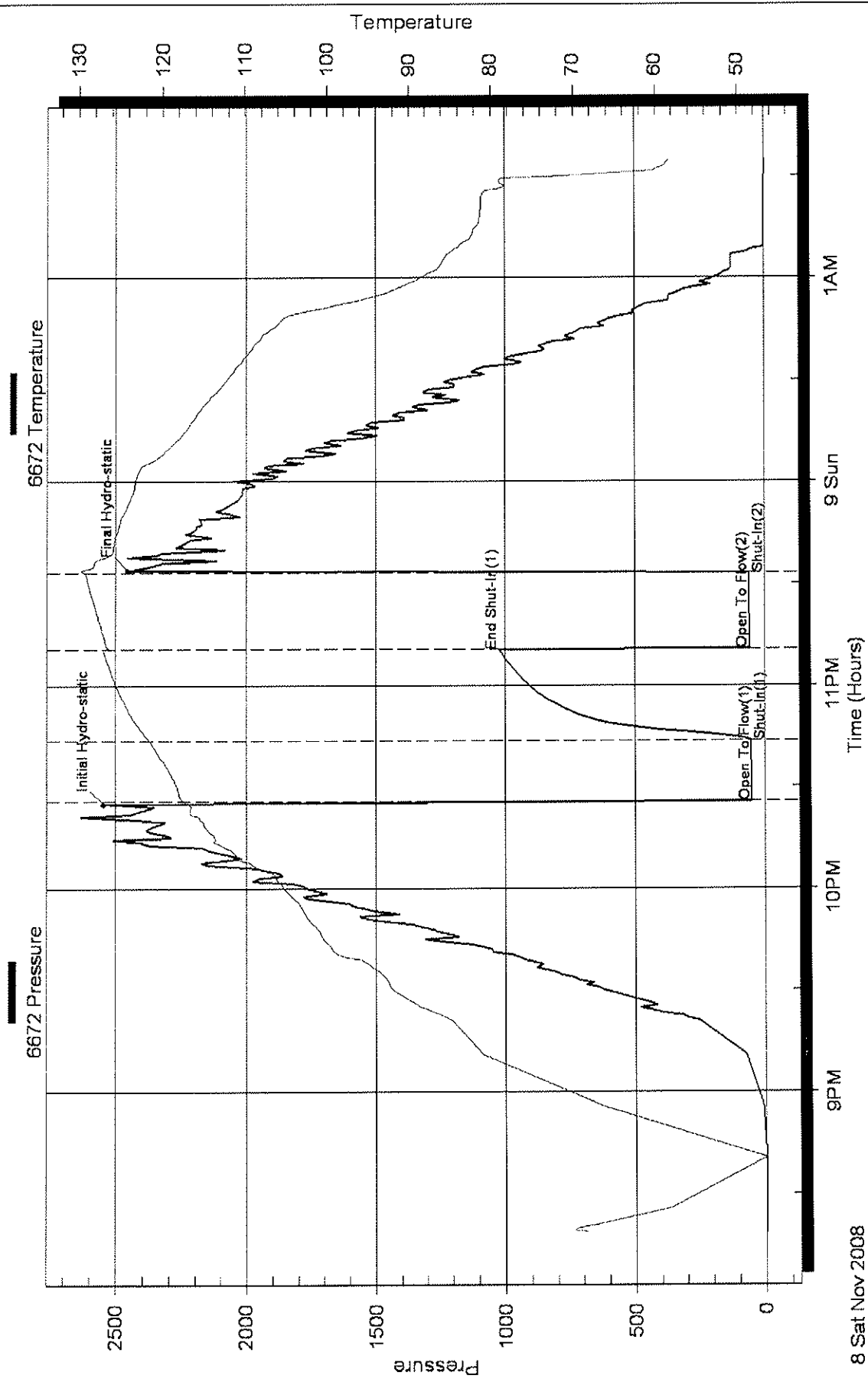
Inside

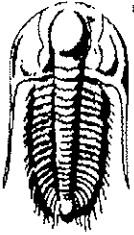
Carmen Schmidt

1-22s-24w Hodgeman

DST Test Number: 2

Pressure vs. Time





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DRILL STEM TEST REPORT

Carmen Schmidt
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 ATTN: Jamie Hess

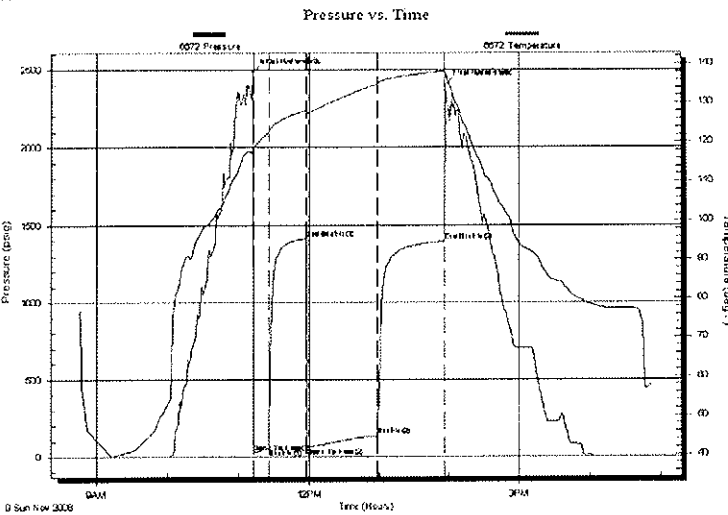
Goebel #2
1-22s-24w/Hodgeman
 Job Ticket: 34708 **DST#: 3**
 Test Start: 2008.11.09 @ 08:45:41

GENERAL INFORMATION:

Formation: **Miss**
 Deviated: No Whipstock: ft (KB)
 Test Type: Conventional Bottom Hole
 Time Tool Opened: 11:12:26 Tester: Tyson Flax
 Time Test Ended: 16:53:11 Unit No: 44
 Interval: **4685.00 ft (KB) To 4700.00 ft (KB) (TVD)** Reference Elevations: 2432.00 ft (KB)
 Total Depth: 4700.00 ft (KB) (TVD) 2427.00 ft (CF)
 Hole Diameter: 7.88 inches Hole Condition: Good KB to GR/CF: 5.00 ft

Serial #: 6672 Inside
 Press@RunDepth: 134.94 psig @ 4686.00 ft (KB) Capacity: 7000.00 psig
 Start Date: 2008.11.09 End Date: 2008.11.09 Last Calib.: 2008.11.09
 Start Time: 08:45:42 End Time: 16:53:11 Time On Btm: 2008.11.09 @ 11:12:11
 Time Off Btm: 2008.11.09 @ 13:56:56

TEST COMMENT: IFP-Weak surface blow built to 2.5"
 IS-no blow back for 20min then very weak surface blow back
 FFP-Weak surface blow built to 7"
 FSI-Weak surface blow back throughout



PRESSURE SUMMARY

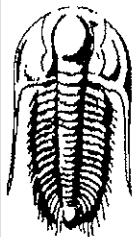
Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	2480.49	118.92	Initial Hydro-static
1	28.36	117.87	Open To Flow (1)
14	50.82	122.64	Shut-In(1)
46	1412.79	128.04	End Shut-In(1)
46	57.79	127.44	Open To Flow (2)
107	134.94	134.84	Shut-In(2)
164	1395.40	138.05	End Shut-In(2)
165	2401.76	137.67	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
65.00	VSOCMMW 2%O,68%W,30%M	0.32
120.00	OCWM 10%O,10%W,80%M	0.59
30.00	MCO 60%O,40%M	0.15
45.00	CO	0.35

Gas Rates

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



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DRILL STEM TEST REPORT

FLUID SUMMARY

Carmen Schmidt
PO Box 47
Great Bend, Ks 67530

ATTN: Jamie Hess

Goebel #2
1-22s-24w/Hodgeman
Job Ticket: 34708 **DST#: 3**
Test Start: 2008.11.09 @ 08:45:41

Mud and Cushion Information

Mud Type:	Gel Chem	Cushion Type:		Oil API:	38 deg API
Mud Weight:	9.00 lb/gal	Cushion Length:	ft	Water Salinity:	20000 ppm
Viscosity:	48.00 sec/qt	Cushion Volume:	bbbl		
Water Loss:	7.80 in ³	Gas Cushion Type:			
Resistivity:	ohm.m	Gas Cushion Pressure:	psig		
Salinity:	5800.00 ppm				
Filter Cake:	inches				

Recovery Information

Recovery Table

Length ft	Description	Volume bbbl
65.00	VSOCMW 2%O,68%W,30%M	0.320
120.00	OCWM 10%O,10%W,80%M	0.590
30.00	MCO 60%O,40%M	0.148
45.00	CO	0.351

Total Length: 260.00 ft Total Volume: 1.409 bbl
 Num Fluid Samples: 0 Num Gas Bombs: 0 Serial #:
 Laboratory Name: Laboratory Location:
 Recovery Comments:

Pressure vs. Time

