

Confidentiality Requested:

Yes  No

KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION

Form ACO-1

January 2018

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

Gas  DH  EOR

OG  GSW

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 EOR  Conv. to SWD  
 Plug Back  Liner  Conv. to GSW  Conv. to Producer

Commingled Permit #: \_\_\_\_\_

Dual Completion Permit #: \_\_\_\_\_

SWD Permit #: \_\_\_\_\_

EOR Permit #: \_\_\_\_\_

GSW Permit #: \_\_\_\_\_

Spud Date or Date Reached TD Completion Date or Recompletion Date

API No.: \_\_\_\_\_

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  Drill Stem Tests Received

Geologist Report / Mud Logs Received

UIC Distribution

ALT  I  II  III Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

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 Geologist Report / Mud Logs <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				

1. Did you perform a hydraulic fracturing treatment on this well?  Yes  No *(If No, skip questions 2 and 3)*
2. Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons?  Yes  No *(If No, skip question 3)*
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)*

Date of first Production/Injection or Resumed Production/Injection:	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) (Submit ACO-4)</i>	PRODUCTION INTERVAL: Top Bottom
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Shots Per Foot	Perforation Top	Perforation Bottom	Bridge Plug Type	Bridge Plug Set At	Acid, Fracture, Shot, Cementing Squeeze Record <i>(Amount and Kind of Material Used)</i>

TUBING RECORD:	Size:	Set At:	Packer At:	
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Form	ACO1 - Well Completion
Operator	Carmen Schmitt, Inc.
Well Name	WP UNIT 2-7
Doc ID	1350769

All Electric Logs Run

Computer Procesed
Dual Induction
Dual Comp Porosity
Microtesistivity

Form	ACO1 - Well Completion
Operator	Carmen Schmitt, Inc.
Well Name	WP UNIT 2-7
Doc ID	1350769

Tops

Name	Top	Datum
Anhy	1885	545
Heebner Sh	3663	-1233
Totronto	3683	-1253
Lansing	3702	-1272
Stark Shale	3928	-1552
B KC	3982	-1552
Marmaton	4023	-1593
Altamont	4045	-1615

Form	ACO1 - Well Completion
Operator	Carmen Schmitt, Inc.
Well Name	WP UNIT 2-7
Doc ID	1350769

Perforations

Shots Per Foot	Perforation Record	Material Record	Depth
2	3938-3948	shot	3938-3948
2	3966-3977	shot	3966-3977



# COPELAND

## Acid & Cement

POST OFFICE BOX 438  
 HAYSVILLE, KS 67060  
 (316) 524-1225  
 (316) 524-1027 FAX

Invoice

Page: 1

BURRTON, KS    ♦    GREAT BEND, KS  
 (620) 463-5161    (620) 793-3366  
 FAX (620) 463-2104    FAX (620)

INVOICE NUMBER:  
**C44769-IN**

**BILL TO:**  
**CARMEN SCHMITT, INC.**  
**P.O. BOX 47**  
**GREAT BEND, KS 67530**

LEASE: WP UNIT 2-7

DATE	ORDER	SALESMAN	ORDER DATE	PURCHASE ORDER	SPECIAL INSTRUCTIONS	
04/26/2017	C44769		04/20/2017		NET 30	
QUANTITY	U/M	ITEM NO./DESCRIPTION		D/C	PRICE	EXTENSION
1.00	EA	PUMP CHARGE - SURFACE PIPE		0.00	1,100.00	1,100.00
1.00	EA	CEMENT JOB - PRICE AS AGREED (MILEAGE, CEMENT, ETC.)		0.00	1,895.00	1,895.00
<p><i>710/43</i>  <i>14004.0207</i>  <i>Well site</i>  <i>Surface Cement</i></p>						
<b>REMIT TO:</b> P.O. BOX 438 HAYSVILLE, KS 67060		COP		Net Invoice:		2,995.00
		FUEL SURCHARGE IS NOT TAXABLE AND IS ADDED TO MILEAGE, PUMP AND OR DELIVERY CHARGES ONLY.		TRECO Sales Tax:		88.00
<b>RECEIVED BY</b>		<b>NET 30 DAYS</b>		Invoice Total:		<b>3,083.00</b>

There will be a charge of 1.5% "per month" (18% annual rate) on all accounts over 30 days pas

Copeland Acid & Cement is a subsidiary of Gressel Oil Field Service

Gressel Oil Field Service reserves a security interest in the goods sold until the same are paid for in full and reserve all the rights of a secured party under the Uniform Commercial Code.









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



# Invoice

DATE	INVOICE #
4/28/2017	30056

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	#2-7	WP Unit	Gove	Murfin Drilling	Oil	Development	5 1/2 Longstring	Wayne
PRICE REF.	DESCRIPTION				QTY	UM	UNIT PRICE	AMOUNT
575D	Mileage - 1 Way				50	Miles	5.00	250.00
579D	Pump Charge - Two-Stage & Top To Bottom LongString				1	Job	1,700.00	1,700.00
221	Liquid KCL (Clayfix)				2	Gallon(s)	25.00	50.00T
281	Mud Flush				500	Gallon(s)	1.25	625.00T
402-5	5 1/2" Centralizer				12	Each	60.00	720.00T
403-5	5 1/2" Cement Basket				3	Each	250.00	750.00T
406-5	5 1/2" Latch Down Plug & Baffle				1	Each	225.00	225.00T
407-5	5 1/2" Insert Float Shoe With Auto Fill				1	Each	300.00	300.00T
325	Standard Cement				150	Sacks	12.25	1,837.50T
330	Swift Multi-Density Standard (MIDCON II)				450	Sacks	15.75	7,087.50T
276	Flocele				150	Lb(s)	2.25	337.50T
283	Salt				750	Lb(s)	0.20	150.00T
284	Calseal				7	Sack(s)	30.00	210.00T
285	CFR-1				100	Lb(s)	4.50	450.00T
290	D-Air				10	Gallon(s)	42.00	420.00T
581D	Service Charge Cement				600	Sacks	1.50	900.00
583D	Drayage				1,511.25	Ton Miles	0.75	1,133.44
	Subtotal							17,145.94
	Sales Tax Gove County						8.50%	1,118.81

7/10/43  
 19004.0207  
 Well A/c  
 Long String Cement

<b>We Appreciate Your Business!</b>	<b>Total</b>	\$18,264.75
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TICKET 30056

CHARGE TO: **ARMED SCHMIDT, INC.**  
 ADDRESS:  
 CITY, STATE, ZIP CODE:

PAGE 1 OF 2

WELL PROJECT NO. **2-7** LEASE **WP UNIT** COUNTY/PARISH **GOVE** STATE **Ks** CITY **LOCATION** DATE **4-28-17** OWNER **SAME**

TICKET TYPE  SERVICE  SALES **MURPHY DRUG CO.** RIG NAME/NO. **LOCATION** ORDER NO. **SAME**

WELL TYPE **ORZ** WELL CATEGORY **DEVELOPMENT** JOB PURPOSE **5 1/2" LONGSTROKE TOP-BOTTOM** WELL LOCATION **N/UTZKA, Ks - RED, 114E, N**

INVOICE INSTRUCTIONS

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING		DESCRIPTION	QTY.	U/M	QTY.	U/M	UNIT PRICE	AMOUNT
		LOC	ACCT							
575		1							5.00	250.00
579		1		MILEAGE			4119	FT	1700.00	1700.00
221		1		PUMP CHANGE TOP-BOTTOM LONGSTROKE					25.00	50.00
281		1		LONGSTROKE					1.25	625.00
402		1		MUDFLUSH					60.00	720.00
403		1		CENTRALIZERS					250.00	750.00
406		1		CEMENT BARRELS					225.00	225.00
407		1		CATCH DOWN PLUG - BATTLE					300.00	300.00
419		1		INSERT FLOOR SLIDE W/AUTO FALL					200.00	200.00
				<del>REPAIRS HEAD ROOSTER</del>						

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

**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 *[Signature]* TIME SIGNED **1200** **PM** P.M.

DATE SIGNED **4-28-17**

PAGE TOTAL #1 **4620.00**

#2 **12525.94**

**6016.00**

**17145.94**

**8.50**

**1118.81**

TOTAL **18204.75**

CUSTOMER DID NOT WISH TO RESPOND

CUSTOMER IS NOT SATISFIED WITH OUR SERVICE?  YES  NO

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

SWIFT OPERATOR **WAYNE WILSON** APPROVAL

**Thank You!**



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

TICKET CONTINUATION

TICKET No. 30056

DATE 4-28-17 PAGE 2 OF 2

WELL WSP UNIT 2-7

CUSTOMER CARMEN SCHWITZ, INC.

PRICE REFERENCE	SECONDARY REFERENCE / PART NUMBER	ACCOUNTING		TIME	DESCRIPTION	QTY		U/M	QTY	U/M	UNIT PRICE	AMOUNT	
		LOC	ACCT.			DF	U/M						QTY
325		1			FA-2 STANDARD CEMENT	150	SBS				12.25	1837.50	
330		1			SWIFT MULTI DENSITY STANDARD	450	SBS				15.75	7087.50	
276		1			FLOCELE	150	UBS				2.25	337.50	
283		1			SALT	750	UBS				20	150.00	
284		1			CALSEAL	7	SBS		700	UBS	30.00	210.00	
285		1			CFR-1	100	UBS				4.50	450.00	
290		1			D-ADR	10	GAL				42.00	420.00	
581		1			SERVICE CHARGE						1.50	900.00	
583		1			MILEAGE CHARGE						.75	1133.44	
						CUBIC FEET			600				
						TOTAL WEIGHT			60450	LOADED MILES		1511.25	
												CONTINUATION TOTAL	12525.94

JOB LOG

SWIFT Services, Inc.

DATE 4-28-17 PAGE NO. 1

CUSTOMER CARMEN SCHMIDT, Inc. WELL NO. 2-7 LEASE WP UNITS JOB TYPE TOP-BTM 5 1/2 LONGSTRING TICKET NO. 30056

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL)(GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	1200							ON LOCATION
	1120							START 5 1/2" CASING IN WELL
								TD-4130 SET 4119 TP-4119 5 1/2" #14 ST-43
								CENTRALIZERS - 4, 7, 10, 12, 14, 16, 18, 20, 22, 24, 53, 62 CMT BSKTS - 4, 53, 59
	1300							DROP BALL - GRACULATE
	1405	6	12		✓	450		PUMP 500 GAL MUD FLUSH
	1407	6	20		✓	450		PUMP 20 BBLs KCL-FLUSH
	1430		7-5					PLUG RH (30SKS) MH (20SKS)
	1440	6 1/2	222		✓	300		MAX CEMENT - 400 SKS SMD = 11.2 PPG
		4 1/2	36		✓	300		150 SKS EA-2 = 15.5 PPG
	1535							WASH OUT PUMP - LINES
	1535							RELEASE L.D. PLUG
	1540	6 1/2	0		✓			DISPLACE PLUG
		4 1/2	95			1100		
	1555	4 1/2	99.5			1750		PLUG DOWN - PSE UP LATCH IN PLUG
	1600							OK RELEASE PSE - HELD
								GRACULATED 35 SKS CEMENT TO PSE
								WASH TROCK
	1630							JOB COMPLETE THANK YOU

WATKINS, JAWH., AUSTIN, RUSSELL, KERRY