

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)</i> <i>(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	WERTH 5
Doc ID	1425324

Tops

Name	Top	Datum
Anhydrite	1874	542
Heebner Sh	3648	-1232
Toronto	3670	-1254
Lansing	3688	-1272
Stark Shale	3910	-1494
B/KC	3959	-1543
Marmaton	4003	-1587
Altamont	4031	-1615
Pawnee	4112	-1696
Fort Scott	4171	-1755
Cherokee Sh	4196	-1780
Mississippian	4269	-1853

COPELAND

Acid & Cement

BURRTON, KS (620) 463-5161
 GREAT BEND, KS (620) 793-3366
 FAX (620) 463-2104 FAX (620) 793-3536

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

Invoice

INVOICE NUMBER:
C46280-IN

BILL TO:
CARMEN SCHMITT, INC.
PO BOX 47
GREAT BEND, KS 67530

LEASE: WERTH #5

DATE	ORDER	SALESMAN	ORDER DATE	PURCHASE ORDER	SPECIAL INSTRUCTIONS	
09/19/2018	C46280		09/12/2018		NET 30	
QUANTITY	U/M	ITEM NO./DESCRIPTION		D/C	PRICE	EXTENSION
		NEW WELL				
40.00	MI	MILEAGE CEMENT PUMP TRUCK		24.82	4.00	120.29
1.00	EA	PUMP CHARGE-SURFACE PIPE		24.88	1,100.00	826.34
175.00	SK	60/40 POZ MIX 2% GEL		24.82	10.75	1,414.32
9.00	SK	CALCIUM CHLORIDE		24.82	30.00	202.99
184.00	EA	BULK CHARGE		24.82	1.25	172.91
317.00	MI	BULK TRUCK - TON MILES		24.82	1.10	262.15
		<i>7/10/43</i> <i>19380.0005</i> <i>Well Site</i> <i>Surface Cement</i>				
REMIT TO: P.O. BOX 438 HAYSVILLE, KS 67060		COP		Net Invoice:		2,999.00
		FUEL SURCHARGE IS NOT TAXABLE AND IS ADDED TO MILEAGE, PUMP AND OR DELIVERY CHARGES ONLY.		TRECO Sales Tax:		129.38
RECEIVED BY		NET 30 DAYS		Invoice Total:		3,128.38

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



NEW WELL

FIELD ORDER N° C 46280

BOX 438 • HAYSVILLE, KANSAS 67060
316-524-1225

DATE 9-12 2018

IS AUTHORIZED BY: Carmen Schmitt Inc
(NAME OF CUSTOMER)

Address _____ City _____ State _____

To Treat Well _____
As Follows: Lease Werth Well No. 5 Customer Order No. _____

Sec. Twp. _____
Range _____ County Trego State KS

CONDITIONS: As a part of the consideration hereof it is agreed that Copeland Acid Service is to service or treat at owners risk, the hereinbefore mentioned well and is not to be held liable for any damage that may accrue in connection with said service or treatment. Copeland Acid Service has made no representation, expressed or implied, and no representations have been relied on, as to what may be the results or effect of the servicing or treating said well. The consideration of said service or treatment is payable. There will be no discount allowed subsequent to such date. 6% interest will be charged after 60 days. Total charges are subject to correction by our invoicing department in accordance with latest published price schedules.

The undersigned represents himself to be duly authorized to sign this order for well owner or operator.

THIS ORDER MUST BE SIGNED BEFORE WORK IS COMMENCED

Well Owner or Operator

By

Agent

CODE	QUANTITY	DESCRIPTION	UNIT COST	AMOUNT
2	40	Mileage Pump Truck	4 ⁰⁰	160 ⁰⁰
2		Pump Charge - Surface Pipe		1100 ⁰⁰
2	175	Sacks 60/40 2% Gel	10 ⁷⁵	1881 ²⁵
2	9	Calcium Chloride	30 ⁰⁰	270 ⁰⁰ 270 ⁰⁰
2	184	Bulk Charge	1 ²⁵	230 ⁰⁰
2		Bulk Truck Miles $7.9257 \times 40 \text{ miles} = 317.7m$	1 ¹⁰	348.70
		Process License Fee on _____ Gallons		\$3989.95
TOTAL BILLING			Price As Agreed	\$2999.00

I certify that the above material has been accepted and used; that the above service was performed in a good and workmanlike manner under the direction, supervision and control of the owner, operator or his agent, whose signature appears below.

Copeland Representative Matt Grey

Station GB

Matt Suchy
Well Owner, Operator or Agent

Remarks _____

NET 30 DAYS



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



Invoice

DATE	INVOICE #
9/20/2018	31805

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	#5	Werth	Trego	Murfen Drlg Rig #...	Oil	Development	Longstring	David K
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	1,800.00	1,800.00
402-5	5 1/2" Centralizer				11	Each	70.00	770.00T
403-5	5 1/2" Cement Basket				3	Each	275.00	825.00T
407-5	5 1/2" Insert Float Shoe With Auto Fill				1	Each	325.00	325.00T
406-5	5 1/2" Latch Down Plug & Baffle				1	Each	250.00	250.00T
419-5	5 1/2" Rotating Head Rental				1	Each	200.00	200.00T
325	Standard Cement				150	Sacks	13.00	1,950.00T
284	Calseal				7	Sack(s)	35.00	245.00T
283	Salt				750	Lb(s)	0.20	150.00T
292	Halad 322				50	Lb(s)	8.00	400.00T
276	Flocele				150	Lb(s)	2.50	375.00T
330	Swift Multi-Density Standard (MIDCON II)				450	Sacks	16.25	7,312.50T
290	D-Air				6	Gallon(s)	42.00	252.00T
281	Mud Flush				500	Gallon(s)	1.50	750.00T
221	Liquid KCL (Clayfix)				4	Gallon(s)	25.00	100.00T
581D	Service Charge Cement				600	Sacks	1.75	1,050.00
583D	Drayage				1,508.75	Ton Miles	0.85	1,282.44
	Subtotal							18,286.94
	Sales Tax Trego County						8.00%	1,112.36

710/43
19380.0005
Well Rite
Long string Cement

We Appreciate Your Business!	Total	\$19,399.30
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CHARGE TO: Carmen Schmitt

ADDRESS

CITY, STATE, ZIP CODE

SERVICE LOCATIONS 1. <u>Ness City, KS</u>	WELL/PROJECT NO. <u>5</u>	LEASE <u>Werth</u>	COUNTY/PARISH <u>Trego</u>	STATE <u>KS</u>	CITY <u>Utica</u>
2.	TICKET TYPE <input checked="" type="checkbox"/> SERVICE <input type="checkbox"/> SALES	CONTRACTOR <u>Murfin Drilling</u>	RIG NAME/NO. <u>16</u>	SHIPPED VIA <u>CT</u>	DELIVERED TO <u>Location</u>
3.	WELL TYPE <u>Oil</u>	WELL CATEGORY <u>Development</u>	JOB PURPOSE <u>Longstring</u>	WELL PERMIT NO.	
4.	REFERRAL LOCATION	INVOICE INSTRUCTIONS			

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.	U/M	QTY.	U
		LOC	ACCT	DF					
575		1			MILEAGE <u>Trk #112</u>			50	
579		1			<u>Pump Charge - Top to Bottom</u>			1	
402		1			<u>Centralizer</u>	5 1/2	in	11	
403		1			<u>Cement Basket</u>	5 1/2	in	3	
407		1			<u>Insert float shoe w/ Auto fill</u>	5 1/2	in	1	
406		1			<u>Latch down Plug + Baffle</u>	5 1/2	in	1	
419		1			<u>Rotating Head Rental</u>	5 1/2	in	1	

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

DATE SIGNED
9-20-18

TIME SIGNED
0700 A.M. P.M.

REMIT PAYMENT TO:

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

SURVEY	AGREE	UNDECIDED
OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN?		
WE UNDERSTOOD AND MET YOUR NEEDS?		
OUR SERVICE WAS PERFORMED WITHOUT DELAY?		
WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY?		
ARE YOU SATISFIED WITH OUR SERVICE?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<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.

SWIFT OPERATOR

David Kuehn

APPROVAL

[Signature]



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

TICKET CONTINUATION

CUSTOMER *Carmen Schmitt* WELL *Worth #5*

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			TIME	DESCRIPTION			QTY.	U/M	QTY.	U/M
		LOC	ACCT	DF			QTY.	U/M				
325		1				Standard Cement (EA-2)					150	s
284		1				Calsol	5	%			7	s
283		1				Salt	10	%			750	ll
292		1				Halad 322	1/2	%			50	ll
276		1				Flozele	1/4	lb			150	ll
330		1				SMD Cement					450	ls
290		1				D-Air					6	g
281		1				Mud Flush					500	g
221		1				Liquid KCL					4	g
581		1				SERVICE CHARGE						CUBIC FEET 600
583		1				MILEAGE CHARGE	TOTAL WEIGHT 60350	LOADED MILES 50				TON MILES 1508.75

CON

JOB LOG

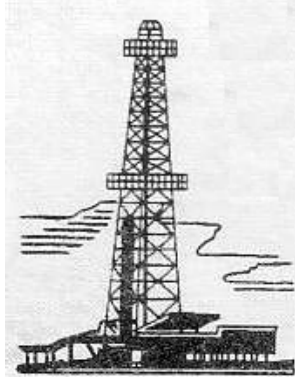
SWIFT Services, Inc.

DATE 9-20-18 PAGE NO. 1

CUSTOMER Carmen Schmitt WELL NO. #5 LEASE Worth JOB TYPE Cement 5 1/2" Longstring TICKET NO. #31805

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	0110							on location 5 1/2" 14"
								RTD - 4338' LTD - N/A TP - 4135' SS #1 42.47 cont. - 4" 6" 8" 10" 11" 13" 15" 17" 19" 53" 54 Basket - 3" 32" 52
	0115							Start 5 1/2" 14" casing in well
	0245							Drop Ball circulate * Rotate *
	0455	6 1/2	12			300		Pump XXXXX XXXXX XXXXX 500 gal Mud flush
	0455	6 1/2	20			300		Pump # 20 H KCL Flush
			16-11					Plug RH MH (30-20)
	0515	6 1/2	221			300		mix 400 stks SMD @ 11.2 ppg
		4 1/2	36			200		mix 150 stks EA-2 @ 15.6 ppg
								wash out Pump + Lines Release Top Latch Down Plug
	0615	6 1/2	0			100		Start Displacement - KCL in 1st tank
		6 1/2	30			300		Lift Pressure
		6 1/2	71			400		Circulate Cement to Surface 50 stks
		6 1/2	98			1000		Max lift Pressure
	0630	6 1/2	99.8			2000		Land Latch Down Plug
								Release Pressure * Plug Hold *
								wash up truck
	0700							Job Complete

Thank You
Dave Preston Gleason



WELLSITE GEOLOGIST'S REPORT

VERNON C. SCHRAG
CONSULTANT GEOLOGIST



Scale 1:240 (5"=100') Imperial

Well Name: WERTH #5
Location: SE NW NW SE SEC 07-14S-25W
Licence Number: API: 15-195-23068
Spud Date: September 12, 2018
Surface Coordinates: 2250' FSL & 2000' FEL

Region: Trego Co., KS
Drilling Completed: September 19, 2018

Bottom Hole Coordinates:
Ground Elevation (ft): 2411' **K.B. Elevation (ft):** 2416'
Logged Interval (ft): 3400' **To:** RTD **Total Depth (ft):** 4338'
Formation: Mississippi
Type of Drilling Fluid: Chemical Premix (Displaced)

Printed by MUD.LOG from WellSight Systems 1-800-447-1534 www.WellSight.com

OPERATOR:

Company: CARMEN SCHMITT, INC.
Address: P.O. Box 47
 Great Bend, KS 67530-0047

DRILLING CONTRACTOR:

Murfin Drilling Co., Rig #16

DP 4.5" XH (16.6# XH); DC 495.12' x 6-1/4" x 2-1/4", Kelly 39.75', Tool Joint 5.5" ; Bit: HTC GX20C, 7-7/8", standard jets 16-16-18; rpm 80, WOB 35k; Kelly Bushing 5' above ground level; Andrew "Andy" Dinkle (tool pusher).

CASING:

211', 23#, 8 5/8" surface casing set @ 218'
 set 14#, 5+1/2" production casing at 4131'.

CIRCULATION SYSTEM:

Continental EMSCO D-375, duplex, 6 x 14, 58-59 spm, Chemical, premix, earth pits, displaced about 3300', MudCo/Service Mud, Inc., Hays, KS, Gary Schmidtberger.

DRILL STEM TESTS:

Trilobite Testing, Inc., Hays, KS

CORES:

Cored Kansas City "J", "K" and "L" zones from 3898' to 3958' (rotary). Recovered 60', marked & cut into 3' sections to StimLab, Oklahoma City, OK.

OPEN HOLE LOGS:

DN, DI (SP), ML (single run); No Sonic; 5" detail LTD-3400; 2" DI to surface casing; Pioneer Wireline Services, Hays, KS, Log total depth (4336') was two feet short to rotary total depth (4338').

ROP ROP (min/ft) _____ Five _____ Ten _____							Total Gas TG (units) _____ Fifty _____ One _____		
		DST	Lithology	Porosity and Show	Depth	Geological Descriptions			
0	ROP	15			1850		0	Hot-Wire	100
						1870 (+546)			
						1900			
						1914 (+502)			
						1950			



DRILL STEM TEST REPORT

Prepared For: **Carmen Schmitt Inc**

PO Box 47
Great Bend, KS 67530+0047

ATTN: Vern Schrag

Werth #5

7-14S-25W Trego,KS

Start Date: 2018.09.18 @ 10:42:00

End Date: 2018.09.18 @ 15:11:02

Job Ticket #: 63463 DST #: 1

Trilobite Testing, Inc
1515 Commerce Parkway Hays, KS 67601
ph: 785-625-4778 fax: 785-625-5620

Printed: 2018.09.19 @ 14:35:52

Carmen Schmitt Inc
7-14S-25W Trego,KS
Werth #5
DST # 1
LKC L
2018.09.18



TRILOBITE TESTING, INC.

DRILL STEM TEST REPORT

Carmen Schmitt Inc
 PO Box 47
 Great Bend, KS 67530+0047
 ATTN: Vern Schrag

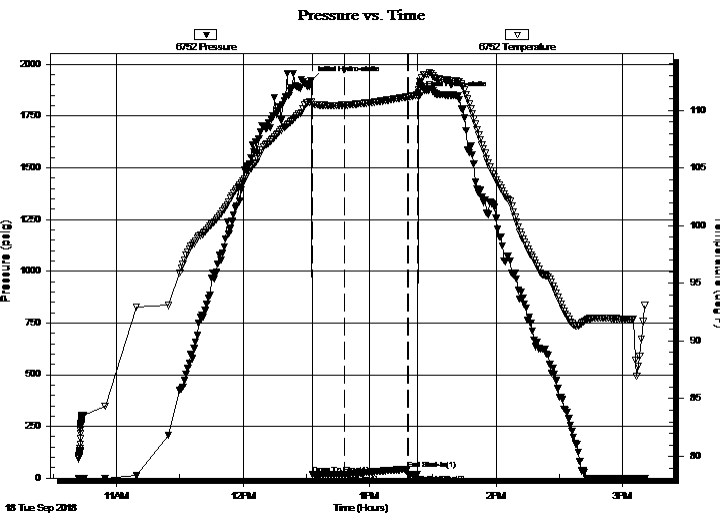
7-14S-25W Trego, KS
Werth #5
 Job Ticket: 63463 **DST#: 1**
 Test Start: 2018.09.18 @ 10:42:00

GENERAL INFORMATION:

Formation: **LKC L**
 Deviated: No Whipstock: ft (KB)
 Time Tool Opened: 12:33:02
 Time Test Ended: 15:11:02
 Interval: **3941.00 ft (KB) To 3968.00 ft (KB) (TVD)**
 Total Depth: 3968.00 ft (KB) (TVD)
 Hole Diameter: 7.88 inches Hole Condition: Fair
 Test Type: Conventional Bottom Hole (Initial)
 Tester: Ken Swinney
 Unit No: 72
 Reference Elevations: 2416.00 ft (KB)
 2411.00 ft (CF)
 KB to GR/CF: 5.00 ft

Serial #: 6752 Outside
 Press@RunDepth: 17.68 psig @ 3943.00 ft (KB) Capacity: psig
 Start Date: 2018.09.18 End Date: 2018.09.18 Last Calib.: 2018.09.18
 Start Time: 10:42:01 End Time: 15:11:02 Time On Btm: 2018.09.18 @ 12:32:32
 Time Off Btm: 2018.09.18 @ 13:23:47

TEST COMMENT: IFP 15 Minutes Blow built just below surface then weak surface throughout
 ISI 30 Minutes No blow back
 FFP 5 Minutes Dead no blow - Pull test



PRESSURE SUMMARY

Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	1919.88	110.70	Initial Hydro-static
1	16.41	110.48	Open To Flow (1)
16	17.68	110.44	Shut-In(1)
46	43.04	111.13	End Shut-In(1)
46	19.36	111.15	Open To Flow (2)
51	19.10	111.33	Shut-In(2)
52	1849.17	111.99	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
1.00	Mud 100%	0.00

Gas Rates

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



TRILOBITE TESTING, INC.

DRILL STEM TEST REPORT

Carmen Schmitt Inc
 PO Box 47
 Great Bend, KS 67530+0047
 ATTN: Vern Schrag

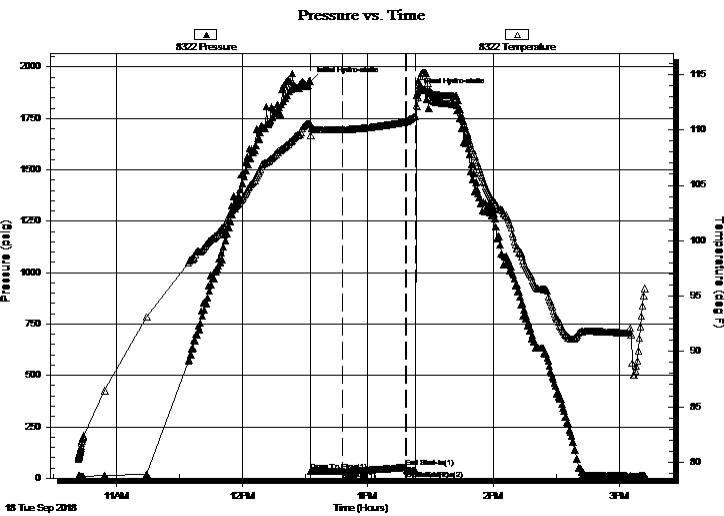
7-14S-25W Trego, KS
Werth #5
 Job Ticket: 63463 **DST#: 1**
 Test Start: 2018.09.18 @ 10:42:00

GENERAL INFORMATION:

Formation: **LKC L**
 Deviated: No Whipstock: ft (KB)
 Time Tool Opened: 12:33:02
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 Interval: **3941.00 ft (KB) To 3968.00 ft (KB) (TVD)**
 Total Depth: 3968.00 ft (KB) (TVD)
 Hole Diameter: 7.88 inches Hole Condition: Fair
 Test Type: Conventional Bottom Hole (Initial)
 Tester: Ken Swinney
 Unit No: 72
 Reference Elevations: 2416.00 ft (KB)
 2411.00 ft (CF)
 KB to GR/CF: 5.00 ft

Serial #: 8322 Inside
 Press@RunDepth: 52.42 psig @ 3942.00 ft (KB) Capacity: psig
 Start Date: 2018.09.18 End Date: 2018.09.18 Last Calib.: 2018.09.18
 Start Time: 10:42:01 End Time: 15:12:17 Time On Btm: 2018.09.18 @ 12:32:32
 Time Off Btm: 2018.09.18 @ 13:23:32

TEST COMMENT: IFP 15 Minutes Blow built just below surface then weak surface throughout
 ISI 30 Minutes No blow back
 FFP 5 Minutes Dead no blow - Pull test



PRESSURE SUMMARY

Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	1930.54	110.53	Initial Hydro-static
1	35.54	109.49	Open To Flow (1)
16	33.12	110.03	Shut-In(1)
46	52.42	110.73	End Shut-In(1)
46	37.50	110.77	Open To Flow (2)
50	35.38	111.25	Shut-In(2)
51	1877.78	112.11	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
1.00	Mud 100%	0.00

Gas Rates

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



**TRILOBITE
TESTING, INC.**

DRILL STEM TEST REPORT

TOOL DIAGRAM

Carmen Schmitt Inc
 PO Box 47
 Great Bend, KS 67530+0047
 ATTN: Vern Schrag

7-14S-25W Trego, KS
Werth #5
 Job Ticket: 63463 **DST#: 1**
 Test Start: 2018.09.18 @ 10:42:00

Tool Information

Drill Pipe:	Length: 3899.00 ft	Diameter: 3.80 inches	Volume: 54.69 bbl	Tool Weight: 2000.00 lb
Heavy Wt. Pipe:	Length: 0.00 ft	Diameter: 0.00 inches	Volume: 0.00 bbl	Weight set on Packer: 20000.00 lb
Drill Collar:	Length: 30.00 ft	Diameter: 2.25 inches	Volume: 0.15 bbl	Weight to Pull Loose: 60000.00 lb
			<u>Total Volume: 54.84 bbl</u>	Tool Chased 0.00 ft
Drill Pipe Above KB:	15.00 ft			String Weight: Initial 56000.00 lb
Depth to Top Packer:	3941.00 ft			Final 56000.00 lb
Depth to Bottom Packer:	ft			
Interval between Packers:	27.00 ft			
Tool Length:	54.00 ft			
Number of Packers:	2	Diameter: 6.75 inches		

Tool Comments:

Tool Description	Length (ft)	Serial No.	Position	Depth (ft)	Accum. Lengths
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Shut-In Tool	5.00			3919.00	
Hydraulic tool	5.00			3924.00	
Jars	5.00			3929.00	
Safety Joint	2.00			3931.00	
Top Packer	5.00			3936.00	
Packer	5.00			3941.00	27.00 Bottom Of Top Packer
Recorder	1.00	8322	Inside	3942.00	
Recorder	1.00	6752	Outside	3943.00	
Anchor	22.00			3965.00	
Bullnose	3.00			3968.00	27.00 Anchor Tool
Total Tool Length:	54.00				



**TRILOBITE
TESTING, INC.**

DRILL STEM TEST REPORT

FLUID SUMMARY

Carmen Schmitt Inc
PO Box 47
Great Bend, KS 67530+0047
ATTN: Vern Schrag

7-14S-25W Trego, KS
Werth #5
Job Ticket: 63463 **DST#: 1**
Test Start: 2018.09.18 @ 10:42:00

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: 55.00 sec/qt	Cushion Volume: bbl		
Water Loss: 5.79 in ³	Gas Cushion Type:		
Resistivity: ohm.m	Gas Cushion Pressure: psig		
Salinity: 8000.00 ppm			
Filter Cake: 1.00 inches			

Recovery Information

Recovery Table

Length ft	Description	Volume bbl
1.00	Mud 100%	0.005

Total Length: 1.00 ft Total Volume: 0.005 bbl

Num Fluid Samples: 0 Num Gas Bombs: 0 Serial #:

Laboratory Name: Laboratory Location:

Recovery Comments:

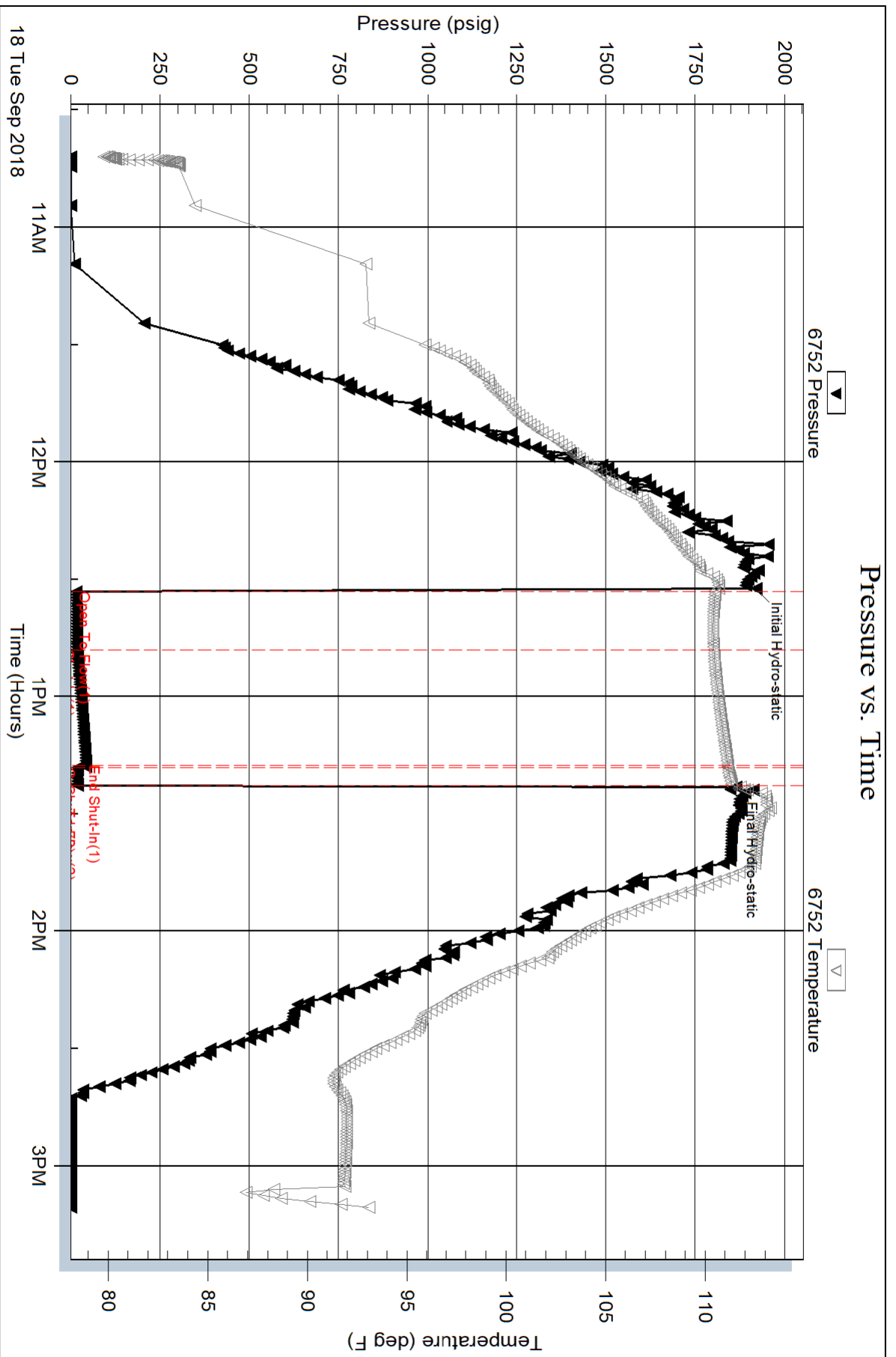
Serial #: 6752

Outside

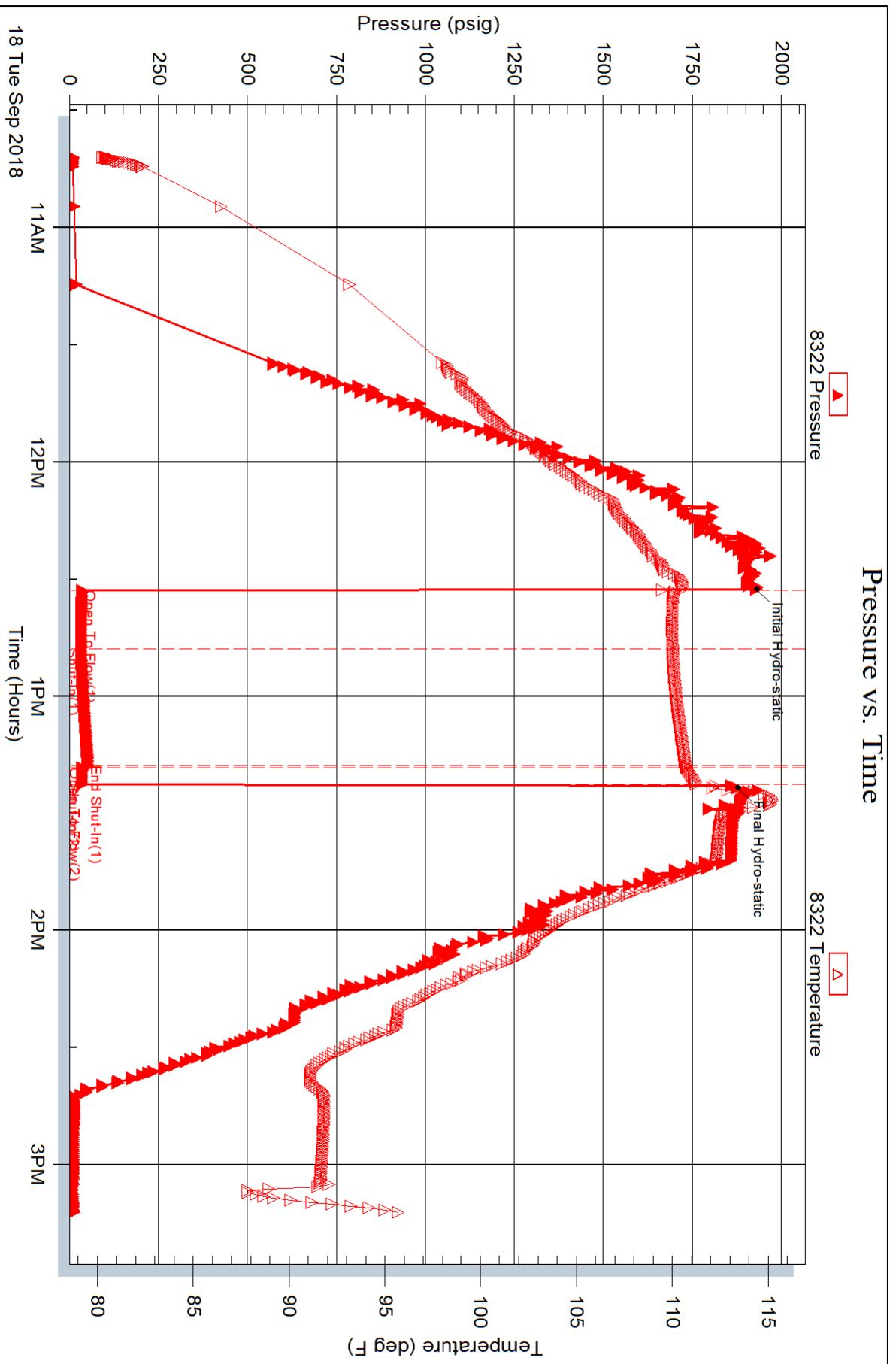
Carmen Schmitt Inc

Werth #5

DST Test Number: 1



Pressure vs. Time





TRILOBITE TESTING INC.

1515 Commerce Parkway • Hays, Kansas 67601

Test Ticket

NO. 63463

Well Name & No. Werth #5 Test No. 1 Date 18 Sep 18
 Company Carmen Schmitt Inc. Elevation 2416 KB 2411 GL
 Address PO Box 47 Great Bend Kansas 67530+0047
 Co. Rep / Geo. Vern Schrag Rig Martin Rig 16
 Location: Sec. 7 Twp 14S Rge. 25W Co. Trego State KS

Interval Tested 3941-3968 Zone Tested Kansas City zone L
 Anchor Length 27 Drill Pipe Run 3899 Mud Wt. 9.3
 Top Packer Depth 3936 Drill Collars Run 30 Vis 55
 Bottom Packer Depth 3941 Wt. Pipe Run — WL 5.8
 Total Depth 3968 Chlorides 8000 ppm System LCM 2#

Blow Description I.F. Blow built to just below surface then weak surface throughout
I.S.I. No blow back
E.F. Dead no blow / Pull test

Rec	Feet of	%gas	%oil	%water	%mud
<u>1</u>	<u>Mud</u>			<u>100</u>	

Rec Total 1 BHT _____ Gravity _____ API RW _____ @ _____ °F Chlorides _____ ppm

(A) Initial Hydrostatic 1919 Test 1050 T-On Location 9:35 am
 (B) First Initial Flow 16 Jars 250 T-Started 10:42 am
 (C) First Final Flow 17 Safety Joint 75 T-Open 12:32 pm
 (D) Initial Shut-In 43 Circ Sub _____ T-Pulled 1:22 pm
 (E) Second Initial Flow 19 Hourly Standby _____ T-Out 3:12 pm
 (F) Second Final Flow 19 Mileage 122 122 Comments _____
 (G) Final Shut-In _____ Sampler _____
 (H) Final Hydrostatic 1849 Straddle _____ Ruined Shale Packer _____
 Shale Packer _____ Ruined Packer _____
 Extra Packer _____ Extra Copies _____
 Initial Open 15 Extra Recorder _____ Sub Total 0
 Initial Shut-In 30 Day Standby _____ Total 1497
 Final Flow 5 Accessibility _____ MP/DST Disc't _____
 Final Shut-In _____ Sub Total 1497

Approved By Vern C. Schrag Our Representative [Signature]

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