

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 Recompletion Date	Date Reached TD	Completion Date or Recompletion Date
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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	PFAFF 1
Doc ID	1592219

Tops

Name	Top	Datum
Anhydrite	1520	860
Topeka	3561	-1181
Heebner Sh.	3949	-1569
Toronto	3966	-1586
Lansing	4024	-1644
Stark Shale	4328	-1948
B/ KC	4442	-2062
Marmaton	4456	-2076
Pawnee	4558	-2178
Ft.Scott	4586	-2206
Cherokee	4610	-2230
Miss	4688	-2308



# COPELAND

## Acid & Cement

BURRTON, KS    ♦    GREAT BEND, KS  
 (620) 463-5161    (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:  
**C60414-IN**

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

**LEASE: NEW WELL PFAFF #1**

DATE	ORDER	SALESMAN	ORDER DATE	PURCHASE ORDER	SPECIAL INSTRUCTIONS	
10/13/2021	60414		10/09/2021	NEW WELL PFAFF #1	NET 30	
QUANTITY	U/M	ITEM NO./DESCRIPTION		D/C	PRICE	EXTENSION
		NEW WELL				
35.00	MI	MILEAGE PICKUP		0.00	2.00	70.00
35.00	MI	MILEAGE CEMENT PUMP TRUCK		0.00	4.00	140.00
1.00	EA	PUMP CHARGE SURFACE		0.00	1,100.00	1,100.00
200.00	SK	60/40 POZ MIX 2% GEL		0.00	11.25	2,250.00
11.00	SK	CALCIUM CHLORIDE		0.00	40.00	440.00
211.00	EA	BULK CHARGE		0.00	1.25	263.75
324.94	MI	BULK TRUCK - TON MILES		0.00	1.10	357.43
		<i>7/10/43</i> <i>19910.0001</i> <i>Well Rite</i> <i>BCP "Surface Cement"</i>				
<b>REMIT TO:</b> P.O. BOX 438 HAYSVILLE, KS 67060		COP		Net Invoice:		4,621.18
		FUEL SURCHARGE IS NOT TAXABLE AND IS ADDED TO MILEAGE, PUMP AND OR DELIVERY CHARGES ONLY.		HODCO Sales Tax:		205.79
<b>RECEIVED BY</b> _____		<b>NET 30 DAYS</b>		<b>Invoice Total:</b>		<b>4,826.97</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.





# Saman Sharfaie

## Petroleum Geologist

### GEOLOGIST'S REPORT

#### DRILLING TIME AND SAMPLE LOG

COMPANY: Carman Schmitt Inc.

LEASE: Plat #1

FIELD: Wildcat

LOCATION: 900' ENL & 1250' FWL

SEC: 21 TWP: 24S RGE: 23W

COUNTY: Howard STATE: Kansas

CONTRACTOR: LD Drilling #1

RTPD: 10/06/21 COMP: 10/19/21

SPUD: 4800' TYPE MUD: Chemical

MUD UP: 3300' TYPED MUD: Chemical

SAMPLES SAVED FROM: 3450' TO RTD

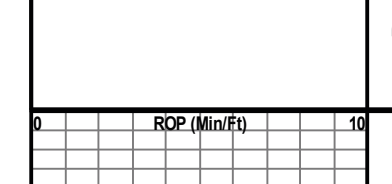
DRILLING TIME KEPT FROM: 3450' TO RTD

SAMPLES EXAMINED FROM: 3450' TO RTD

GEOLOGICAL SUPERVISION FROM: 3300'

REFERENCE WELL: C. Schmitt Inc. - Holman #1

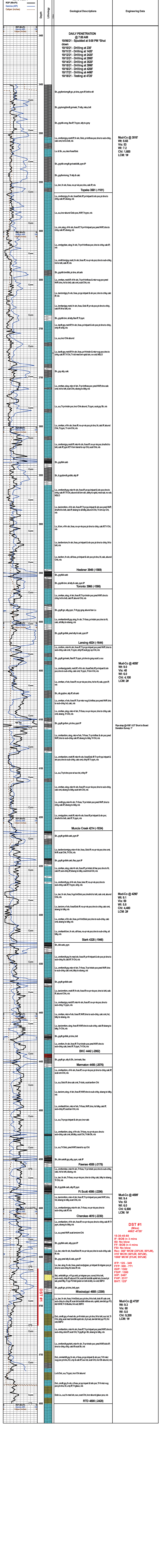
Formation	Sample Tops	E-log Tops	Strat Pos.
Anhydrite	1520 (+858)	1520 (+860)	-6
Topoksa	3560 (-1180)	3561 (-1181)	-26
Healdsburg	3048 (-1568)	3049 (-1569)	-27
Starks	4016 (-1636)	4024 (-1644)	-34
Lehigh	4325 (-1945)	4328 (-1948)	-34
Private	4534 (-2154)	4538 (-2158)	-26
FT Scott	4584 (-2204)	4586 (-2206)	-25
Cherokee	4608 (-2228)	4610 (-2230)	-25
Mississippi	4696 (-2316)	4698 (-2318)	-16



REMARKS Due to poor to shows of oil in multiple potential pay zones and negative DST results, it is recommended and agreed upon by all parties that this well should be plugged and abandoned.

Respectfully Submitted,  
Saman Sharfaie  
Petroleum Geologist

API #15-083-21994  
\*Tops have been adjusted to electric logs



Mud-Co @ 3518'  
Wt: 8.65  
Vis: 53  
Wt: 7.2  
Chl: 1,600  
LCM: 1#

Mud-Co @ 4058'  
Wt: 9.0  
Vis: 48  
Wt: 6.0  
Chl: 4,100  
LCM: 2#

Mud-Co @ 4290'  
Wt: 9.1  
Vis: 59  
Wt: 5.8  
Chl: 4,400  
LCM: 2#

Mud-Co @ 4599'  
Wt: 9.3  
Vis: 53  
Wt: 6.0  
Chl: 6,500  
LCM: 1#

DST #1  
(Miss)  
4662'-4720'  
15-30-45-60  
IF: BOB in 3 mins  
IS: No blow  
FF: BOB in 4 mins  
FSI: No blow  
Res: 360' WCM (20%W, 80%M),  
315' MCW (50%W, 50%M),  
1008' MCW (5%W, 95%M)

Mud-Co @ 4720'  
Wt: 9.0  
Vis: 60  
Wt: 8.0  
Chl: 9,200  
LCM: 1#





**TRILOBITE  
TESTING, INC**

# DRILL STEM TEST REPORT

Carmen Schmitt Inc  
P.O. Box 47  
Great Bend, KS 67530  
ATTN: Saman Sharifaie

**21-24s-23w Hodgeman, KS**  
**Pfaff #1**  
Job Ticket: 67399 **DST#: 1**  
Test Start: 2021.10.18 @ 02:07:46

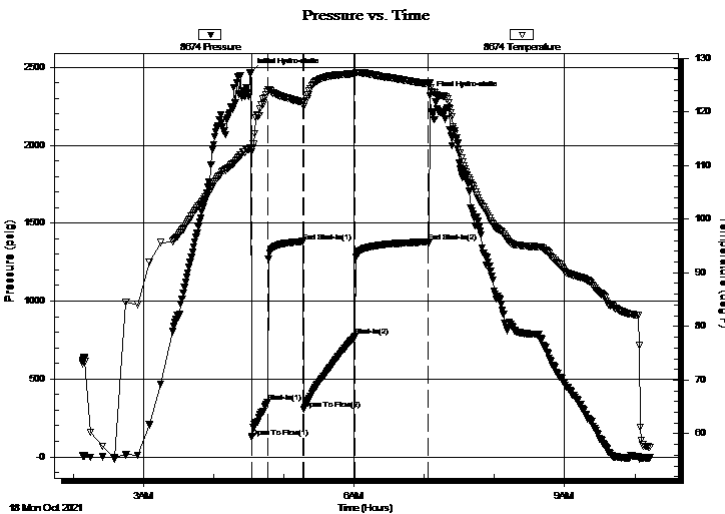
## GENERAL INFORMATION:

Formation: **Miss**  
Deviated: No Whipstock: ft (KB)  
Time Tool Opened: 04:32:11  
Time Test Ended: 10:13:10  
Test Type: Conventional Bottom Hole (Initial)  
Tester: Brandon Turley  
Unit No: 79  
Interval: **4662.00 ft (KB) To 4720.00 ft (KB) (TVD)**  
Reference Elevations: 2380.00 ft (KB)  
Total Depth: 4720.00 ft (KB) (TVD) 2375.00 ft (CF)  
Hole Diameter: 7.88 inches Hole Condition: KB to GR/CF: 5.00 ft

**Serial #: 8674 Outside**  
Press@RunDepth: 771.88 psig @ 4663.00 ft (KB) Capacity: 8000.00 psig  
Start Date: 2021.10.18 End Date: 2021.10.18 Last Calib.: 2021.10.18  
Start Time: 02:07:46 End Time: 10:13:10 Time On Btm: 2021.10.18 @ 04:31:11  
Time Off Btm: 2021.10.18 @ 07:04:40

**TEST COMMENT:** IF: BOB in 3 mins. 46"  
IS: No return.  
FF: BOB in 4 min. 108"  
FS: No return. 15-30-45-60

## PRESSURE SUMMARY



Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	2467.00	113.31	Initial Hydro-static
1	125.06	112.60	Open To Flow (1)
15	349.64	123.63	Shut-In(1)
45	1382.85	121.84	End Shut-In(1)
46	308.10	120.94	Open To Flow (2)
90	771.88	127.08	Shut-In(2)
152	1380.28	125.22	End Shut-In(2)
154	2317.53	125.35	Final Hydro-static

## Recovery

Length (ft)	Description	Volume (bbl)
1008.00	mcw 95%w 5%m	14.14
315.00	mcw 50%w 50%m	4.42
360.00	w cm 20%w 80%m	5.05
0.00	H2S 10 ppm	0.00

## Gas Rates

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



**TRILOBITE TESTING, INC**

# DRILL STEM TEST REPORT

Carmen Schmitt Inc  
P.O. Box 47  
Great Bend, KS 67530  
ATTN: Saman Sharifaie

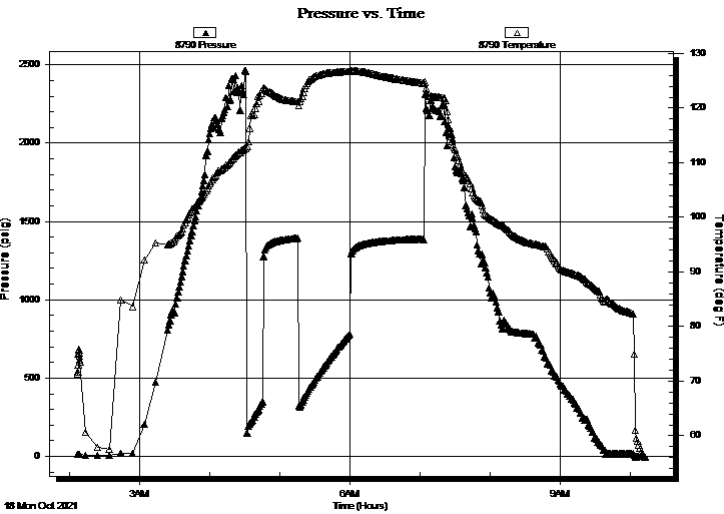
**21-24s-23w Hodgeman,KS**  
**Pfaff #1**  
Job Ticket: 67399      **DST#: 1**  
Test Start: 2021.10.18 @ 02:07:46

## GENERAL INFORMATION:

Formation: **Miss**  
Deviated: No Whipstock:      ft (KB)      Test Type: Conventional Bottom Hole (Initial)  
Time Tool Opened: 04:32:11      Tester: Brandon Turley  
Time Test Ended: 10:13:10      Unit No: 79  
**Interval: 4662.00 ft (KB) To 4720.00 ft (KB) (TVD)**      Reference Elevations: 2380.00 ft (KB)  
Total Depth: 4720.00 ft (KB) (TVD)      2375.00 ft (CF)  
Hole Diameter: 7.88 inches      Hole Condition:      KB to GR/CF: 5.00 ft

**Serial #: 8790**      **Inside**  
Press@RunDepth:      psig @ 4663.00 ft (KB)      Capacity: 8000.00 psig  
Start Date: 2021.10.18      End Date: 2021.10.18      Last Calib.: 2021.10.18  
Start Time: 02:07:05      End Time: 10:12:29      Time On Btm:  
Time Off Btm:

**TEST COMMENT:** IF: BOB in 3 mins. 46"  
IS: No return.  
FF: BOB in 4 min. 108"  
FS: No return. 15-30-45-60



## PRESSURE SUMMARY

Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation

## Recovery

Length (ft)	Description	Volume (bbl)
1008.00	mcw 95%w 5%m	14.14
315.00	mcw 50%w 50%m	4.42
360.00	w cm 20%w 80%m	5.05
0.00	H2S 10 ppm	0.00

## Gas Rates

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



**TRILOBITE  
TESTING, INC**

# DRILL STEM TEST REPORT

**FLUID SUMMARY**

Carmen Schmitt Inc

**21-24s-23w Hodgeman,KS**

P.O. Box 47  
Great Bend, KS 67530

**Pfaff #1**

Job Ticket: 67399

**DST#: 1**

ATTN: Saman Sharifaie

Test Start: 2021.10.18 @ 02:07:46

## Mud and Cushion Information

Mud Type: Gel Chem

Cushion Type:

Oil API:

0 deg API

Mud Weight: 9.00 lb/gal

Cushion Length:

ft

Water Salinity:

23000 ppm

Viscosity: 53.00 sec/qt

Cushion Volume:

bbbl

Water Loss: 6.00 in<sup>3</sup>

Gas Cushion Type:

Resistivity: 0.00 ohm.m

Gas Cushion Pressure:

psig

Salinity: 6500.00 ppm

Filter Cake: 1.00 inches

## Recovery Information

Recovery Table

Length ft	Description	Volume bbl
1008.00	mcw 95%w 5%m	14.140
315.00	mcw 50%w 50%m	4.419
360.00	w cm 20%w 80%m	5.050
0.00	H2S 10 ppm	0.000

Total Length: 1683.00 ft      Total Volume: 23.609 bbl

Num Fluid Samples: 0

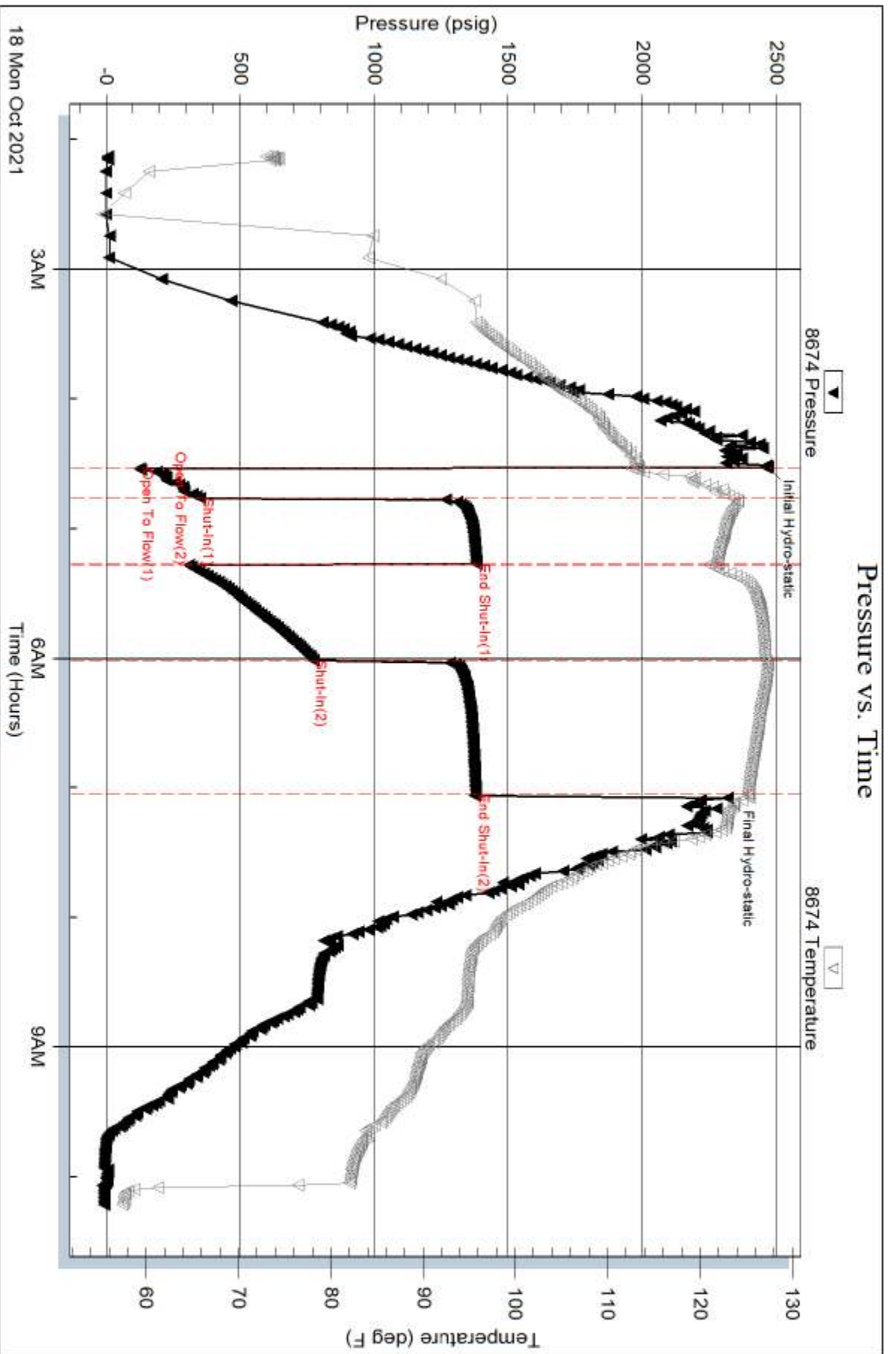
Num Gas Bombs: 0

Serial #:

Laboratory Name:

Laboratory Location:

Recovery Comments: .43@49=23000



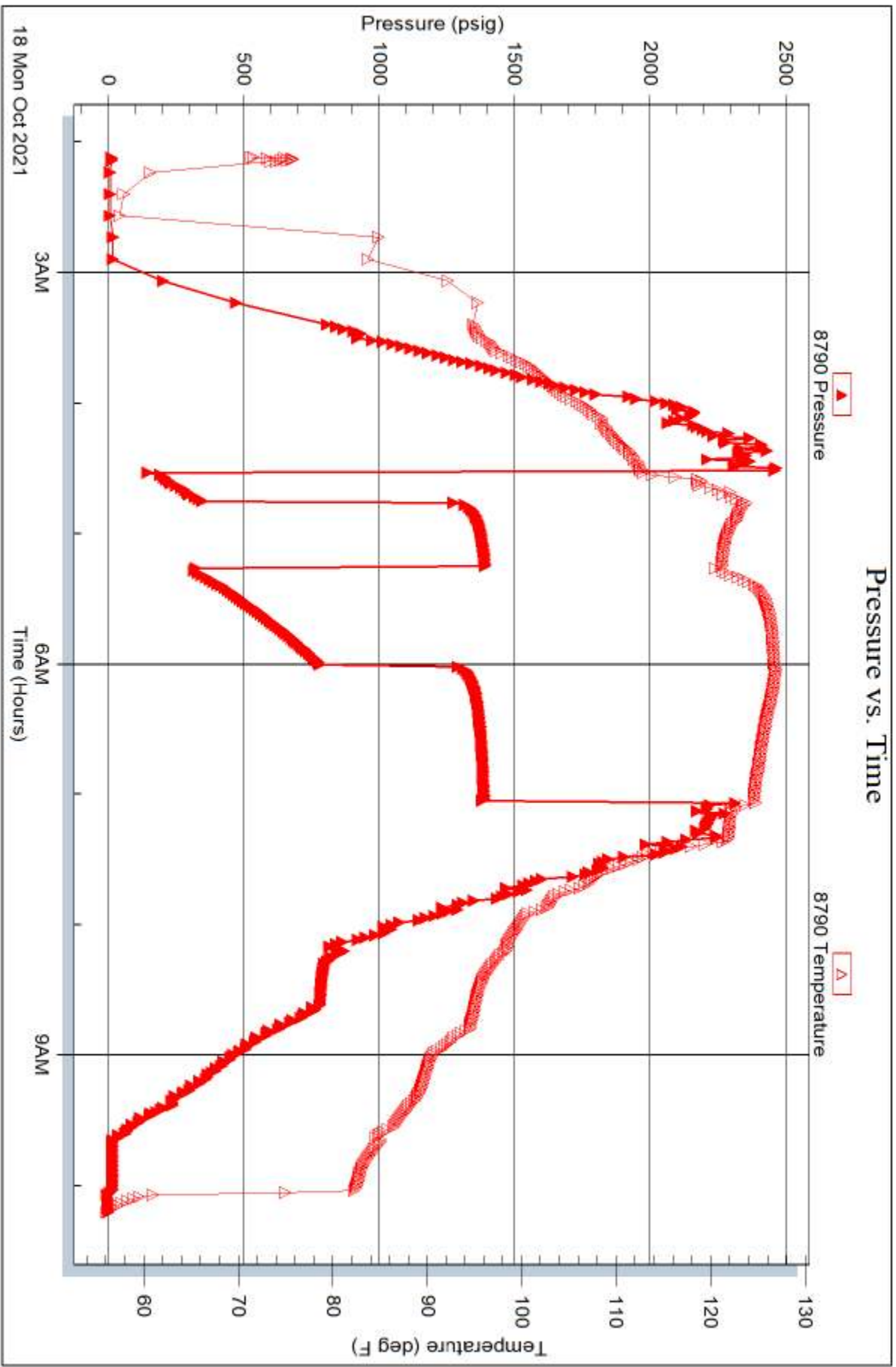
Serial #: 8790

Inside

Carmen Schmitt Inc

Piaff #1

DST Test Number: 1



Trilobite Testing, Inc

Ref. No: 67399

Printed: 2021.10.18 @ 10:46:42