

FORM MUST BE TYPED

7858

SIDE ONE

25-16-20W
COPY

STATE CORPORATION COMMISSION OF KANSAS
OIL & GAS CONSERVATION DIVISION
WELL COMPLETION FORM
ACG-1 WELL HISTORY
DESCRIPTION OF WELL AND LEASE

Operator: License # 6569

Name: Carmen Schmitt, Inc.

Address P.O. Box 47

City/State/Zip Great Bend, KS 67530

Purchaser: _____

Operator Contact Person: Carmen Schmitt

Phone (316) 793-5100

Contractor: Name: Duke Drilling Co., Inc.

License: 5929

Wellsite Geologist: STEVE D. PARKER

Designate Type of Completion

- New Well Re-Entry Workover
- Oil SWD SIOW Temp. Abd.
- Gas ENHR SIGW
- Dry Other (Core, WSW, Expl., Cathodic, etc)

If Workover/Re-Entry: old well info as follows:

Operator: _____

Well Name: _____

Comp. Date _____ Old Total Depth _____

- Deepening Re-perf. Conv. to Inj/SWD
- Plug Back PSTD
- Commingled Docket No. _____
- Dual Completion Docket No. _____
- Other (SWD or Inj?) Docket No. _____

12-07-92 12-13-92
Spud Date Date Reached TD Completion Date

API NO. 15- 165-21,623

County Rush

W/2 NW SW Sec. 25 Twp. 16 Rge. 20

1980 Feet from WN (circle one) Line of Section

4950 Feet from EW (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:
NE, SE, NW or SW (circle one)

Lease Name Bucl Well # 1

Field Name _____

Producing Formation _____

Elevation: Ground _____ KB _____

Total Depth 3910 PSTD _____

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 3-18-93
(Data must be collected from the Reserve Pit)

Chloride content 45,000 ppm Fluid volume 900 bbls

Dewatering method used _____

Location of fluid disposal if hauled offsite: _____

Operator Name _____

Lease Name _____ License No. _____

Quarter _____ Sec. _____ Twp. _____ S Rng. _____ E/W

County _____ Docket No. _____

INSTRUCTIONS: An original and two copies of this form shall be filed with the Kansas Corporation Commission, 200 Colorado Derby Building, Wichita, Kansas 67202, within 120 days of the spud date, recompletion, workover or conversion of a well. Rule 82-3-130, 82-3-106 and 82-3-107 apply. Information on side two of this form will be held confidential for a period of 12 months if requested in writing and submitted with the form (see rule 82-3-107 for confidentiality in excess of 12 months). One copy of all wireline logs and geologist well report shall be attached with this form. ALL CEMENTING TICKETS MUST BE ATTACHED. Submit CP-4 form with all plugged wells. Submit CP-111 form with all temporarily abandoned wells.

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.

Signature Carmen Schmitt

Title CARMEN SCHMITT PRES. Date 2-25-93

Subscribed and sworn to before me this 25 day of FEB 1993.

Notary Public Kathleen Hutschmann

Date Commission Expires 4-30-96

NOTARY PUBLIC - State of Kansas
KATHLEEN HITSCHMANN
My Appt. Exp. 4-30-96

RECEIVED
K.C.C. OFFICE USE ONLY
STATE CORPORATION COMMISSION

F Letter of Confidentiality Attached
C Wireline Log Received
C Geologist Report Received

MAR 2 1993

Distribution
 KCC SWD/Rep
 KCS Plug Other (Specify)

SIDE TWO

Operator Name Carmen Schmitt, Inc.

Lease Name Bucl

Well # 1

Sec. 25 Twp. 16 Rge. 20

East

County Rush

West

INSTRUCTIONS: Show important tops and base of formations penetrated. Detail all cores. Report all drill stem 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 during test. Attach extra sheet if more space is needed. Attach copy of log.

Drill Stem Tests Taken Yes No
(Attach Additional Sheets.)

Samples Sent to Geological Survey Yes No

Cores Taken Yes No

Electric Log Run Yes No
(Submit Copy.)

List All E.Logs Run:

Log Formation (Top), Depth and Returns Sample

Name	Top	Datum
ANHYDRITE	1343 +772	
B/ANDYDRITE	1378 +737	
TOPEKA	3130 -1015	
HEEBNER	3426 -1311	
TORONTO	3445 -1330	
LANSING KANSAS CITY	3472 -1357	
BASE KANSAS CITY	3736 -1621	
PAWNEE	3794 -1679	
ARBUCKLE	3867 -1752	

CASING RECORD

New 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
Surface	12 1/4"	8-5/8"	20#	220	60/40 poz	140	2% gel 3% cc

ADDITIONAL CEMENTING/SQUEEZE RECORD

Purpose: <input type="checkbox"/> Perforate <input type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> Plug Off Zone	Depth		Type of Cement	#Sacks Used	Type and Percent Additives
	Top	Bottom			

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type		Acid, Fracture, Shot, Cement Squeeze Record	
	Specify Footage of Each Interval Perforated		(Amount and Kind of Material Used)	Depth

TUBING RECORD	Size	Set At	Packer At	Liner Run
				<input type="checkbox"/> Yes <input type="checkbox"/> No

Date of First, Resumed Production, SWD or Inj.	Producing Method
	<input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)

Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity

Disposition of Gas:

METHOD OF COMPLETION

Production Interval

Vented Sold Used on Lease
(If vented, submit ACD-18.)

Open Hole Perf. Dually Comp. Commingled
 Other (Specify) _____