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KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

COPY

Form ACO-1
September 1999
Form Must Be Typed

OCT 31 2001

WELL COMPLETION FORM

KCC WICHITA WELL HISTORY - DESCRIPTION OF WELL & 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: (620) 793 8100

Contractor: Name: Shields Oil Producers, Inc.

License: 5184

Wellsite Geologist: Richard P. O'Donnell

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: _____

Original Comp. Date: _____ Original Total Depth: _____

_____ Deepening _____ Re-perf. _____ Conv. to Enhr./SWD

_____ Plug Back _____ Plug Back Total Depth

_____ Commingled _____ Docket No. _____

_____ Dual Completion _____ Docket No. _____

_____ Other (SWD or Enhr.?) _____ Docket No. _____

8-25-01 9-4-01 9-4-01

Spud Date or Recompletion Date Date Reached TD Completion Date or Recompletion Date

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API No. 15 - 135-24143-0000

County: Ness

nw-sw-nw Sec. 35 Twp. 18 S. R. 25 East West

3580 FSL feet from (S) N (circle one) Line of Section

165 FWL feet from E (W) (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:

(circle one) NE SE (NW)

Lease Name: Miner Well #: 1-35

Field Name: _____

Producing Formation: _____

Elevation: Ground: 2406 Kelly Bushing: 2411

Total Depth: 4454 Plug Back Total Depth: _____

Amount of Surface Pipe Set and Cemented at 211 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) Y + A 2 EN 4.2.03

Chloride content 15300 ppm Fluid volume 1000 bbls

Dewatering method used Evaporate

Location of fluid disposal if hauled offsite: _____

Operator Name: _____

Lease Name: _____ License No.: _____

Quarter _____ Sec. _____ Twp. _____ S. R. _____ East West

County: _____ Docket No.: _____

INSTRUCTIONS: An original and two copies of this form shall be filed with the Kansas Corporation Commission, 130 S. Market - Room 2078, 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 of 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: Secretary Date: 10-29-01

Subscribed and sworn to before me this 29 day of October

10-2001.

Notary Public: Ernie Schick

Date Commission Expires: 12-13-2003

KCC Office Use ONLY

- Letter of Confidentiality Attached
- If Denied, Yes Date: _____
- Wireline Log Received
- Geologist Report Received
- _____ UIC Distribution

Operator Name: Carmen Schmitt Inc. Lease Name: Miner Well #: 1-35
Sec. 35 Twp. 18 S. R. 25 East West County: Ness

INSTRUCTIONS: Show important tops and base 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. Attach copy of all Electric Wireline Logs surveyed. Attach final geological well site report.

| | | | | |
|---|---|---|----------------------------------|---------------------------------|
| Drill Stem Tests Taken <i>(Attach Additional Sheets)</i> | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <input checked="" type="checkbox"/> Log | Formation (Top), Depth and Datum | <input type="checkbox"/> Sample |
| Samples Sent to Geological Survey | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Name | Top | Datum |
| Cores Taken | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Anhydrite | 1683 | +728 |
| Electric Log Run <i>(Submit Copy)</i> | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Heebner | 3758 | -1347 |
| List All E. Logs Run: | | Base KC | 4117 | -1706 |
| Dual Compensated Porosity, Dual Induction | | Fort Scott | 4310 | -1899 |
| | | Mississippian | 4405 | -1994 |

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| CASING RECORD <input checked="" 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 |
| Surface | 12.25" | 8.625" | 20 | 211 | 60/40 poz | 150 | 3% cc 2% gel |
| | | | | | | | |
| | | | | | | | |

| 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 | | | | |
| | | | | |
| | | | | |

| 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 |
|----------------|---|--|-------|
| | | | |
| | | | |
| | | | |
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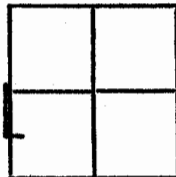
| | | | | | | |
|---|-----------|---------|--|---------------|-----------|--|
| TUBING RECORD | | Size | Set At | Packer At | Liner Run | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Date of First, Resumed Production, SWD or Enhr. | | | Producing Method | | | |
| | | | <input type="checkbox"/> 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 |
| <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Sumit ACO-16.)</i> | <input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <input type="checkbox"/> Other (Specify) _____ | |

Release

Operator: Carmen Schmitt, Inc.
Well: Miner #1-35
Commenced: August 25, 2001
Completed: September 4, 2001
Contractor: Shields Drilling Co.

Well Description: 165' W, 50'S of NW SW NW
Sec. 35-18S-25W
Ness County, Kansas



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CASING RECORD

Size Run Pulled
8 5/8" 211' Cmtd. w/150 sax

Elevation:
Treatment:

2,411'

Production:

D & A

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Tops: KCC

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..... Figures Indicate Bottom of Formations

| | |
|--------------|------------|
| Sand & shale | 1,685' |
| Anhydrite | 1,720' |
| Shale & sand | 1,818' |
| Shale | 3,882' |
| Lime | 4,453' RTD |