

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form ACO-1
September 1999
Form Must Be Typed

WELL COMPLETION FORM
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: _____ **1050**
Operator Contact Person: Carmen Schmitt **KB**
Phone: (620) 793 5100 **KCC**
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. _____
2-6-01 2-25-01
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

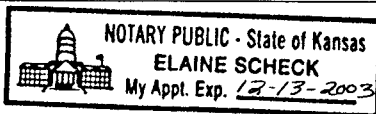
API No. 15 - 101-21786-0000
County: Lane
e2 - w2 - sw - Sec. 1 Twp. 18 S. R. 27 ☐ East ☒ West
1320' FSL _____ feet from S / N (circle one) Line of Section
1505' FWL _____ feet from E / W (circle one) Line of Section
Footages Calculated from Nearest Outside Section Corner:
(circle one) NE SE NW SW
Lease Name: Herl Well #: 1
Field Name: Delos SW
Producing Formation: _____
Elevation: Ground: 2566 Kelly Bushing: 2571
Total Depth: 4565 Plug Back Total Depth: _____
Amount of Surface Pipe Set and Cemented at 206 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 **D+A** **KB**
(Data must be collected from the Reserve Pit)
Chloride content 116000 ppm Fluid volume 1100 bbls
Dewatering method used Evaporation
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: 8-15-01
Subscribed and sworn to before me this 8 day of August 2001,
19 _____
Notary Public: Elaine Scheck
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

IOG

Operator Name: Carmen Schmitt Inc. Lease Name: Herl Well #: 1Sec. 1 Twp. 18 S. R. 27 ☐ East ☒ West County: Lane

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 ☐ Yes ☒ No
(Attach Additional Sheets)Samples Sent to Geological Survey ☐ Yes ☒ NoCores Taken ☐ Yes ☒ NoElectric Log Run ☒ Yes ☐ No
(Submit Copy)

List All E. Logs Run:

Radiation Guard Log

Sonic Log

☒ Log Formation (Top), Depth and Datum ☐ Sample

Name	Top	Datum
Anhydrite	1944	+ 627
Heebner Shale	3842	-1271
Lansing Kansas City	3882	-1311
Ft. Scott	4404	-1833
Mississippian	4504	-1933

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
	12.25"	8.625"	20	206	60/40 poz	160	2% gel 3% cc

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 (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 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

☐ Vented ☐ Sold ☐ Used on Lease
(If vented, Sumit ACO-18.)

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