

1/29/08

Form ACO-1
September 1999
Form Must Be Typed

CONFIDENTIAL

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

WELL COMPLETION FORM

WELL HISTORY - DESCRIPTION OF WELL & LEASE

Operator: License # 6569
Name: Carmen Schmitt Inc.
Address: PO Box 47
City/State/Zip: Great Bend, KS 67530
Purchaser: _____
Operator Contact Person: Jacob Porter
Phone: (620) 793-5100
Contractor: Name: Shields Drilling Company
License: 5184
Wellsite Geologist: Jacob Porter

KCC
JAN 29 2007
CONFIDENTIAL

Designate Type of Completion:
____ New Well ____ Re-Entry ____ Workover
 Oil ____ SWD ____ SLOW ____ 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. _____

<u>9/29/06</u>	<u>10/10/06</u>	<u>11/1/06</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 101-21953-0000
County: Lane
____ SE ____ NE ____ NE Sec. 14 Twp. 17s S. R. 30w East West
4290 fsl _____ feet from S / N (circle one) Line of Section
330 fel _____ feet from E / W (circle one) Line of Section
Footages Calculated from Nearest Outside Section Corner:
(circle one) NE SE NW SW
Lease Name: Goertz Well #: 1
Field Name: WC
Producing Formation: Marmaton / Fort Scott
Elevation: Ground: 2847' Kelly Bushing: 2852'
Total Depth: 4602' Plug Back Total Depth: _____
Amount of Surface Pipe Set and Cemented at 219' Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set 2295' Feet
If Alternate II completion, cement circulated from 2295'
feet depth to surface w/ 220 sks smd w 75# floce sx cmt.

Drilling Fluid Management Plan
(Data must be collected from the Reserve Pit)
Chloride content 7400 ppm Fluid volume 440 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: Jacob L Porter
Title: Operations Manager Date: 1/29/07
Subscribed and sworn to before me this 29 day of January,
20 07.
Notary Public: Elaine Scheck
Date Commission Expires: 12-13-07

NOTARY PUBLIC - State of Kansas
ELAINE SCHECK
My Appt. Exp. 12-13-07

KCC Office Use ONLY

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

RECEIVED
KANSAS CORPORATION COMMISSION
JAN 31 2007
CONSERVATION DIVISION
WICHITA, KS