

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: PO Box 47
City/State/Zip: Great Bend, Kansas 67530
Purchaser: _____
Operator Contact Person: Jacob Porter
Phone: (620) 793-2100
Contractor: Name: D S and W Well Servicing
License: 6901
Wellsite Geologist: _____

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: Cities Services Oil Company
Well Name: Kruse 301W

Original Comp. Date: 11-28-53 Original Total Depth: 3330'
____ 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. E-10258

| | |
|-----------------------------------|--|
| <u>1-25-74</u> | <u>1-25-74</u> |
| <u>4-17-53</u> | <u>11-28-53</u> |
| Spud Date or Recompletion Date | Date Reached TD Completion Date or Recompletion Date |

API No. 15 - 163-03552-00-01
County: Rooks
____ NW ____ NE ____ NE Sec. 11 Twp. 10 S. R. 16 East West
~~4050'~~ FSL 4971' feet from S / ~~N~~ (circle one) Line of Section
~~000'~~ FEL 1168' feet from E / ~~W~~ (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:
(circle one) NE SE NW SW
Lease Name: Kruse Well #: 301 INJ
Field Name: Erway
Producing Formation: _____
Elevation: Ground: 1926 Kelly Bushing: 1930
Total Depth: 3330 Plug Back Total Depth: 3200
Amount of Surface Pipe Set and Cemented at 151' 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.
ALT II WITH 10-9-06

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 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.

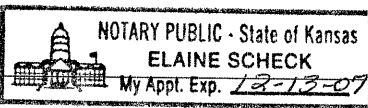
Signature: Jacob L Porter

Title: Operations Manager Date: 3/1/05

Subscribed and sworn to before me this 1st day of March, 2005.

Notary Public: Elaine Schek

Date Commission Expires: 12-13-07



KCC Office Use ONLY

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

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Operator Name: Carmen Schmitt, Inc Lease Name: Kruse Well #: 301 INJ
 Sec. 11 Twp. 10 S. R. 16 East West County: Rooks

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 No
 Cores Taken Yes No
 Electric Log Run Yes No
 (Submit Copy)
 List All E. Logs Run:

| <input type="checkbox"/> Log | Formation (Top), Depth and Datum | <input checked="" type="checkbox"/> Sample |
|------------------------------|----------------------------------|--|
| Name | Top | Datum |
| Topeks | 2794 | -864 |
| Toronto | 3049 | -1119 |
| Lansing K.C. | 3071 | -1141 |
| Base K.C. | 3302 | -1372 |

| 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 |
| Surface | | 8.625" | | 151' | | 100 | |
| Production | | 5.5" | | 3329' | | 100 | |
| Liner | | 4.5" | | 3016' | | 175 | |

| 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 |
|----------------|---|---|-------|
| | 3045-3052 | | |
| | 3070-3074 | | |
| | 3081-3085 | | |
| | 3125-3129 | | |

| TUBING RECORD | | Size | Set At | Packer At | Liner Run |
|--|-----------|---------|---|---------------|---|
| | | 2.375" | 3030 | 2830 ; 3016 | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| Date of First, Resumerd Production, SWD or Enhr. 1-25-1974 convert to injection | | | 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 Vented Sold Used on Lease (If vented, Submit ACO-18.)

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

Production Interval _____

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