

CONFIDENTIAL

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, KS 67530
Purchaser: _____
Operator Contact Person: Jacob Porter
Phone: (620) 793-5100
Contractor: Name: Shields Drilling Company
License: 5184
Wellsite Geologist: Jacob Porter

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. _____

<u>8/8/06</u>	<u>8/19/06</u>	<u>9/30/06</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 101-21949-0000
County: Lane
____ W/2 ____ E/2 ____ SW Sec. 13 Twp. 16s S. R. 28w East West
1320 fsl _____ feet from S / N (circle one) Line of Section
3630 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: Evalyn Well #: 2
Field Name: Bison Cliffs

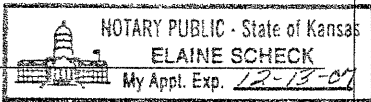
Producing Formation: Lansing
Elevation: Ground: 2686' Kelly Bushing: 2691'
Total Depth: 4595' Plug Back Total Depth: _____
Amount of Surface Pipe Set and Cemented at 219' Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set 2136' Feet
If Alternate II completion, cement circulated from 2136'
feet depth to surface w/ 240 sks smd w 60# flocele sx cmt.

Drilling Fluid Management Plan
(Data must be collected from the Reserve Pit)
Chloride content 21000 ppm Fluid volume 410 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: 10/25/06
Subscribed and sworn to before me this 25 day of October,
2006.
Notary Public: Elaine Scheck
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

RECEIVED
10-26-06
OCT 25 2006

KCC WICHITA