

KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION

6/28/08  
Form ACO-1  
September 1999  
Form Must Be Typed

WELL COMPLETION FORM

WELL HISTORY - DESCRIPTION OF WELL & LEASE

**CONFIDENTIAL**

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: L.D. Drilling, Inc.  
License: 6039  
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. \_\_\_\_\_

6/6/07	6/16/07	6/16/07
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 109-20783-0000  
County: Logan  
110 W. NE NE SW Sec. 11 Twp. 13 S. R. 34 ☐ East ☒ West  
2310 fsl \_\_\_\_\_ feet from S / N (circle one) Line of Section  
2200 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: Heckendorn Well #: 1  
Field Name: WC  
Producing Formation: \_\_\_\_\_  
Elevation: Ground: 2982' Kelly Bushing: 2987'  
Total Depth: 4634' Plug Back Total Depth: \_\_\_\_\_  
Amount of Surface Pipe Set and Cemented at 263 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)

Chloride content \_\_\_\_\_ ppm Fluid volume \_\_\_\_\_ bbls  
Dewatering method used Evaporation

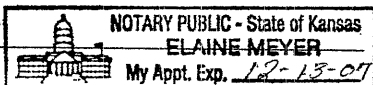
Location of fluid disposal if hauled offsite:

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: 6/28/07  
Subscribed and sworn to before me this 28<sup>th</sup> day of June,  
20 07.  
Notary Public: Elaine Meyer  
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  
KANSAS CORPORATION COMMISSION  
JUN 29 2007