

CONFIDENTIAL

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

WELL COMPLETION FORM

WELL HISTORY - DESCRIPTION OF WELL & LEASE

ORIGINAL

1/18/09
Form ACO-1
September 1999
Form Must Be Typed

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: HD Drilling LLC
 License: 33935
 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. _____

11/6/07 11/17/07 11/19/07

Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion DateAPI No. 15 - 101-22057-0000County: Lane____ NE ____ SE ____ NE Sec. 2 Twp. 19s S. R. 30w ☐ East ☒ West1650 fml _____ feet from S / N (circle one) Line of Section330 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: Ehmke Well #: 1Field Name: WCProducing Formation: MarmatonElevation: Ground: 2864' Kelly Bushing: 2869'Total Depth: 4622' Plug Back Total Depth: _____Amount of Surface Pipe Set and Cemented at 220' FeetMultiple Stage Cementing Collar Used? ☒ Yes ☐ NoIf yes, show depth set 2226' FeetIf Alternate II completion, cement circulated from 2226'feet depth to surface w/ 175 sks smd w 44# flocele _____ sx cmt.

Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)

Chloride content _____ ppm Fluid volume _____ bbls

Dewatering method used Evaporation

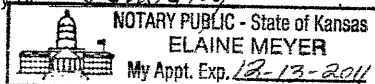
Location of fluid disposal if hauled offsite:

Operator Name: RECEIVEDLease Name: KANSAS CORPORATION COMMISSION License No.: _____Quarter SAN 22-2008 S. R. _____ ☐ East ☐ WestCounty: CONSERVATION DIVISION Docket No.: _____

WICHITA, KS

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. PorterTitle: Operations Manager Date: 1/18/08Subscribed and sworn to before me this 18th day of January20 08Notary Public: Elaine MeyerDate Commission Expires: 12-13-2011

KCC Office Use ONLY

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