

CONFIDENTIAL

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

ORIGINAL

Form ACO-1
September 1999
Form Must Be Typed

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

6/3/09

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

API No. 15 - 109-20807-0000
County: Logan
_____ nw nw nw Sec. 14 Twp. 13 S. R. 34 East West
330 fnl _____ feet from S / N (circle one) Line of Section
330 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: Riley Well #: 1
Field Name: WC
Producing Formation: _____
Elevation: Ground: 2907' Kelly Bushing: 2912'

Designate Type of Completion:
____ New Well ____ Re-Entry ____ Workover
____ Oil ____ SWD ____ SLOW ____ Temp. Abd.
____ Gas ____ ENHR ____ SIGW
 Dry ____ Other (Core, WSW, Expl., Cathodic, etc)

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Total Depth: 4520' Plug Back Total Depth: _____
Amount of Surface Pipe Set and Cemented at 247 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.

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. _____
4/1/08 4/13/08 4/13/08
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

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: 6/3/08

Subscribed and sworn to before me this 3 day of June

20 08
Notary Public: Elaine Meyer

NOTARY PUBLIC - State of Kansas
ELAINE MEYER
My Appt. Exp. 12-13-11

Date Commission Expires: 12-13-2011

KCC Office Use ONLY
 Letter of Confidentiality Received
 If Denied, Yes Date: RECEIVED
 Wireline Log Received
 Geologist Report Received
____ UIC Distribution
KANSAS CORPORATION COMMISSION
JUN 05 2008
CONSERVATION DIVISION
WICHITA, KS