

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

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 SLOW 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. _____

9/18/06	9/27/06	10/20/06
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

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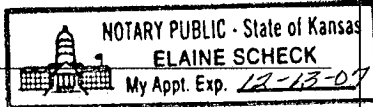
API No. 15 - 101-21950-0000
 County: Lane
S/2 NE SW Sec. 27 Twp. 16s S. R. 28w East West
1650 fsl _____ feet from S / N (circle one) Line of Section
3300 fel _____ feet from E / W (circle one) Line of Section
 Footages Calculated from Nearest Outside Section Corner:
 (circle one) NE SE NW SW
 Lease Name: Fullmer Well #: 2
 Field Name: WC
 Producing Formation: Lansing
 Elevation: Ground: 2752' Kelly Bushing: 2757'
 Total Depth: 4618' 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 2182' Feet
 If Alternate II completion, cement circulated from 2182'
 feet depth to surface w/ 220 sks smd w 55# flocele 6 sx cmt.

Drilling Fluid Management Plan *Act II with*
(Data must be collected from the Reserve Pit) 12-12-07
 Chloride content 24500 ppm Fluid volume 470 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 Schick
 Date Commission Expires: 12-13-07



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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: Fullmer Well #: 2
 Sec. 27 Twp. 16s S. R. 28w East West County: Lane

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 <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Electric Log Run <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(Submit Copy)</i> List All E. Logs Run: Dual Compensated Porosity Dual Induction	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;">Name</td> <td style="width:20%;">Top</td> <td style="width:20%;">Datum</td> </tr> <tr> <td>Heebner</td> <td>3948'</td> <td>-1191'</td> </tr> <tr> <td>Lansing</td> <td>3986'</td> <td>-1229'</td> </tr> <tr> <td>Base KC</td> <td>4304'</td> <td>-1547'</td> </tr> <tr> <td>Marmaton</td> <td>4324'</td> <td>-1567'</td> </tr> <tr> <td>Pawnee</td> <td>4443'</td> <td>-1686'</td> </tr> <tr> <td>Fort Scott</td> <td>4478'</td> <td>-1721'</td> </tr> <tr> <td>Cherokee</td> <td>4504'</td> <td>-1747'</td> </tr> </table>	Name	Top	Datum	Heebner	3948'	-1191'	Lansing	3986'	-1229'	Base KC	4304'	-1547'	Marmaton	4324'	-1567'	Pawnee	4443'	-1686'	Fort Scott	4478'	-1721'	Cherokee	4504'	-1747'
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CASING RECORD <input checked="" 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	12.25"	8 5/8"	20#	219'	common	160	3% CC, 2% gel
Production	7 7/8"	4 1/2"	10.5#	4603'	standard	200	Colseal, Salt, CFR-1, floesal

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
2	perforate, treat, and produce	500 gal 15% acid, retreat with 2000 gal 15% nefe acid	4216-23'

TUBING RECORD	Size 2 3/8"	Set At 4308'	Packer At	Liner Run <input type="checkbox"/> Yes <input type="checkbox"/> No
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Date of First, Resumerd Production, SWD or Enhr. 10/20/06	Producing Method <input type="checkbox"/> Flowing <input checked="" type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)
--------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Estimated Production Per 24 Hours	Oil Bbls. 31	Gas Mcf	Water Bbls. 21	Gas-Oil Ratio	Gravity
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Disposition of Gas <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	METHOD OF COMPLETION <input type="checkbox"/> Open Hole <input checked="" type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <input type="checkbox"/> Other (Specify) _____	Production Interval
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CHARGE TO: CAOMEN SCHMIDT
 ADDRESS:
 CITY, STATE, ZIP CODE:

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TICKET No. **11080**

PAGE 1 OF 1

SERVICE LOCATIONS 1. <u>NESS CITY, KS</u>	WELL/PROJECT NO. <u>#2</u>	LEASE <u>FULLMER</u>	COUNTY/PARISH <u>LAJE</u>	STATE <u>KS</u>	CITY	DATE <u>10-5-06</u>	OWNER <u>SAME</u>
2.	TICKET TYPE <input checked="" type="checkbox"/> SERVICE <input type="checkbox"/> SALES	CONTRACTOR <u>DS-W</u>	RIG NAME/NO.	SHIPPED VIA <u>CT</u>	DELIVERED TO <u>LOCATED</u>	ORDER NO.	
3.	WELL TYPE <u>ODL</u>	WELL CATEGORY <u>DEVELOPMENT</u>	JOB PURPOSE <u>CSMWT PORT COLLOR</u>	WELL PERMIT NO.	WELL LOCATION <u>PRAGLES, KS - SW, N20</u>		
4.	REFERRAL LOCATION	INVOICE INSTRUCTIONS					

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.		U/M		UNIT PRICE	AMOUNT
		LOC	ACCT	DF							
575		1			MILEAGE #104	50		ME		4.00	200.00
578		1			PUMP SERVICE	1	2182		FR	1250.00	1250.00
288		1			SACK SAND	1		SK		25.00	25.00
330		1			SWIFT MULTI-DECISION STANDARD	220		SK		13.50	2970.00
276		1			FLOCELE	75		LB		1.25	93.75
290		1			DACL	2		GA		32.00	64.00
581		1			SERVICE CHARGE CSMWT	300		SK		1.10	330.00
583		1			DRYAGE	29905	747.63	LB	MT	1.00	747.63

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LEGAL TERMS: Customer hereby acknowledges and agrees to the terms and conditions on the reverse side hereof which include, but are not limited to, **PAYMENT, RELEASE, INDEMNITY, and LIMITED WARRANTY** provisions.

MUST BE SIGNED BY CUSTOMER OR CUSTOMER'S AGENT PRIOR TO START OF WORK OR DELIVERY OF GOODS

X: Caitie H. [Signature]
 DATE SIGNED 10-5-06 TIME SIGNED 1100
 A.M. P.M.

REMIT PAYMENT TO:
 SWIFT SERVICES, INC.
 P.O. BOX 466
 NESS CITY, KS 67560
 785-798-2300

SURVEY	AGREE	UN-DECIDED	DIS-AGREE	PAGE TOTAL	5680.38
OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN?					
WE UNDERSTOOD AND MET YOUR NEEDS?					
OUR SERVICE WAS PERFORMED WITHOUT DELAY?					
WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY?				Lanc TAX 5.37%	107.10
ARE YOU SATISFIED WITH OUR SERVICE?	<input type="checkbox"/> YES <input type="checkbox"/> NO			TOTAL	5847.48
<input type="checkbox"/> CUSTOMER DID NOT WISH TO RESPOND					

SWIFT Services, Inc.

DATE 10-5-06 PAGE NO. 1

WELL NO. #2 LEASE FULLMER JOB TYPE TOOLS - CMT PORT COLLAR TICKET NO. 11079-11080

TIME	RATE (BPM)	VOLUME (BBL)(GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
			T	C	TUBING	CASING	
0845							ON LOCATION
							2 3/8 x 4 1/2 RBP = 3800'
							PRES = 4213-23
							PORT COLLAR = 2182'
0900							START TOOLS ON WELL
1030							SET RBP = 3800'
1240		65			1000		CIRCULATE OIL OUT WELL - TEST RBP - HELD
1300		10	✓				SPOT 1 SK SAM
							PULL UP FWD PORT COLLAR
1405	3	2	✓		450		OPN PORT COLLAR - 2ST RATE
1410	4 1/2	122	✓		500		MIX CEMENT 220 SPS SMD 1/4" / PERFE
1435	4 1/2	7 1/2	✓		650		DISPARE CEMENT
1445			✓		1000		CLOSE PORT COLLAR - PSE TEST - HELD
							CIRCULATE 15 SPS CEMENT TO PCT
1510	3	25	✓		400		RUN 4 SPS - CIRCULATE CEMENT
							WASH TRUCK
1715	3	35	✓		550		RUN TUBING TO CIRCULATE SAND OFF RBP
							RELEASE - PULL RBP ON AM.
1800							JOB COMPLETE
							THANK YOU WAVE - DUSY - SHAME
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CHARGE TO: *Carmen Schmitt*
 ADDRESS:
 CITY, STATE, ZIP CODE:

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TICKET No 10686

PAGE 1 OF 2

1. SERVICE LOCATIONS: *Hays, KS*
 2. *Ness City, KS*
 3.
 4.
 REFERRAL LOCATION: *oil*
 INVOICE INSTRUCTIONS:

WELL/PROJECT NO. *#2* LEASE *Fullmer* COUNTY/PARISH *Lane* STATE *KS* CITY DATE *9-28-06* OWNER *Same*

TICKET TYPE SERVICE SALES CONTRACTOR *Shields Drlg* RIG NAME/NO. SHIPPED VIA *ET Location* DELIVERED TO ORDER NO.

WELL TYPE *oil* WELL CATEGORY *Development* JOB PURPOSE *Cement Logging* WELL PERMIT NO. WELL LOCATION

PRICE FERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.		U/M		UNIT PRICE	AMOUNT
		LOC	ACCT	DF							
575		1			MILEAGE #103	60	mi			4 ⁰⁰	240 ⁰⁰
578		1			Pump Charge Longstring	1	cu	4688	'	1250 ⁰⁰	1250 ⁰⁰
281		1			Mud Flush	500	gal			75	375 ⁰⁰
221		1			2 KCL	2	cu			26 ⁰⁰	52 ⁰⁰
407		1			Insert Float Shoe w/fill	1	ea	4 1/2	"	210 ⁰⁰	210 ⁰⁰
406		1			L.D. Plug + Baffle	1	cu			190 ⁰⁰	190 ⁰⁰
402		1			Centralizers	4	ea			65 ⁰⁰	260 ⁰⁰
403		1			Baskets	3	ea			260 ⁰⁰	780 ⁰⁰
404		1			Port Collar	1	ea			2200 ⁰⁰	2200 ⁰⁰
419		1			Rotating Head	1	ea			250 ⁰⁰	250 ⁰⁰

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MUST BE SIGNED BY CUSTOMER OR CUSTOMER'S AGENT PRIOR TO START OF WORK OR DELIVERY OF GOODS

[Signature]
 DATE SIGNED *9-28-06* TIME SIGNED *0850* A.M. P.M.

REMIT PAYMENT TO:
 SWIFT SERVICES, INC.
 P.O. BOX 466
 NESS CITY, KS 67560
 785-798-2300

SURVEY	AGREE	UN-DECIDED	DIS-AGREE	PAGE TOTAL	AMOUNT
OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN?				page 2	3946 42
WE UNDERSTOOD AND MET YOUR NEEDS?				subtotal	9753 42
OUR SERVICE WAS PERFORMED WITHOUT DELAY?				Lanc TAX 5.3%	394 08
WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY?				TOTAL	10,147 50
ARE YOU SATISFIED WITH OUR SERVICE? <input type="checkbox"/> YES <input type="checkbox"/> NO					
<input type="checkbox"/> CUSTOMER DID NOT WISH TO RESPOND					

JOB LOG

SWIFT Services, Inc.

DATE 9-28-06 PAGE NO. 1

CUSTOMER		WELL NO.		LEASE		JOB TYPE		TICKET NO.	
Carson Schmitt		#2		Fullmer		Cement Logging		10686	
CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS	
				T	C	TUBING	CASING		
	0230								on loc w/FE
	0330								Trks on loc
									RTD 4818'
									4 1/2" x 10.5 #4603' x 21'53
									Cent. 4, 7, 10, 12
									Baskets 2, 9, 56
									Port Collar 57 @ 2182'
	0530								Start FE.
	0720								Break Circulation
	0755	2.5	3/2						Plug RH + MH
	0802	4	0			200			Start Preflushes 500 gal Mud Flush 20 bbl KCL Flush
	0810		32/0			250			start Cement
	0818		42						End Cement
									Wash P & L
									Drop Plug
	0821	6.5	0			200			Start Displacement
	0828	5.5	44			250			Catch Cement
	0834		73			800/1300			Land Plug
									Release Pressure
									Float Held

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Thank you
Nick, Don & Shane

