

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: WW Drilling, LLC
License: 335751
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. _____
12/4/06 12/18/06 12/18/06
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

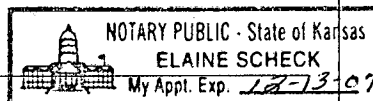
API No. 15 - 101-21978-0000
County: Lane
____ SW ____ NW ____ SW Sec. 26 Twp. 16s S. R. 28w ☐ East ☒ West
1650 fsl _____ feet from S / N (circle one) Line of Section
330 fwl _____ feet from E / W (circle one) Line of Section
Footages Calculated from Nearest Outside Section Corner:
(circle one) NE SE NW SW
Lease Name: Joyce Well #: 1
Field Name: WC
Producing Formation: _____
Elevation: Ground: 2738' Kelly Bushing: 2743'
Total Depth: 4620' Plug Back Total Depth: _____
Amount of Surface Pipe Set and Cemented at 208' 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 PA Alt II NH 6-18-08
(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: 1/15/07
Subscribed and sworn to before me this 17 day of January,
20 07.
Notary Public: Elaine Schuck
Date Commission Expires: 12-13-07



KCC Office Use ONLY	
<input checked="" type="checkbox"/> Letter of Confidentiality Received	RECEIVED KANSAS CORPORATION COMMISSION JAN 18 2007 CONSERVATION DIVISION WICHITA, KS
<input type="checkbox"/> If Denied, Yes <input type="checkbox"/> Date: _____	
<input type="checkbox"/> Wireline Log Received	
<input type="checkbox"/> Geologist Report Received	
<input type="checkbox"/> UIC Distribution	

Operator Name: Carmen Schmitt Inc. Lease Name: Joyce Well #: 1
 Sec. 26 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 ☒ Yes ☐ No
 (Attach Additional Sheets)

Samples Sent to Geological Survey ☒ Yes ☐ No

Cores Taken ☐ Yes ☒ No

Electric Log Run ☐ Yes ☒ No
 (Submit Copy)

List All E. Logs Run:

☐ Log Formation (Top), Depth and Datum ☒ Sample

Name	Top	Datum
Heebner	3938'	-1195'
Lansing	3977'	-1234'
Base KC	4304'	-1547'
Marmaton	4301'	-1558'
Pawnee	4442'	-1699'
Fort Scott	4474'	-1731'
Cherokee	4501'	-1758'

CASING RECORD ☒ New ☐ 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"	23#	208'	common	160	3% CC, 2% gel

ADDITIONAL CEMENTING / SQUEEZE RECORD

Purpose:	Depth Top Bottom	Type of Cement	#Sacks Used	Type and Percent Additives
____ Perforate				
____ Protect Casing				
____ Plug Back TD				
____ 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

TUBING RECORD	Size	Set At	Packer At	Liner Run <input type="checkbox"/> Yes <input type="checkbox"/> No
Date of First, Resumed Production, SWD or Enhr.	Producing Method <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)			
Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio Gravity

Disposition of Gas

METHOD OF COMPLETION

Production Interval

☐ Vented ☐ Sold ☐ Used on Lease
 (If vented, Submit ACO-18.)

☐ Open Hole ☐ Perf. ☐ Dually Comp. ☐ Commingled
☐ Other (Specify) _____

RECEIVED
KANSAS CORPORATION COMMISSION

JAN 18 2007

CONSERVATION DIVISION
WICHITA, KS

ALLIED CEMENTING CO., INC.

REMIT TO P.O. BOX 31
RUSSELL, KANSAS 67665

SERVICE POINT:

26333

Great Bend

DATE 12-18-06	SEC 26	TWP. 16	RANGE 28	CALLED OUT 4:00 AM	ON LOCATION 8:15 AM	JOB START 9:30 AM	JOB FINISH 12:00 PM
LEASE Joyce	WELL # 1	LOCATION Pendergast 3 W, N/D into			COUNTY Lane	STATE KS	
OLD OR <u>NEW</u> (Circle one)							

CONTRACTOR W-W Drilling Rig #2

TYPE OF JOB _____

HOLE SIZE 7 7/8" T.D. 4621'

CASING SIZE 8 5/8" DEPTH _____

TUBING SIZE 4 1/2" DEPTH _____

DRILL PIPE 4 1/2" DEPTH 2220'

TOOL _____ DEPTH _____

PRES. MAX _____ MINIMUM _____

MEAS. LINE _____ SHOE JOINT _____

CEMENT LEFT IN CSG. _____

PERFS. _____

DISPLACEMENT Freshwater + Rig Mud

EQUIPMENT _____

PUMP TRUCK CEMENTER Rick H.

181 HELPER Kevin D.

BULK TRUCK DRIVER Steve T.

344

BULK TRUCK DRIVER _____

REMARKS:

2220' - 50 SX

1320' - 80 SX

650' - 50 SX

240' - 40 SX

60' - 20 SX

Rob hole - 15 SX

Moose hole - 10 SX

CHARGE TO: Carmen Schmitt

STREET _____

CITY _____ STATE _____ ZIP _____

OWNER Carmen Schmitt

CEMENT

AMOUNT ORDERED 265 SX 60/40 6% gel

4# Flo-seal

COMMON	<u>159 SX</u>	@	<u>10.65</u>	<u>1693.35</u>
POZMIX	<u>106 AX</u>	@	<u>5.80</u>	<u>614.80</u>
GEL	<u>14 AX</u>	@	<u>16.65</u>	<u>233.10</u>
CHLORIDE		@		
ASC		@		
<u>Flo SEAL</u>	<u>66 AX</u>	@	<u>2.00</u>	<u>132.00</u>
		@		
		@		
		@		
		@		
		@		
		@		
HANDLING	<u>281 AX</u>	@	<u>1.90</u>	<u>533.90</u>
MILEAGE	<u>281 AX</u>	@	<u>4.00</u>	<u>1011.60</u>
TOTAL				<u>4218.75</u>

SERVICE

DEPTH OF JOB 2220'

PUMP TRUCK CHARGE 955.00

EXTRA FOOTAGE _____ @ _____

MILEAGE 40 @ 6.00 240.00

MANIFOLD _____ @ _____

_____ @ _____

_____ @ _____

TOTAL 1195.00

PLUG & FLOAT EQUIPMENT

_____	@	_____
_____	@	_____
_____	@	_____
_____	@	_____
_____	@	_____
TOTAL _____		

TAX _____

TOTAL CHARGE _____

DISCOUNT _____ IF PAID IN 30 DAYS

SIGNATURE X [Signature]

X [Signature]
PRINTED NAME

To Allied Cementing Co., Inc.

You are hereby requested to rent cementing equipment and furnish cementer and helper to assist owner or contractor to do work as is listed. The above work was done to satisfaction and supervision of owner agent or contractor. I have read & understand the "TERMS AND CONDITIONS" listed on the reverse side.

ALLIED CEMENTING CO., INC.

26525

REMIT TO P.O. BOX 31
RUSSELL, KANSAS 67665

SERVICE POINT:

4 B.

DATE <u>12-4-06</u>	SEC <u>26</u>	TWP <u>16</u>	RANGE <u>28</u>	CALLED OUT <u>11:00 AM</u>	ON LOCATION <u>6:00 PM</u>	JOB START <u>11:30 PM</u>	JOB END <u>9:30 PM</u>
LEASE <u>Jayce</u>	WELL # <u>1</u>	LOCATION <u>Pendennis 3W N1S</u>			COUNTY <u>lane</u>	STATE <u>K.S.</u>	
OLD OR <u>NEW</u> (Circle one)							

CONTRACTOR <u>W-W Rig 2</u>	OWNER
TYPE OF JOB <u>Surface Job</u>	
HOLE SIZE <u>12 1/4</u> T.D. <u>210 ft</u>	
CASING SIZE <u>8 5/8</u> DEPTH <u>208 ft</u>	
TUBING SIZE	DEPTH
DRILL PIPE	DEPTH
TOOL	DEPTH
PRES. MAX	MINIMUM
MEAS. LINE	SHOE JOINT
CEMENT LEFT IN CSG. <u>15 ft</u>	
PERFS.	
DISPLACEMENT <u>12 bbl</u>	

EQUIPMENT

PUMP TRUCK	CEMENTER <u>Mike m.</u>
# <u>120</u>	HELPER <u>Brendon R.</u>
BULK TRUCK	
# <u>344</u>	DRIVER <u>Don D.</u>
BULK TRUCK	
#	DRIVER

REMARKS:

Circulate Hole with Rig mud pump
Mix Cement + Release Plug
Displace Plug Down with Water
Cement did Circulate to surface

CHARGE TO: Carmen schmitt

STREET _____

CITY _____ STATE _____ ZIP _____

Thank
you
[Signature]

To Allied Cementing Co., Inc.

You are hereby requested to rent cementing equipment and furnish cementer and helper to assist owner or contractor to do work as is listed. The above work was done to satisfaction and supervision of owner agent or contractor. I have read & understand the "TERMS AND CONDITIONS" listed on the reverse side.

CEMENT	
AMOUNT ORDERED <u>160 Common</u>	
<u>32cc 22 gel</u>	

COMMON <u>160 bbl</u>	@ <u>10.65</u>	<u>1704.00</u>
POZMIX	@	
GEL <u>34 cc</u>	@ <u>16.65</u>	<u>49.95</u>
CHLORIDE <u>544</u>	@ <u>46.60</u>	<u>233.00</u>
ASC	@	
	@	
	@	
	@	
	@	
	@	
	@	
	@	
HANDLING <u>168 bbl</u>	@ <u>1.90</u>	<u>319.20</u>
MILEAGE <u>168 1/4 mi</u>	<u>40</u>	<u>604.80</u>
TOTAL		<u>2910.95</u>

SERVICE

DEPTH OF JOB <u>208 ft</u>	
PUMP TRUCK CHARGE	<u>815.00</u>
EXTRA FOOTAGE	@
MILEAGE <u>40</u>	@ <u>6.00</u> <u>240.00</u>
MANIFOLD	@
	@
	@

TOTAL 1055.00

PLUG & FLOAT EQUIPMENT

<u>1-8 5/8 wooden Plug</u>	@ <u>60.00</u>	<u>60.00</u>
	@	
	@	
	@	

TOTAL 60.00

TAX _____

TOTAL CHARGE _____

DISCOUNT _____ IF PAID IN 30 DAYS

SIGNATURE *[Signature]* Mary M. H.
PRINTED NAME