

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

WELL COMPLETION FORM

WELL HISTORY - DESCRIPTION OF WELL & LEASE

ORIGINAL

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

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 PA Alt II NH 7-1-08
(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

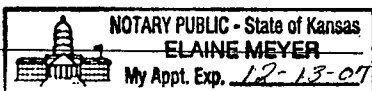
Title: Operations Manager Date: 6/28/07

Subscribed and sworn to before me this 28th 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

JUN 29 2007

CONSERVATION DIVISION
WICHITA, KS

Operator Name: Carmen Schmitt Inc.Lease Name: HeckendornWell #: 1Sec. 11 Twp. 13 S. R. 34 ☐ East ☒ WestCounty: Logan

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:

Neutron / Density porosity, Resistivity, Sonic

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

Name	Top	Datum
Heebner	3850'	-863'
Lansing	3894'	-907'
Base KC	4222'	-1235'
Pawnee	4334'	-1347'
Cherokee	4422'	-1435'
Johnson zone	4466'	-1479'
Mississippian	4546'	-1559'

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"	20#	263'	common	175	3% CC, 2% gel

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

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

JUN 29 2007

 CONSERVATION DIVISION
 WICHITA, KS

ALLIED CEMENTING CO., INC. 28593

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

SERVICE POINT:
Oakley

DATE <u>6-5-07</u>	SEC <u>11</u>	TWP <u>13</u>	RANGE <u>34 W</u>	CALLED OUT	ON LOCATION <u>9:00 AM</u>	JOB START <u>1:45 AM</u>	JOB FINISH <u>2:00 AM</u>
LEASE <u>Hacken Blom</u>	WELL# <u>1</u>	LOCATION <u>Monument 13S-2W-16E</u>			COUNTY <u>Logan</u>	STATE <u>Kan</u>	
OLD OR NEW (Circle one)				<u>3/4 W</u>			

CONTRACTOR <u>L-D Dols Co</u>	OWNER <u>Scum</u>
TYPE OF JOB <u>Surface</u>	
HOLE SIZE <u>12 1/4</u>	T.D. <u>266'</u>
CASING SIZE <u>8 5/8</u>	DEPTH <u>263'</u>
TUBING SIZE	DEPTH
DRILL PIPE	DEPTH
TOOL	DEPTH
PRES. MAX	MINIMUM
MEAS. LINE	SHOE JOINT
CEMENT LEFT IN CSG. <u>15'</u>	
PERFS.	
DISPLACEMENT <u>15 3/4 BBL</u>	

EQUIPMENT

PUMP TRUCK # <u>102</u>	CEMENTER <u>Walt</u>
BULK TRUCK # <u>397</u>	HELPER <u>Kelly</u>
BULK TRUCK #	DRIVER <u>Andrew</u>
BULK TRUCK #	DRIVER

REMARKS:

Cement Circ (in cellar)

Thank You

CHARGE TO: Carmen Schmitt

STREET _____

CITY _____ STATE _____ ZIP _____

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.

SIGNATURE

Bill Owen

CEMENT	
AMOUNT ORDERED <u>175 SKS COM</u>	
<u>3% CC - 2% Gel</u>	

COMMON	<u>175 - SKS @</u>	<u>12.60</u>	<u>2,205.00</u>
POZMIX	@		
GEL	<u>3 - SKS @</u>	<u>16.65</u>	<u>49.95</u>
CHLORIDE	<u>6 - SKS @</u>	<u>46.60</u>	<u>279.60</u>
ASC	@		

HANDLING	<u>184 - SKS @</u>	<u>1.90</u>	<u>349.60</u>
MILEAGE	<u>94 pm - SKS/mil.</u>		<u>447.12</u>

TOTAL 3,331.27

SERVICE

DEPTH OF JOB		
PUMP TRUCK CHARGE	<u>815.00</u>	
EXTRA FOOTAGE	@	
MILEAGE <u>27 - miles</u>	@ <u>6.00</u>	<u>162.00</u>
MANIFOLD	@	

TOTAL 977.00

PLUG & FLOAT EQUIPMENT

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

TOTAL 60.00

TAX	
TOTAL CHARGE	
DISCOUNT	IF PAID IN 30 DAYS

Bill Owen

PRINTED NAME

ALLIED CEMENTING CO., INC.

28877

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

SERVICE POINT:

OAKLEY

DATE <u>6-12-07</u>	SEC <u>11</u>	TWP <u>13S</u>	RANGE <u>34W</u>	CALLED OUT	ON LOCATION <u>12:45 AM</u>	JOB START <u>4:30 AM</u>	JOB FINISH <u>5:30 AM</u>
LEASE <u>HECKENDOREN</u>	WELL # <u>1</u>	LOCATION <u>MONUMENT 105-2W-14S-W2N</u>			COUNTY <u>LOGAN</u>	STATE <u>KS</u>	
OLD OR <u>NEW</u> (Circle one)					RECEIVED KANSAS CORPORATION COMMISSION		

CONTRACTOR <u>L. D. DRILL</u>	
TYPE OF JOB <u>PTA</u>	
HOLE SIZE <u>7 1/8"</u>	T.D. <u>4634'</u>
CASING SIZE	DEPTH
TUBING SIZE	DEPTH
DRILL PIPE <u>4 1/2"</u>	DEPTH <u>2425'</u>
TOOL	DEPTH
PRES. MAX	MINIMUM
MEAS. LINE	SHOE JOINT
CEMENT LEFT IN CSG.	
PERFS.	
DISPLACEMENT	

EQUIPMENT

PUMP TRUCK	CEMENTER <u>TERRY</u>
# <u>422</u>	HELPER <u>WAYNE</u>
BULK TRUCK	
# <u>218</u>	DRIVER <u>JERRY</u>
BULK TRUCK	
#	DRIVER

REMARKS:

25 SKS AT 2425'
100 SKS AT 1385'
40 SKS AT 315'
10 SKS AT 40'
15 SKS LAT HOLE

THANK YOU

CHARGE TO: CARMEN SCHMITT, INC.
STREET _____
CITY _____ STATE _____ ZIP _____

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.

SIGNATURE Bill Owen

OWNER SAME JUN 29 2007

CEMENT

AMOUNT ORDERED <u>190 SKS 60140002686E1 1/4" FLO-SEAL</u>		
COMMON	<u>114 SKS</u>	@ <u>12.40</u> <u>1436.40</u>
POZMIX	<u>76 SKS</u>	@ <u>6.40</u> <u>496.40</u>
GEL	<u>10 SKS</u>	@ <u>16.60</u> <u>166.00</u>
CHLORIDE		@
ASC		@
		@
	<u>FLO-SEAL 48"</u>	@ <u>2.00</u> <u>96.00</u>
		@
		@
		@
		@
		@
HANDLING	<u>202 SKS</u>	@ <u>1.90</u> <u>383.80</u>
MILEAGE	<u>94 PER SK / MILE</u>	<u>190.80</u>
TOTAL		<u>3059.96</u>

SERVICE

DEPTH OF JOB	<u>2425'</u>
PUMP TRUCK CHARGE	<u>955.00</u>
EXTRA FOOTAGE	@
MILEAGE	<u>27 MI</u> @ <u>1.00</u> <u>162.00</u>
MANIFOLD	@
	@
	@
TOTAL <u>1117.00</u>	

PLUG & FLOAT EQUIPMENT

<u>8 5/8" DRY HOLE PLUG</u>	<u>30.00</u>
	@
	@
	@
	@
	@
TOTAL <u>30.00</u>	

TAX _____
TOTAL CHARGE _____
DISCOUNT _____ IF PAID IN 30 DAYS

SIGNATURE Bill Owen PRINTED NAME BILL OWEN

6/28/08

CARMEN SCHMITT INC.

P.O. BOX 47

GREAT BEND KS 67530

New Wealth Comes From the Land
620-793-5100

6-28-07

Conservation Division
Kansas Corporation Commission
130 S. Market, Room 2078
Wichita, KS 67202

KCC
JUN 28 2007
CONFIDENTIAL

Re: ACO-1 Confidentiality, Heckendorn #1, 11-13S-34W, API 15-109-20783-0000

To Whom It May Concern:

Please hold all logs and side 2 of the enclosed ACO-1 confidential for 12 months.

Sincerely,

Jacob L Porter

Jacob Porter

RECEIVED
KANSAS CORPORATION COMMISSION

JUN 29 2007

CONSERVATION DIVISION
WICHITA, KS