

ORIGINAL

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

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: Mallard JV, Inc.
License: 4958
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. _____

9/5/06 9/10/06 9/26/06
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 145-21546-0000
County: Pawnee
SE SW NE Sec. 31 Twp. 21 S. R. 15 East West
2970 fsl _____ feet from S / N (circle one) Line of Section
1650 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: Mull Well #: 1
Field Name: WC

Producing Formation: Arbuckle
Elevation: Ground: 1980' Kelly Bushing: 1985'
Total Depth: 3906' Plug Back Total Depth: _____
Amount of Surface Pipe Set and Cemented at 974' 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 ATI NH 6-18-08
(Data must be collected from the Reserve Pit)
Chloride content 49000 ppm Fluid volume <200 bbls
Dewatering method used hauled / evaporated
Location of fluid disposal if hauled offsite: _____
Operator Name: Brackeen Line Cleaning, Inc.
Lease Name: Praeger License No.: 9952
Quarter ne Sec. 27 Twp. 17s S. R. 11 East West
County: Barton Docket No.: D-20,704

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: 1/30/07
Subscribed and sworn to before me this 30 day of JANUARY,
20 07.
Notary Public: Elaine Scheck
Date Commission Expires: 12-13-07

NOTARY PUBLIC - State of Kansas
ELAINE SCHECK
My Appt. Exp. 12-13-07

KCC Office Use ONLY
N Letter of Confidentiality Received
If Denied, Yes Date: _____
 Wireline Log Received
 Geologist Report Received
 UIC Distribution
RECEIVED
KANSAS CORPORATION COMMISSION
JAN 31 2007

CONSERVATION DIVISION
WICHITA, KS

Operator Name: Carmen Schmitt Inc. Lease Name: Mull Well #: 1
 Sec. 31 Twp. 21 S. R. 15 East West County: Pawnee

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 type="checkbox"/> Yes <input checked="" 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 Log Dual Induction Log Borehole Compensated Sonic Log	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td><input checked="" type="checkbox"/> Log</td> <td>Formation (Top), Depth and Datum</td> <td><input type="checkbox"/> Sample</td> </tr> <tr> <td>Name</td> <td>Top</td> <td>Datum</td> </tr> <tr> <td>Anhydrite</td> <td>950</td> <td>1035</td> </tr> <tr> <td>Heebner</td> <td>3364</td> <td>-1379</td> </tr> <tr> <td>Lansing</td> <td>3483</td> <td>-1498</td> </tr> <tr> <td>Base KC</td> <td>3700</td> <td>-1715</td> </tr> <tr> <td>Viola</td> <td>3798</td> <td>-1813</td> </tr> <tr> <td>Simpson</td> <td>3846</td> <td>-1861</td> </tr> <tr> <td>Arbuckle (sample top)</td> <td>3897</td> <td>-1912</td> </tr> </table>	<input checked="" type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample	Name	Top	Datum	Anhydrite	950	1035	Heebner	3364	-1379	Lansing	3483	-1498	Base KC	3700	-1715	Viola	3798	-1813	Simpson	3846	-1861	Arbuckle (sample top)	3897	-1912
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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"	23#	974'	common	450	3% cc, 2% gel
Production	7 7/8"	5 1/2"	14#	3900'	smd / standard	250	floseal, salt, calseal, cfr

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		Acid, Fracture, Shot, Cement Squeeze Record	
	Specify Footage of Each Interval Perforated		(Amount and Kind of Material Used)	
	open hole		natural	Depth 3900-3906'

TUBING RECORD	Size <u>2 7/8"</u>	Set At <u>3875'</u>	Packer At	Liner Run <input type="checkbox"/> Yes <input type="checkbox"/> No
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Date of First, Resumerd Production, SWD or Enhr. <u>1/3/07</u>	Producing Method <input checked="" type="checkbox"/> Flowing <input checked="" type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)
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Estimated Production Per 24 Hours	Oil Bbls. <u>undetermined</u>	Gas Mcf <u>150</u>	Water Bbls.	Gas-Oil Ratio	Gravity
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Disposition of Gas	METHOD OF COMPLETION	Production Interval
<input type="checkbox"/> Vented <input checked="" type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	<input checked="" type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <input type="checkbox"/> Other (Specify) _____	_____

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WICHITA, KS



CHARGE TO: Carmen Schmitt
 ADDRESS: _____
 CITY, STATE, ZIP CODE: _____

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 WICHITA, KS

TICKET
 No 10706

PAGE 1 OF 2

SERVICE LOCATIONS 1. <u>HAYS</u>	WELL/PROJECT NO. <u>1</u>	LEASE <u>Mull</u>	COUNTY/PARISH <u>Pawnee</u>	STATE <u>KS</u>	CITY	DATE <u>09-12-06</u>	OWNER
2. <u>NESS</u>	TICKET TYPE <input checked="" type="checkbox"/> SERVICE <input type="checkbox"/> SALES	CONTRACTOR	RIG NAME/NO. <u>Mallard Drls 1</u>	SHIPPED VIA <u>ET</u>	DELIVERED TO <u>SE, 1/4 W, Winto Lerne</u>	ORDER NO. <u>KS</u>	
3.	WELL TYPE <u>Oil</u>	WELL CATEGORY <u>Develop</u>	JOB PURPOSE <u>S/2 Longstring</u>	WELL PERMIT NO. <u>15-145-21546</u>	WELL LOCATION <u>S31, T21, R15W</u>		
4. REFERRAL LOCATION	INVOICE INSTRUCTIONS						

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.		U/M		UNIT PRICE	AMOUNT	
		LOC	ACCT	DF								
575		/			MILEAGE #105	80	mi			4.00	320	00
578		/			Pump Service	1	eq			1250.00	1250	00
221		/			Liquid NCL	4	gal			26.00	104	00
281		/			Mud Flush	500	gal			.75	375	00
402		/			Centrifizer	6	eq	5 1/2	in	75.00	450	00
403		/			Cmt Baskets	2	eq	5 1/2	in	260.00	520	00
405		/			Formation Roller Shoe	1	eq	5 1/2	in	1350.00	1350	00
406		/			Latch Down Plug & Beilke	1	eq	5 1/2	in	210.00	210	00

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 Curtis J. Hatcher
 DATE SIGNED 09-12-06 TIME SIGNED 0000 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	pg. 1	4579	00
OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN?				PAGE TOTAL		
WE UNDERSTOOD AND MET YOUR NEEDS?				pg. 2	5396	70
OUR SERVICE WAS PERFORMED WITHOUT DELAY?				sub		
WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY?				total	9975	70
ARE YOU SATISFIED WITH OUR SERVICE? <input type="checkbox"/> YES <input type="checkbox"/> NO				Pawnee TAX 6.3%	431	35
<input type="checkbox"/> CUSTOMER DID NOT WISH TO RESPOND				TOTAL	10,407	05

CUSTOMER ACCEPTANCE OF MATERIALS AND SERVICES The customer hereby acknowledges receipt of the materials and services listed on this ticket.

SWIFT OPERATOR DAVE BISH APPROVAL _____

Thank You!



PO Box 466
Ness City, KS 67560
Off: 785-798-2300

TICKET CONTINUATION

TICKET No. 10706

CUSTOMER Carmen Schmitt WELL #1 Mull DATE 09-12-06 PAGE 2 OF 2

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			TIME	DESCRIPTION	QTY.		QTY.		UNIT PRICE	AMOUNT	
		LOC.	ACCT	DF				UM		UM			
330		2				SMD CMT	100	SK			13 25	1325	00
325		2				Standard CMT EA2	150	SK			11 00	1650	00
276		2				Flocote	63	lb			1 25	78	75
283		2				Salt	750	lb			20	150	00
284		2				Calceol	7	SK			30 00	210	00
285		2				CFR	106	lb			4 00	424	00
581		2				Service Chg CMT	250	SK			1 10	275	00
583		2				Dreyage	1283	7m			1 00	1283	95
												RECEIVED KANSAS CORPORATION COMMISSION JAN 31 2007 CONSERVATION DIVISION WICHITA, KS	
						SERVICE CHARGE		CUBIC FEET					
		MILEAGE CHARGE		TOTAL WEIGHT		LOADED MILES		TON MILES					

CONTINUATION TOTAL: 5396.70

JOB LOG

SWIFT Services, Inc.

DATE 09/12/06

CUSTOMER *Germer Schmitt* WELL NO. *1* LEASE *Mull* JOB TYPE *5 1/2 Long string* TICKET NO. *10706*

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL)(GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	0000							ONLOCATION, DISCUSS JOB, Laying Down DP, Lead CM7 100SH SM-D Tail CM7 150SH EA-2 RTD 3903, Set 3901, ST 1993, Insert 3881 5 1/4 14# Cont. 2, 4, 6, 8, 10, 36, Basket 1, 34 Formation Pecker Shoe
	0210							Trucks on Location
	0315							Start GSA Float EQU
	0445							Teg bottom
	0505							Break Circ. - Drop Ball, Set Pecker shoe
	0530		3+2					Plug RH & MH
	0535	5.0	0				200	Start Mud Flush
			12					Start NCL Flush
			32					end Flushes
	0540	4.5	0				100	Start CM7 SM-D
		5.0	35					Start CM7 EA-2
		5.0	38.5					end CM7
								Wash pumping lines, Drop Late down Plug
	0600	5.0	0				100	Start Disp, First 18 bbls NCL
		4.5	23.1				100	CM7 on bottom
		4.5	40				100	
		4.5	55				150	
		4.0	60				300	
		4.0	70				450	
		5.0	80				600	
		5.0	90				800	
	0630	4.0	94.6				1700	Land Plug Release
								Washup Rec Up Tickets
	0715							Job Complete - Thank-You! Dave Don, Shane, Sean

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CONSERVATION DIVISION
WICHITA, KS

ALLIED CEMENTING CO., INC.

23807

Federal Tax I.D.

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

SERVICE POINT: Great Bend

DATE <u>9-6-06</u>	SEC <u>31</u>	TWP <u>21</u>	RANGE <u>15 W</u>	CALLED OUT <u>12 AM</u>	ON LOCATION <u>3 AM</u>	JOB START <u>3 AM</u>	JOB FINISH <u>4 PM</u>
LEASE <u>Muff</u>	WELL# <u>1</u>	LOCATION <u>1/19 + Mocksville 2w2M</u>			COUNTY <u>Pawnee</u>	STATE <u>K.S.</u>	
OLD OR <u>NEW</u> (Circle one)				<u>WIS</u>			

CONTRACTOR Mallard

TYPE OF JOB Surface

HOLE SIZE 12 1/4 T.D. 974 ft

CASING SIZE 23" DEPTH 974 ft

TUBING SIZE _____ DEPTH _____

DRILL PIPE _____ DEPTH _____

TOOL _____ DEPTH _____

PRES. MAX _____ MINIMUM _____

MEAS. LINE _____ SHOE JOINT _____

CEMENT LEFT IN CSG. 40 ft

PERFS. _____

DISPLACEMENT 59 blk

EQUIPMENT

PUMP TRUCK CEMENTER Mike

120 HELPER Rick

BULK TRUCK

344 DRIVER Cody

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: Carman Schmitt

STREET _____

CITY _____ STATE _____ ZIP _____

Thank you


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 LAVON R URBAN

OWNER _____

CEMENT AMOUNT ORDERED 450 sk Common
3800 28 gel

COMMON <u>450 sk</u>	@	<u>10.65</u>	<u>4792.50</u>
POZMIX _____	@		
GEL <u>904</u>	@	<u>16.65</u>	<u>14985</u>
CHLORIDE <u>13 sk</u>	@	<u>46.60</u>	<u>605.80</u>
ASC _____	@		
_____	@		
_____	@		
_____	@		
_____	@		
_____	@		
HANDLING <u>472 sk</u>	@	<u>1.90</u>	<u>896.80</u>
MILEAGE <u>472 sk 27 09</u>			<u>1146.96</u>
TOTAL			<u>7591.91</u>

SERVICE

DEPTH OF JOB 974 ft

PUMP TRUCK CHARGE 85.00

EXTRA FOOTAGE 647 @ .65 420.55

MILEAGE 27 @ 6.00 162.00

MANIFOLD _____ @ _____

_____ @ _____

_____ @ _____

TOTAL 1397.55

PLUG & FLOAT EQUIPMENT

1-8 1/2 Rubber Plug 100.00 100.00

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

TOTAL 100.00

TAX _____

TOTAL CHARGE _____

DISCOUNT _____ IF PAID IN 30 DAYS

SIGNATURE LAVON R URBAN

PRINTED NAME