

15-051-24843-00-00

ORIGINAL

FORM MUST BE TYPED

SIDE ONE

STATE CORPORATION COMMISSION OF KANSAS
OIL & GAS CONSERVATION DIVISION
WELL COMPLETION FORM
ACO-1 WELL HISTORY
DESCRIPTION OF WELL AND LEASE

Operator: License # 65
Name: Carmen Schmitt
Address 3111 10th St., #200
P. O. Box 47
City/State/Zip Great Bend, KS 67530

Purchaser: _____
Operator Contact Person: Carmen Schmitt
Phone (316) 793-5100

Contractor: Name: Murfin Drilling Co., Inc.
License: 30606

Wellsite Geologist: _____

Designate Type of Completion
 New Well Re-Entry Workover

Oil SWD SLOW Temp. Abd.
 Gas ENHR SIGW
 Dry Other (Core, WSU, Reservoir, Medic, etc)

If Workover/Re-Entry: old well info as follows:

Operator: NOV 19 1993
11-19-1993
Well Name: _____
Comp. Date Old Well

Deepening Re-perf. Conv. to Inj/SWD
 Plug Back PSTD
 Commingled Docket No. _____
 Dual Completion Docket No. _____
 Other (SWD or Inj?) Docket No. _____

09-27-93 10-02-93 10-03-93
Spud Date Date Reached TD Completion Date

API NO. 15- 051-24843
County Ellis
NW-NW-SW Sec. 19 Twp. 11S Rge. 19 X E

2310 Feet from SW (circle one) Line of Section
330 Feet from SE (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:
NE, SE, NW or SW (circle one)

Lease Name Kohl Well # 1

Field Name _____

Producing Formation _____

Elevation: Ground 1973' KB 1978'

Total Depth 3584' PSTD 3600'

Amount of Surface Pipe Set and Cemented at 210 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 cat.

Drilling Fluid Management Plan D&A JH 2-21-94
(Data must be collected from the Reserve Pit)

Chloride content 23000 ppm Fluid volume 720 bbls

Dewatering method used evaporation

Location of fluid disposal if hauled offsite:

160 bbl to Schaus SWD
Operator Name Carmen Schmitt Inc.

Lease Name _____ License No. 6569

SW Quarter Sec. 7 Twp. 11S Rng. 19W E/W

County ELLIS Docket No. D-26,692

INSTRUCTIONS: An original and two copies of this form shall be filed with the Kansas Corporation Commission, 200 Colorado Derby Building, 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 on 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 Carmen Schmitt

Title Pres. Date 11-17-93

Subscribed and sworn to before me this 17th day of November, 19 93.

Notary Public Julijann K. Kampen

Date Commission Expires 11/14/97

JULIJANN K. KAMPEN
NOTARY PUBLIC
STATE OF KANSAS
My Appt Exp 11/14/97

K.C.C. OFFICE USE ONLY
F Letter of Confidentiality Attached
C Wireline Log Received
C Geologist Report Received
Distribution
 KCC SWD/Rep NGPA
 KGS Plug Other (Specify)

91

SIDE TWO

Operator Name Carmen Schmitt Lease Name Kohl Well # 1
 Sec. 19 Top. 11S Rge. 19 East County Ellis
 West

INSTRUCTIONS: Show important tops and base of formations penetrated. Detail all cores. Report all drill stem 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 during test. Attach extra sheet if more space is needed. Attach copy of log.

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
 ANHYDRITE 1338 + 640
 TOPEKA 3000 -1022
 HEEBNER 3219 -1241
 LANSING 3263 -1285
 BASE K.C. 3488 -1510
 ARBUCKLE 3575 -1597

R A GUARD

CASING RECORD <input 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 1/4"	8-5/8"		210	60/40	150	2%Gel 3%CC

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)	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 Inj.		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: Vented Sold Used on Lease (If vented, submit ACD-18.)

METHOD OF COMPLETION Open Hole Perf. Dually Comp. Commingled Other (Specify) _____

Production Interval _____

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913-483-2627, Russell, KS
 Phone 316-793-5861, Great Bend, KS

Phone 913-625-5516, Hays, KS
 Phone 913-672-3471, Oakley, KS

Phone 316-886-5926, Medicine Lodge, KS
 Phone 913-798-3843, Ness City, KS

ALLIED CEMENTING CO., INC.

Home Office P. O. Box 31

Russell, Kansas 67665

8122 ORIGINAL

New

Date	Sec.	Twp.	Range	Called Out	On Location	Job Start	Finish
9-27-93	19	11	19	4:30 PM	7:30 PM	10:00 PM	10:30 PM
Case	Well No. #1		Location		County	State	
Kohl	#1		ELLIS 9N 2E 2N 2NE		ELLIS	KANSAS	

Contractor	Murkin Dr 19	Rig 8
Type Job	Surface.	
Well Size	12 1/4"	T.D. 211'
Log	8 3/8"	Depth 210'
Log Size		Depth
Drill Pipe		Depth
Cool		Depth
Cement Left in Csg.	15'	Shoe Joint
Press Max.		Minimum
Cas Line		Displace

Owner	SAME
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 listed.	
Charge To	CARMEN SCHMITT INC
Street	P.O. Box 47
City	Great Bend
State	Kan 67530
The above was done to satisfaction and supervision of owner agent or contractor.	
Purchase Order No.	
X	Don Hallett
	CEMENT

RECEIVED STATE CORPORATIONS COMMISSION

Amount Ordered	160
Consisting of	5K560/40 per 32cc 29.6el

EQUIPMENT

NOV 19 1993

#153 No.	Cementer	M Kaufman
umptrk Hays	Helper	Dave F.
No.	Cementer	
umptrk #	Helper	
	Driver	Steve W
bulktrk	Driver	
bulktrk		

Common	96	575	552.00
Poz. Mix	64	3.00	192.00
Gel.	3	2.00	NK
Chloride	5	25.00	125.00
Quickset			

DEPTH of Job	
Reference:	
#	PUMP Jnk 430.00
	1-8 3/8" Surface plug 42.00
	2 25 Per mile 27m 60.75
	Sub Total 532.75
	Tax
	Total

Handling	1.00	160.00
Mileage 27m	.04	172.80
Sub Total		1201.80
Total		

Remarks:
 CEMENT Circulated

[Signature]

83-2627, Russell, KS

Phone 913-625-5516, Hays, KS

Phone 316-886-5926, Medicine Lodge, KS

6-793-5861, Great Bend, KS

Phone 913-672-3471, Oakley, KS

Phone 913-798-3843, Ness City, KS

ALLIED CEMENTING CO., INC.

8126

Home Office P. O. Box 31

Russell, Kansas 67665

NEW

Date	10-3-83	Sec.	19	Well No.	11	Range	19	Called Out	4:00 AM	On Location	6:00 AM	Job Start	6:30 AM	Finish	9:30 AM
Case	Kohl	Well No.	#1	Location	ELLIS	8N2E2N2E3N	ELLIS	County	ELLIS	State	KANSAS				

Contractor **Murkin Drilling Rig 8**

Owner **SAME**

Job **PLUG**

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 listed.

Size **7 7/8" I.D. 3584'**

Charge To **CARMEN Schmitt**

Depth **210'**

Street **P.O. Box 47**

Drill Pipe **Depth**

City **Great Bend State Kan 67530**

Shoe Joint

The above was done to satisfaction and supervision of owner agent or contractor.

Minimum

Purchase Order No. **Robert Dellett**

Displace

CEMENT

EQUIPMENT

Amount Ordered **215 SKS 60/40 P.O. 2.6706 1/4 Flo Seal**

#153 No. Cementer **M. Kaufman**

Consisting of

Helper **Bill L. NOV**

Common	MM 139	525	741.75
Poz. Mix	86	3.00	258.00
Gel. 1993	8	7.00	56.00

#218 Driver **Wayne M**

Chloride			
Quickset			
Flo Seal 54 #		110	59.40

Driver

Sales Tax

DEPTH of Job

Handling **1.00 215.00**

Reference #	PUMP TRK	430.00
	1-8 7/8" Plug	21.00
	2 3/4 Permils	27m 60.75
	Sub Total	511.75
	Tax	
	Total	

Mileage **27m .04 232.20**

25 SKS @ 3555'

Sub Total **1562.35**

25 SKS @ 1360'

Total

100 SKS @ 625'

Floating Equipment

40 SKS @ 260'

Shaw

10 SKS @ 40'

15 SKS in Rat Hole