

15-051-24933-00-00

FORM MUST BE TYPED

SIDE ONE

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

API NO. 15- 051-249330000  
County ELLIS COUNTY  
NE NE NW Sec. 02 Twp. 12S Rge. 20W

AP-96  
**ORIGINAL**

Operator: License # 6569  
Name: CARMEN SCHMITT, INC.  
Address 3111 W. 10TH, P.O. BOX 47  
City/State/Zip GREAT BEND, KS. 67530

480 Feet from S/W (circle one) Line of Section  
2490 Feet from E/W (circle one) Line of Section  
Footages Calculated from Nearest Outside Section Corner:  
NE, SE, NW or SW (circle one)

Purchaser: NONE  
Operator Contact Person: CARMEN SCHMITT  
Phone ( 316 ) 793-5100  
Contractor: Name: MURFIN DRILLING CO, INC.  
License: 30606  
Wellsite Geologist: STEVE D. PARKER

Lease Name HALL Well # 2  
Field Name \_\_\_\_\_  
Producing Formation None  
Elevation: Ground 2082 KB 2087  
Total Depth 3730 PBDT \_\_\_\_\_  
Amount of Surface Pipe Set and Cemented at 213 Feet  
Multiple Stage Cementing Collar Used? Yes X No  
If yes, show depth set \_\_\_\_\_ Feet  
If Alternate II completion, cement circulated from \_\_\_\_\_  
feet depth to \_\_\_\_\_ w/ \_\_\_\_\_ sx cmt.

Designate Type of Completion  
 New Well  Re-Entry  Workover  
 Oil  SWD  SOW  Temp. Abd.  
 Gas  ENHR  SIGW  
 Dry  Other (Core, WSW, Expl., Cathodic, etc.)

Drilling Fluid Management Plan D&M 9/2 12-12-96  
(Data must be collected from the Reserve Pit)  
Chloride content 26,000 ppm Fluid volume 900 bbls  
Dewatering method used EVAPORATION

If Workover/Re-Entry: old well info as follows:  
Operator: \_\_\_\_\_  
Well Name: \_\_\_\_\_  
Comp. Date \_\_\_\_\_ Old Total Depth \_\_\_\_\_  
 Deepening  Re-perf.  Conv. to Inj/SWD  
 Plug Back  PBDT  
 Commingled Docket No. \_\_\_\_\_  
 Dual Completion Docket No. \_\_\_\_\_  
 Other (SWD or Inj?) Docket No. \_\_\_\_\_  
7-6-96 7-10-96  
Spud Date Date Reached TD Completion Date

Location of fluid disposal if hauled offsite: \_\_\_\_\_  
Operator Name \_\_\_\_\_  
Lease Name \_\_\_\_\_ License No. \_\_\_\_\_  
Quarter Sec. Twp. S. Rng. E/W  
County \_\_\_\_\_ Docket No. \_\_\_\_\_

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 PRESIDENT/OWNER Date 10-3-96  
Subscribed and sworn to before me this 3rd day of OCTOBER  
19 96  
Notary Public Elaine Scheck  
Date Commission Expires 12-13-99

NOTARY PUBLIC - State of Kansas  
ELAINE SCHECK  
My Appt. Exp. 12-13-99

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

Operator Name CARMEN SCHMITT, INC.

Lease Name HALL

Well # 2

Sec. 02 Twp. 12S Rge. 20W

East  
 West

County ELLIS

KANSAS

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 (Attach Additional Sheets.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Log	Formation (Top), Depth and Datums	<input checked="" type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Name	Top	Datum
Cores Taken	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	ANHYDRITE	1485	+602
Electric Log Run (Submit Copy.)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	BASE ANHYDRITE	1526	+561
List All E.Logs Run:	<b>BOREHOLE COMPENSATED SONIC</b>	TOPEKA	3133	-1046
		HEEBNER	3358	-1271
		TORONTO	3382	-1295
		LKC	3402	-1315
		BASE KANSAS CITY	3635	-1548
		MARMATON	3680	-1593
		ARBUCKLE	3710	-1613

CASING RECORD <input type="checkbox"/> New <input checked="" 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	23	213	60/40 POZ	140	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 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 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 <u>N/A</u> Bbls.	Gas <u>N/A</u> Mcf	Water <u>N/A</u> Bbls.	Gas-Oil Ratio
				Gravity

Disposition of Gas:  Vented  Sold  Used on Lease (If vented, submit ACO-18.)

METHOD OF COMPLETION:  Open Hole  Stimulation  Hydraulic Fracturing  Dually Comp.  Commingled  Other (Specify)  \_\_\_\_\_

Production Interval: \_\_\_\_\_

15-051-24933-00-00

ORIGINAL

TELEPHONE:

ALLIED CEMENTING COMPANY, INC.

P. O. BOX 31  
RUSSELL, KANSAS 67665

AREA CODE 913 483-2627  
AREA CODE 913 483-3887

TO: Carmen Schmitt, Inc.  
P. O. Box 47  
Great Bend, KS 67530

INVOICE NO. 72879  
PURCHASE ORDER NO. \_\_\_\_\_  
LEASE NAME Hall #2  
DATE 7-10-96

SERVICE AND MATERIALS AS FOLLOWS:

Common 129 sks @\$6.10	\$786.90	
Pozmix 86 sks @\$3.15	270.90	
Gel 11 sks @\$9.50	104.50	
FloSeal 54# @\$1.15	<u>62.10</u>	\$1,224.40
Handling 215 sks @\$1.05	225.75	
Mileage (25) @\$.04¢ per sk per mi	215.00	
Rotary Plug	550.00	
Mi @\$2.85 pmp trk chg	71.25	
1 plug	<u>23.00</u>	<u>1,085.00</u>

<u>Drilling</u>	Total	\$2,309.40
		<u>346.41</u>
		<u>1962.99</u>

If Account CURRENT a  
Discount of \$ 346.41  
will be Allowed ONLY if  
Paid Within 30 Days from  
Date of Invoice.

*Thank You!*

*Cement Plug Hall #2 paid  
8-19-96  
CR # 5964  
# 3388.91*

All Prices Are Net, Payable 30 Days Following Date of Invoice-1½% Charged Thereafter.

10-4-1997  
OCT -4 A 11:20  
KANSAS CEMENTING CO.

# ALLIED CEMENTING CO., INC.

15-051-24933-00-00

6871

ORIGINAL

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

SERVICE POINT:

M.N. Russell

DATE <u>7-10-96</u>	SEC. <u>2</u>	TWP. <u>12 S</u>	RANGE <u>20 W</u>	CALLED OUT <u>8:45 PM</u>	ON LOCATION <u>11:15 AM</u>	JOB START <u>2:00 AM</u>	JOB FINISH <u>6:15 AM</u>
LEASE <u>Hall</u>	WELL # <u>2</u>	LOCATION <u>Ellis N To Church Ln</u>			COUNTY <u>Ellis</u>	STATE <u>KANSAS</u>	

OLD OR NEW (Circle one) NEW

1 1/2 E 1/2 SW INTO

CONTRACTOR MURFIN DRUG RIG #3 OWNER \_\_\_\_\_

TYPE OF JOB ROTARY Plug CEMENT \_\_\_\_\_

HOLE SIZE 7 7/8 T.D. 3730'

CASING SIZE 8 7/8 SURFACE DEPTH 213

TUBING SIZE \_\_\_\_\_ DEPTH \_\_\_\_\_

DRILL PIPE 4 1/2 X-H DEPTH 3690'

TOOL \_\_\_\_\_ DEPTH \_\_\_\_\_

PRES. MAX \_\_\_\_\_ MINIMUM \_\_\_\_\_

MEAS. LINE \_\_\_\_\_ SHOE JOINT \_\_\_\_\_

CEMENT LEFT IN CSG. \_\_\_\_\_

PERFS. \_\_\_\_\_

AMOUNT ORDERED	<u>215 SK 6940</u>	<u>626.00</u>
	<u>4# F10 - SEAL PER SK</u>	
COMMON	<u>129 @ 6.10</u>	<u>786.90</u>
POZMIX	<u>86 @ 3.15</u>	<u>270.90</u>
GEL	<u>11 @ 9.50</u>	<u>104.50</u>
CHLORIDE	<u>FloSeal 54# @ 1.15</u>	<u>62.10</u>
	@ _____	_____
	@ _____	_____
	@ _____	_____
	@ _____	_____
HANDLING	@ <u>105</u>	<u>225.75</u>
MILEAGE	<u>25 mi @ .04</u>	<u>215.00</u>
TOTAL		<u>1665.15</u>

**EQUIPMENT**

PUMP TRUCK CEMENTER [Signature]

# 177 HELPER Will

BULK TRUCK DRIVER Brent

# 282 DRIVER \_\_\_\_\_

BULK TRUCK DRIVER \_\_\_\_\_

**REMARKS;**

**SERVICE**

25 SK @ 3690'

25 SK @ 1510'

100 SK @ 700'

40 SK @ 260'

10 SK @ 40' + Plug

15 SK @ RAT Hole

DEPTH OF JOB	_____	_____
PUMP TRUCK CHARGE	_____	<u>550.00</u>
EXTRA FOOTAGE	@ _____	_____
MILEAGE	<u>25 @ 2.85</u>	<u>71.25</u>
PLUG <u>Dry Hole</u>	@ _____	<u>23.00</u>
	@ _____	_____
	@ _____	_____
TOTAL		<u>644.25</u>

CHARGE TO: CARMEN SCHMITT Inc.

STREET P.O. Box 47

CITY Great Bend STATE Kan ZIP 67530

**FLOAT EQUIPMENT**

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

RECEIVED  
 KANSAS CEMENTING CO.  
 10-4-1997  
 11:20

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.

TAX \_\_\_\_\_

TOTAL CHARGE \_\_\_\_\_

DISCOUNT \_\_\_\_\_ IF PAID IN 30 DAYS

SIGNATURE [Signature]

TELEPHONE:  
AREA CODE 913 483-2627  
AREA CODE 983 483-3887

15-051-24933-00-00  
**ALLIED CEMENTING COMPANY, INC.**  
P. O. BOX 31  
RUSSELL, KANSAS 67665

TO: Carmen Schmitt, Inc.  
P. O. Box 47  
Great Bend, KS 67530

INVOICE NO. 72844  
PURCHASE ORDER NO. \_\_\_\_\_  
LEASE NAME Hall #2  
DATE 7-6-96

SERVICE AND MATERIALS AS FOLLOWS:

Common 84 sks @\$6.10	\$512.40	
Pozmix 56 sks @\$3.15	176.40	
Gel 3 sks @\$9.50	28.50	
Chloride 4 sks @\$28.00	112.00	\$ 829.30
Handling 140 sks @\$1.05	147.00	
Mileage (25) @\$.04¢ per sk per mi	140.00	
Surface	445.00	
Mi @\$2.85 pmp trk chg	71.25	
1 plug	45.00	848.25

Total

\$1,677.55

If Account CURRENT a  
Discount of \$ 251.63  
will be Allowed ONLY if  
Paid Within 30 Days from  
Date of Invoice.

*Cement Surface Csg.*

*paid*  
*8-19-96*  
*ck # 5964*  
*\$ 3388.91*

*- 251.63*  
*1425.92*

*Thank You!*

All Prices Are Net, Payable 30 Days Following Date of Invoice. 1 1/2% Charged Thereafter.

RECEIVED  
KANSAS CORP OCT 11  
1997 OCT -11 A 11:20  
10-4-1997

15-051-24933-00-00

# ALLIED CEMENTING CO., INC.

6866

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

ORIGINAL

SERVICE POINT: Russell

DATE <u>7-6-96</u>	SEC. <u>2</u>	TWP. <u>12 S</u>	RANGE <u>20 W</u>	CALLED OUT <u>4:00 PM</u>	ON LOCATION <u>4:30 PM</u>	JOB START <u>7:45 PM</u>	JOB FINISH <u>8:00 PM</u>
LEASE <u>Hall</u>	WELL # <u>2</u>	LOCATION <u>Ellis In Church 1/2 E</u>		COUNTY <u>Ellis</u>	STATE <u>KANSAS</u>		

OLD OR  NEW (Circle one)

1/4 S into

CONTRACTOR <u>MURFIN Dalg. Rig #3</u>	OWNER _____
TYPE OF JOB <u>SURFACE</u>	CEMENT
HOLE SIZE <u>12 1/4</u>	T.D. <u>213'</u>
CASING SIZE <u>8 5/8</u>	DEPTH <u>213'</u>
TUBING SIZE _____	DEPTH _____
DRILL PIPE _____	DEPTH _____
TOOL _____	DEPTH _____
PRES. MAX _____	MINIMUM _____
MEAS. LINE _____	SHOE JOINT _____
CEMENT LEFT IN CSG. <u>15'</u>	
PERFS. <u>12 3/4</u>	

AMOUNT ORDERED 140 SK 69/40 2% Gel  
39% CC

COMMON	<u>84</u>	@	<u>610</u>	<u>512.40</u>
POZMIX	<u>56</u>	@	<u>315</u>	<u>176.40</u>
GEL	<u>3</u>	@	<u>9.50</u>	<u>28.50</u>
CHLORIDE	<u>4</u>	@	<u>28.00</u>	<u>112.00</u>
		@		
		@		
		@		
		@		
		@		
		@		

HANDLING @ 105 147.00  
MILEAGE 2.5m 04 140.00

TOTAL 1116.30

### EQUIPMENT

PUMP TRUCK # <u>177</u>	CEMENTER <u>Will</u>	HELPER <u>Will</u>
BULK TRUCK # <u>282</u>	DRIVER <u>Darin</u>	
BULK TRUCK # _____	DRIVER _____	

### REMARKS:

Cement Circulated  
Shank

### SERVICE

DEPTH OF JOB _____			
PUMP TRUCK CHARGE _____			<u>445.00</u>
EXTRA FOOTAGE _____	@		
MILEAGE <u>25</u>	@	<u>2.85</u>	<u>71.25</u>
PLUG <u>1-8 5/8 WOODEN</u>	@		<u>45.00</u>
	@		
	@		

TOTAL 561.25

CHARGE TO CARMEN SCHMITT INC  
STREET P.O. Box 47  
CITY Great Bend STATE Kan ZIP 67530

### FLOAT EQUIPMENT

	@		
	@		
	@		
	@		
	@		

TOTAL \_\_\_\_\_

TAX \_\_\_\_\_  
TOTAL CHARGE \_\_\_\_\_  
DISCOUNT \_\_\_\_\_

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 Keith Van Pelt

1997 OCT -4 A 11:20  
KANSAS CEMENTING CO. RECEIVED

IF PAID IN 30 DAYS