

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

ORIGINAL

Form ACO-1
October 2008
Form Must Be Typed

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # 6569
Name: Carmen Schmitt, Inc
Address 1: P.O. Box 47
Address 2: 915 Harrison
City: Great Bend State: KS Zip: 67530 + 0 0 4 7
Contact Person: Carmen Schmitt, Inc
Phone: (620) 793-5100
CONTRACTOR: License # 31548
Name: Discovery Drilling
Wellsite Geologist: Cliff Ottaway
Purchaser: -

Designate Type of Completion:
 New Well Re-Entry Workover
 Oil SWD SIOW
 Gas ENHR SIGW
 CM (Coal Bed Methane) Temp. Abd.
 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. Conv. to SWD
 Plug Back: _____ Plug Back Total Depth
 Commingled Docket No.: _____
 Dual Completion Docket No.: _____
 Other (SWD or Enhr.?) Docket No.: _____
8/13/2009 8/19/09 8/19/2009
Spud Date or Date Reached TD Completion Date or Recompletion Date

API No. 15 - 163-23818-00-00
Spot Description: _____
_____ NW _____ NW _____ NW Sec. 35 Twp. 10 S. R. 20 East West
330 Feet from North / South Line of Section
180 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Rooks
Lease Name: A-T Unit Well #: 1
Field Name: _____
Producing Formation: _____
Elevation: Ground: 2139 Kelly Bushing: 2147
Total Depth: 3829 Plug Back Total Depth: surface
Amount of Surface Pipe Set and Cemented at: 224 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 P+ A Alt II
(Data must be collected from the Reserve Pit) 3-4-10
Chloride content: 41000 ppm Fluid volume: 1000 bbls
Dewatering method used: Evaporate
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: [Signature]
Title: Operations Manager Date: 2/25/2010
Subscribed and sworn to before me this 25 day of February,
20 10.
Notary Public: [Signature]
Date Commission Expires: 12-13-2011

NOTARY PUBLIC - State of Kansas
ELAINE MEYER
My Appt. Exp. 12-13-11

KCC Office Use ONLY
 Letter of Confidentiality Received
 Wireline Log Received
 Geologist Report Received
 UIC Distribution
if Denied, Yes No Date: 3/3/10 - Dg

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MAR 01 2010
CONSERVATION DIVISION
WICHITA, KS

Operator Name: Carmen Schmitt, Inc Lease Name: A-T Unit Well #: 1
 Sec. 35 Twp. 10 S. R. 20 East West County: Rooks

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; Microresistivity Dual Induction	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input checked="" type="checkbox"/> Sample <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;">Name</td> <td style="width:20%;">Top</td> <td style="width:20%;">Datum</td> </tr> <tr> <td>Annhydrite</td> <td>1579</td> <td>567</td> </tr> <tr> <td>Heebner</td> <td>3170</td> <td>-1021</td> </tr> <tr> <td>Lansing-KC</td> <td>3422</td> <td>-1271</td> </tr> <tr> <td>Base KC</td> <td>3632</td> <td>-1483</td> </tr> <tr> <td>Arbuckle</td> <td>3729</td> <td>-1575</td> </tr> </table>	Name	Top	Datum	Annhydrite	1579	567	Heebner	3170	-1021	Lansing-KC	3422	-1271	Base KC	3632	-1483	Arbuckle	3729	-1575
Name	Top	Datum																	
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Base KC	3632	-1483																	
Arbuckle	3729	-1575																	

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 1/4	8 5/8	23	224	common	150	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 checked="" type="checkbox"/> Plug Back TD <input type="checkbox"/> Plug Off Zone	4450	Common	245	60/40 4.5 gel 1/4 Flo

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>
		RECEIVED KANSAS CORPORATION COMMISSION MAR 01 2010 CONSERVATION DIVISION WICHITA, KS

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: <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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Carmen Schmitt Inc
P.O. BOX 47
Great Bend KS 67530
New Wealth Comes From the Land
620-793-5100

2/25/10

Kansas Corporation Commission

Re: ACO-1
A-T Unit #1
15-163-23818-00-00
NW NW NW 35-10S-20W
Rooks, Kansas

Please hold side two of this form confidential for 2 years.

Thank you,

Francis Hitschmann
Operations Manager
(620)793-5100 (office)
(620)793-5099 (fax)
(785)550-2702 (mobile)
francis@schmittinc.net

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CONSERVATION DIVISION
WICHITA, KS

ALLIED CEMENTING CO., LLC. 037604

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

SERVICE POINT:
Russell KS

DATE <u>8-13-09</u>	SEC. <u>35</u>	TWP. <u>10</u>	RANGE <u>20</u>	CALLED OUT	ON LOCATION	JOB START <u>7:30pm</u>	JOB FINISH <u>8:00pm</u>
LEASE <u>A-T Unit</u>		WELL # <u>1</u>		LOCATION <u>Palco KS South to County line</u>		COUNTY <u>Rooks</u>	STATE <u>KS</u>
OLD OR <u>NEW</u> (Circle one)			<u>1 1/2 East 1 North West into</u>				

CONTRACTOR Discovery Drilling #1
 TYPE OF JOB Surface
 HOLE SIZE 12 1/4 T.D. 224'
 CASING SIZE 8 7/8 DEPTH 224'
 TUBING SIZE _____ DEPTH _____
 DRILL PIPE _____ DEPTH _____
 TOOL _____ DEPTH _____
 PRES. MAX _____ MINIMUM _____
 MEAS. LINE _____ SHOE JOINT _____
 CEMENT LEFT IN CSG. 15'
 PERFS. _____
 DISPLACEMENT 13.31 Bbl

OWNER _____
 CEMENT AMOUNT ORDERED 150 com 3% cc 2% gel

EQUIPMENT

PUMP TRUCK CEMENTER John Roberts
 # 409 HELPER Glenn
 BULK TRUCK _____
 # 260 DRIVER Alvin
 BULK TRUCK _____
 # _____ DRIVER _____

COMMON	<u>150</u>	@	<u>13.50</u>	<u>2025.00</u>
POZMIX		@		
GEL	<u>5</u>	@	<u>20.25</u>	<u>60.75</u>
CHLORIDE	<u>5</u>	@	<u>57.50</u>	<u>287.50</u>
ASC		@		
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MAR 01 2010				
CONSERVATION DIVISION WICHITA, KS				
HANDLING	<u>75</u>	@	<u>2.20</u>	<u>168.75</u>
MILEAGE	<u>110/56/6.4</u>			<u>300.00</u>
TOTAL				<u>2812.00</u>

REMARKS:

Est. Circulation
Mix 150 sk cement
Displace w/ 13.31 Bbl H2O
Cement Did Circulate!

CHARGE TO: Carmen Schmitt
 STREET _____
 CITY _____ STATE _____ ZIP _____

SERVICE

DEPTH OF JOB				
PUMP TRUCK CHARGE				<u>750.00</u>
EXTRA FOOTAGE		@		
MILEAGE	<u>40</u>	@	<u>7.00</u>	<u>280</u>
MANIFOLD		@		
TOTAL				<u>1030.00</u>

PLUG & FLOAT EQUIPMENT

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

To Allied Cementing Co., LLC.
 You are hereby requested to rent cementing equipment and furnish cementer and helper(s) 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 and understand the "GENERAL TERMS AND CONDITIONS" listed on the reverse side.

SALES TAX (If Any) _____
 TOTAL CHARGES 1030.00
 DISCOUNT 0.00 IF PAID IN 30 DAYS

PRINTED NAME _____
 SIGNATURE [Signature]

ALLIED CEMENTING CO., LLC. 038533

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

SERVICE POINT: Russell

DATE <u>8-19-09</u>	SEC. <u>35</u>	TWP. <u>10</u>	RANGE <u>20</u>	CALLED OUT	ON LOCATION	JOB START <u>6:00 AM</u>	JOB FINISH <u>2:00 PM</u>
LEASE <u>A-T Unit</u>	WELL# <u>1</u>	LOCATION <u>Ellis N to County line</u>		COUNTY <u>Rees</u>	STATE <u>Ks.</u>		
<input checked="" type="radio"/> OLD OR NEW (Circle one)		<u>1 1/2 N Winto</u>					

CONTRACTOR Discovery Drilling Rig #1 OWNER _____

TYPE OF JOB PTA

HOLE SIZE 7 7/8 T.D. 3829

CASING SIZE _____ DEPTH _____

TUBING SIZE _____ DEPTH _____

DRILL PIPE 4 1/2 DEPTH 3700'

TOOL _____ DEPTH _____

PRES. MAX _____ MINIMUM _____

MEAS. LINE _____ SHOE JOINT _____

CEMENT LEFT IN CSG. _____

PERFS. _____

DISPLACEMENT _____

CEMENT AMOUNT ORDERED 245 @ 60¢ = 147.00

COMMON	<u>147</u>	@	<u>13.56</u>	<u>1984.50</u>
POZMIX	<u>98</u>	@	<u>2.55</u>	<u>239.90</u>
GEL	<u>8</u>	@	<u>20.25</u>	<u>162.00</u>
CHLORIDE	_____	@	_____	_____
ASC	_____	@	_____	_____

Fl Seal 61 @ 2.45 149.45

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WICHITA, KS

HANDLING	<u>122</u>	@	<u>2.25</u>	<u>274.50</u>
MILEAGE	<u>110/50/mile</u>			<u>488.00</u>
TOTAL				<u>3798.35</u>

EQUIPMENT

PUMP TRUCK CEMENTER Shane

409 HELPER Randy

BULK TRUCK DRIVER Craven

260

BULK TRUCK DRIVER _____

REMARKS:

<u>3700'</u>	<u>25 sks</u>
<u>1600'</u>	<u>25 sks</u>
<u>825'</u>	<u>100 sks</u>
<u>275'</u>	<u>40 sks</u>
<u>40'</u>	<u>10 sks</u>
<u>Rat Hole</u>	<u>30 sks</u>
<u>Mouse Hole</u>	<u>15 sks</u>

SERVICE

DEPTH OF JOB _____

PUMP TRUCK CHARGE _____ 750.00

EXTRA FOOTAGE _____ @ _____

MILEAGE 40 @ 7.00 280.00

MANIFOLD _____ @ _____

_____ @ _____

_____ @ _____

TOTAL 1030.00

CHARGE TO: Carmen Schmitt INC

STREET _____

CITY _____ STATE _____ ZIP _____

PLUG & FLOAT EQUIPMENT

_____	@	_____
_____	@	_____
<u>Dr Hole Plug</u>	@	_____
_____	@	_____
_____	@	_____
TOTAL _____		

To Allied Cementing Co., LLC.
You are hereby requested to rent cementing equipment and furnish cementer and helper(s) 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 and understand the "GENERAL TERMS AND CONDITIONS" listed on the reverse side.

PRINTED NAME _____

SIGNATURE [Signature]

SALES TAX (If Any) _____

TOTAL CHARGES [Stamp]

DISCOUNT [Stamp] IF PAID IN 30 DAYS