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FEB 26 2010

KCC WICHITA

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

ORIGINAL

Form ACO-1
October 2008
Form Must Be TypedWELL 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 # 4958
 Name: Mallard, J.V.
 Wellsite Geologist: M. Bradford Rine
 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.: _____
8/15/2009 8/23/2009 8/23/2009
 Spud Date or Date Reached TD Completion Date or
 Recompletion Date Recompletion Date

API No. 15 - 145-21587-00-00

Spot Description: _____
 SE NE NE NE Sec. 32 Twp. 22 S. R. 18 ☐ East ☒ West
550 Feet from ☒ North / ☐ South Line of Section
150 Feet from ☒ East / ☐ West Line of Section

Footages Calculated from Nearest Outside Section Corner:

☒ NE ☐ NW ☒ SE ☐ SWCounty: PawneeLease Name: S-F Unit Well #: 1Field Name: Wildcat

Producing Formation: _____

Elevation: Ground: 2104 Kelly Bushing: 2109Total Depth: 4450 Plug Back Total Depth: surfaceAmount of Surface Pipe Set and Cemented at: 347 FeetMultiple 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

(Data must be collected from the Reserve Pit)

P-A AH I NCL
3-3-10Chloride content: 17300 ppm Fluid volume: 1000 bblsDewatering method used: Evaporate

Location of fluid disposal if hauled offsite: _____

Operator Name: _____

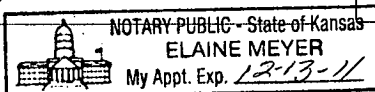
Lease Name: _____ License No.: _____

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: Francis P. [Signature]Title: Operations Manager Date: 2/25/2010Subscribed and sworn to before me this 25 day of February20 10Notary Public: Elaine MeyerDate Commission Expires: 12-13-2011

KCC Office Use ONLY

Y Letter of Confidentiality ReceivedIf Denied, Yes ☒ Date: 3/1/10 - Dg☒ Wireline Log Received☒ Geologist Report Received☐ UIC Distribution

Side Two

Operator Name: Carmen Schmitt, Inc Lease Name: S-F Unit Well #: 1
 Sec. 32 Twp. 22 S. R. 18 ☐ 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 (Attach Additional Sheets)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Log	Formation (Top), Depth and Datum	<input checked="" type="checkbox"/> Sample
Samples Sent to Geological Survey	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Name	Top	Datum
Cores Taken	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Heebner	3708	-1598
Electric Log Run (Submit Copy)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Lansing	3814	-1704
		B/ Kansas City	4116	-2006
		Marmaton	4140	-2030
		Ft. Scott	4250	-2136
		Mississippian	4324	-2213
		Violm	4416	-2307

List All E. Logs Run:
Dual Compensated Porosity;
Dual Induction

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	347	common	200	60/40 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	250	comm. 3.6% gel

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: <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease (If vented, Submit ACO-18.)		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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Mail to: KCC - Conservation Division, 130 S. Market - Room 2078, Wichita, Kansas 67202

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
S-F Unit #1
15-145-21587-00-00
SE NE NE NE 32-22S-18W
Pawnee, Kansas

RECEIVED
FEB 26 2010
KCC WICHITA

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

QUALITY OILWELL CEMENTING, INC.

Phone 785-483-2025
Cell 785-324-1041

Home Office P.O. Box 32 Russell, KS 67665

No.

Date	Sec.	Twp.	Range	County	State	On Location	Finish
Lease	Well No.		Location				
Contractor				Owner			
Type Job				To Quality Oilwell Cementing, Inc. You are hereby requested to rent cementing equipment and furnish cementer and helper to assist owner or contractor to do work as listed.			
Hole Size	T.D.						
Csg.	Depth			Charge To			
Tbg. Size	Depth			Street			
Drill Pipe	Depth			City State			
Tool	Depth			The above was done to satisfaction and supervision of owner agent or contractor.			
Cement Left in Csg.	Shoe Joint			CEMENT			
Press Max.	Minimum			Amount Ordered 200 LBS 3" HCL 2" LBS			
Meas Line	Displace			Common 200 @ 10.00 2,000.00			
Perf.				Poz. Mix			
EQUIPMENT				Gel. 4 @ 17.00 68.00			
Pumptrk	No.	Cementer		Calcium 7 @ 42.00 294.00			
Bulktrk	No.	Driver		Mills			
Bulktrk	No.	Driver		Salt			
JOB SERVICES & REMARKS				Flowseal			
Pumptrk Charge	SFC		400.00	RECEIVED			
Mileage	37 @ 6.00		222.00	FEB 26 2010			
Footage				KCC WICHITA			
Total			622.00	Handling 211 @ 2.00 422.00			
Remarks:				Mileage 300.00			
				Pump Truck Charge 677.00			
				FLOAT EQUIPMENT			
				Guide Shoe			
				Centralizer			
				Baskets			
				AFU Inserts			
				Rotating Head			
				Squeeze Mainfold			
				Tax 127.54			
				Discount (754.00)			
				Total Charge 3,142.54			

X
Signature

QUALITY OILWELL CEMENTING, INC.

Phone 785-483-2025
Cell 785-324-1041

Home Office P.O. Box 32 Russell, KS 67665

No. 1420 2-19

Date	Sec.	Twp.	Range	County	State	On Location	Finish
2-23-09	2	15	15	15	15	15	9 cny
Lease	Well No.	Location					
Contractor	Owner			To Quality Oilwell Cementing, Inc.			
Type Job	You are hereby requested to rent cementing equipment and furnish cementer and helper to assist owner or contractor to do work as listed.						
Hole Size	T.D.	Charge To					
Csg.	Depth	Street					
Tbg. Size	Depth	City State					
Drill Pipe	Depth	The above was done to satisfaction and supervision of owner agent or contractor.					
Tool	Depth						
Cement Left in Csg.	Shoe Joint	CEMENT					
Press Max.	Minimum	Amount Ordered					
Meas Line	Displace	Common 150 @ 10.00 1500.00					
Perf.		Poz. Mix 100 @ 6.00 600.00					
EQUIPMENT		Gel. 9 @ 17.00 153.00					
Pumptrk	No.	Cementer		Calcium			
Bulktrk	No.	Helper		Mills			
Bulktrk	No.	Driver		Salt			
Bulktrk	No.	Driver		Flowseal			
JOB SERVICES & REMARKS		RECEIVED FEB 26 2010 KCC WICHITA					
Pumptrk Charge	PTA		50.00				
Mileage	37 @ 6.00		222.00				
Footage							
Total		622.00		Handling 25 @ 2.00		518.00	
Remarks:				Mileage		300.00	
				Pump Truck Charge		622.00	
		FLOAT EQUIPMENT					
		Guide Shoe					
		Centralizer					
		Baskets					
		AFU Inserts					
		1 45.00					
		Rotating Head					
		Squeeze Mainfold					
		Tax 180.37					
		Discount (748.00)					
		Total Charge 3178.37					
X Signature							