

CONFIDENTIAL

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

5/19/11

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 # 33905
Name: Royal Drilling
Wellsite Geologist: Robert Schreiber
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.: _____
4/20/2010 4/25/2010 4/26/2010
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 053-21241-00-00
Spot Description: _____
NW SW NE SE Sec. 11 Twp. 17 S. R. 10 East West
1840 Feet from North / South Line of Section
1270 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Ellsworth
Lease Name: Petermann Well #: 1
Field Name: Stoltenberg
Producing Formation: _____
Elevation: Ground: 1797 Kelly Bushing: 1804
Total Depth: 3301 Plug Back Total Depth: Surface
Amount of Surface Pipe Set and Cemented at: 305 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
(Data must be collected from the Reserve Pit)
Chloride content: 56000 ppm Fluid volume: 1000 bbls
Dewatering method used: Evaporate and Backfill
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 Petermann
Title: Operations Manager Date: 5/12/2010
Subscribed and sworn to before me this 12th day of May
20 10
Notary Public: Elaine Meyer
Date Commission Expires: 12-13-2011

NOTARY PUBLIC - State of Kansas
ELAINE MEYER
My Appt. Exp. 12-13-2011

KCC Office Use ONLY
 Letter of Confidentiality Received
If Denied, Yes Date: _____
 Wireline Log Received
 Geologist Report Received
_____ UIC Distribution

RECEIVED
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MAY 20 2010

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