

KANSAS CORPORATION COMMISSION **ORIGINAL**
OIL & GAS CONSERVATION DIVISION

Form ACO-1
October 2008
Form Must Be Typed

CONFIDENTIAL WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

5/11/10

OPERATOR: License # 6569
Name: Carmen Schmitt Inc.
Address 1: P.O. Box 47
Address 2: 915 Harrison
City: Great Bend State: KS Zip: 67530 + 0047
Contact Person: Carmen Schmitt
Phone: (620) 793-5100
CONTRACTOR: License # 4958 **CONFIDENTIAL**
Name: Mallard J.V. Inc. MAY 11 2009
Wellsite Geologist: Tom Funk KCC
Purchaser: NCRA
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.: _____
2-18-09 2-25-09 4-10-09
Spud Date or Date Reached TD Completion Date or Recompletion Date

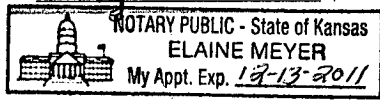
API No. 15 - 009-25306-0000
Spot Description: 50' N, 70' E S/2 SW NW
S/2 SW NW Sec. 36 Twp. 16 S. R. 15 East West
2260 Feet from North / South Line of Section
730 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Barton
Lease Name: Shaffer Well #: 3
Field Name: _____
Producing Formation: Kansas City
Elevation: Ground: 1992 Kelly Bushing: 1997
Total Depth: 3515 Plug Back Total Depth: 3468
Amount of Surface Pipe Set and Cemented at: 470 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 AHINS 7709
(Data must be collected from the Reserve Pit)
Chloride content: 51,000 ppm Fluid volume: 1000 bbls
Dewatering method used: Evaporation
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: Carmen Schmitt
Title: Operations Manager Date: 5-11-09
Subscribed and sworn to before me this 11 day of May
20 09
Notary Public: Elaine Meyer
Date Commission Expires: 12-13-2011



KCC Office Use ONLY

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

KANSAS CORPORATION COMMISSION
MAY 15 2009

RECEIVED

Operator Name: Carmen Schmitt Inc. Lease Name: Shaffer Well #: 3
 Sec. 36 Twp. 16 S. R. 15 East West County: Barton

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: Neutron Porosity, Dual Induction, Microlog	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:70%;">Name</td> <td style="width:15%;">Top</td> <td style="width:15%;">Datum</td> </tr> <tr> <td>Anhydrite</td> <td>1017</td> <td>+980</td> </tr> <tr> <td>Topeka</td> <td>2950</td> <td>-953</td> </tr> <tr> <td>Heebner</td> <td>3178</td> <td>-1181</td> </tr> <tr> <td>Lansing</td> <td>3241</td> <td>-1244</td> </tr> <tr> <td>Base Kansas City</td> <td>3473</td> <td>-1476</td> </tr> <tr> <td>Arbuckle</td> <td>3506</td> <td>-1509</td> </tr> </table>	Name	Top	Datum	Anhydrite	1017	+980	Topeka	2950	-953	Heebner	3178	-1181	Lansing	3241	-1244	Base Kansas City	3473	-1476	Arbuckle	3506	-1509
Name	Top	Datum																				
Anhydrite	1017	+980																				
Topeka	2950	-953																				
Heebner	3178	-1181																				
Lansing	3241	-1244																				
Base Kansas City	3473	-1476																				
Arbuckle	3506	-1509																				

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	12.25"	8.625"	23	470	Common	235	3% cc, 2% gel
Production	7.875"	5.50"	14	3512	Standard	150	5% salt, 4% calseal

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	3420	CIBP		

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>	Depth
2	3424-3430	Set CIBP @ 3420'	KANSAS CORPORATION COMMIS
2	3410-3416; 3392-3396	700 gal 15% acid	MAY 15 2009
2	3328-3332; 3318-3322	1550 gal 15% acid	RECEIVED
2	3262-3265; 3242-3248	Squeezed w 125 sx common @ 1500 psi	

TUBING RECORD:	Size: 2.375"	Set At: 3415'	Packer At:	Liner Run: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
----------------	--------------	---------------	------------	--

Date of First, Resumed Production, SWD or Enhr. May 10, 2009	Producing Method: <input type="checkbox"/> Flowing <input checked="" type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)
Estimated Production Per 24 Hours	Oil 5 Bbls. Gas -0- Mcf Water 73 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 checked="" type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ 3318'-3416'
---	---	--

