

CONFIDENTIAL

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

6/19/10

Form ACO-1
October 2008
Form Must Be Typed

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

ORIGINAL

OPERATOR: License # 6569
Name: Carmen Schmitt Inc.
Address 1: 915 Harrison
Address 2: P.O. Box 47
City: Great Bend State: KS Zip: 67530 + 0047
Contact Person: Carmen Schmitt
Phone: (620) 793-5100
CONTRACTOR: License # 4958
Name: Mallard JV, Inc.
Wellsite Geologist: Tim Priest
Purchaser: N.C.R.A.
Designate Type of Completion:
 New Well Re-Entry Workover
 Oil SWD SLOW
 Gas ENHR SIGW
 CM (Coal Bed Methane) Temp. Abd.
 Dry Other _____
(Core, WSW, Expl., Cathodic, etc.)

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API No. 15 - 101-22167-0000
Spot Description: 280' east of
S/2 - SW Sec. 31 Twp. 18 S. R. 29 East West
550 Feet from North / South Line of Section
1600 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: _____ Lane _____
Lease Name: Marlene A Well #: 3
Field Name: _____
Producing Formation: _____
Elevation: Ground: 2846 Kelly Bushing: 2851
Total Depth: 4909 Plug Back Total Depth: 4909
Amount of Surface Pipe Set and Cemented at: 219 Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set: 2204 Feet
If Alternate II completion, cement circulated from: 2204
feet depth to: surface w/ 225 sx cmt.

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.: _____
5-4-09 5-14-09 6-18-09
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

Drilling Fluid Management Plan AKINS 9-7-09
(Data must be collected from the Reserve Pit)
Chloride content: 19,700 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: Secretary Date: 6-19-09
Subscribed and sworn to before me this 19 day of June,
20 09.
Notary Public: Elaine Meyer
Date Commission Expires: 12-13-2011



AT State of KS 8/5/10 (KS)
KCC Office Use ONLY
 Letter of Confidentiality Received
 If Denied, Yes Date: _____
 Wireline Log Received
 Geologist Report Received
 UIC Distribution

JUN 19 2009

Operator Name: Carmen Schmitt Inc. Lease Name: Marlene A Well #: 3
 Sec. 31 Twp. 18 S. R. 29 East West County: Lane

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 <i>(Attach Additional Sheets)</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Log	Formation (Top), Depth and Datum	<input 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	2174	+677
Electric Log Run <i>(Submit Copy)</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Heebner Shale	3920	-1069
List All E. Logs Run:		Lansing	3964	-1113
Sonic, Neutron Porosity, Dual Induction, Microresistivity, Cement Bond		Base Kansas City	4331	-1480
		Fort Scott	4494	-1645
		Cherokee Shale	4518	-1667
		Mississippian	4586	-1735

CASING RECORD <input 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"	20	219	Common	150	2% gel, 3% c.c.
Production	7.875"	5.50"	14	4800	Standard EA2	200	5% 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				

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	4609'-4612'	500 gal 15% acid	
4	4421'-4428', 4402'-4405', 4348'-4352'	1500 gal 15% acid	
	<i>Test non-commercial</i> Applying for SWD permit		

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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CHARGE TO:
CARMEN SCHMITZ
 ADDRESS
 CITY, STATE, ZIP CODE

TICKET
 No 16252

PAGE 1 OF 2

1. SERVICE LOCATIONS: **NESS CITY, KS**
 WELL/PROJECT NO.: **A-3** LEASE: **MARLENE** COUNTY/PARISH: **LANE** STATE: **Ks** CITY: DATE: **5-14-09** OWNER: **SAME**

2. TICKET TYPE: SERVICE SALES CONTRACTOR: **MALLARD DRILLING** RIG NAME/NO. SHIPPED VIA: **CT** DELIVERED TO: **LOCATION** ORDER NO.

3. WELL TYPE: **OIL** WELL CATEGORY: **DEVELOPMENT** JOB PURPOSE: **COMST 5 1/2" LONGSTRENG** WELL PERMIT NO. WELL LOCATION: **DEIGHTON, Ks - SW, 3S, 1/2W**

4. REFERRAL LOCATION INVOICE INSTRUCTIONS

PRICE RENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.		U/M		UNIT PRICE	AMOUNT
		LOC	ACCT	DF							
575	CONFIDENTIAL JUN 18 2009 KGO	1			MILEAGE # 110	40		ME		5.00	200.00
578		1			PUMP CHARGE	1	JOB		4800 FT	1400.00	1400.00
221		1			LIQUIDS KCL	2		Gal		25.00	50.00
281		1			MUD FLOSH	500		Gal		1.00	500.00
402		1			CENTRALIZERS	12	EA		5 1/2"	55.00	660.00
403		1			COMST BASKETS	3	EA			180.00	540.00
404		1			PORT COLLAR TOPPT # 65	1	EA		2204 FT	1900.00	1900.00
405		1			FORMATION PACKERSHOE	1	EA			1250.00	1250.00
406	1			CATCH DOWN PLUG - BAFFLE	1	EA			225.00	225.00	

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LEGAL TERMS: Customer hereby acknowledges and agrees to the terms and conditions on the reverse side hereof which include, but are not limited to, **PAYMENT, RELEASE, INDEMNITY, and LIMITED WARRANTY** provisions.

MUST BE SIGNED BY CUSTOMER OR CUSTOMER'S AGENT PRIOR TO START OF WORK OR DELIVERY OF GOODS

DATE SIGNED: **5-14-09** TIME SIGNED: **0600** A.M. P.M.

REMIT PAYMENT TO:
 SWIFT SERVICES, INC.
 P.O. BOX 466
 NESS CITY, KS 67560
 785-798-2300

SURVEY	AGREE	UN-DECIDED	DIS-AGREE	PAGE TOTAL #	AMOUNT
OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN?				#1	6725.00
WE UNDERSTOOD AND MET YOUR NEEDS?				#2	3882.00
OUR SERVICE WAS PERFORMED WITHOUT DELAY?				subtotal	10,607.00
WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY?				TAX	
ARE YOU SATISFIED WITH OUR SERVICE?	<input type="checkbox"/> YES <input type="checkbox"/> NO			Rate 5.3%	439.37
<input type="checkbox"/> CUSTOMER DID NOT WISH TO RESPOND				TOTAL	11,046.37

CUSTOMER ACCEPTANCE OF MATERIALS AND SERVICES The customer hereby acknowledges receipt of the materials and services listed on this ticket.

SWIFT OPERATOR: **WAYNE WILSON** APPROVAL: _____

Thank You!



PO Box 466
Ness City, KS 67560
Off: 785-798-2300

TICKET CONTINUATION

TICKET No. ~~76008~~ 16252

CUSTOMER: CARMEN SCHWITT
WELL: MARLENE A-3
DATE: 5-14-09
PAGE 2 OF 2

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			TIME	DESCRIPTION	QTY.		U/M		UNIT PRICE	AMOUNT	
		LOC	ACCT	DF			QTY.	U/M	QTY.	U/M			
325	CONFIDENTIAL JUN 10 2009 KCC	1				STANDARD CEMENT	EA-2	200	SBS		11.00	2200.00	
276		1				FLOXELLE		50	LBS		1.50	75.00	
283		1				SALT		1000	LBS		.15	150.00	
284		1				CALSEAL		9	SBS	900	LBS	30.00	270.00
285		1				CFR-1		100	LBS		4.00	400.00	
290		1				D-ADR		2	GAL		35.00	70.00	
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581		1				SERVICE CHARGE				CUBIC FEET	200	1.50	300.00
583		1				MILEAGE CHARGE	TOTAL WEIGHT	LOADED MILES		TON MILES	417	1.00	417.00
							20950	40					

CONTINUATION TOTAL 3882.00

JOB LOG

SWIFT Services, Inc.

DATE 5-14-09 PAGE NO. 1

CUSTOMER CARMEN SCHMETZ WELL NO. A-3 LEASE MARLENE JOB TYPE CEMENT 5/2" LONGSTRENG TICKET NO. ~~XXXX~~ 16252

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	0800							ON LOCATION
	0845							START 5/2" CASING IN WELL
								TD-4909 SET= 4800
								TP-4804 5/2" # 14
								ST- 21'
								CONCRETE - 2, 3, 4, 6, 7, 8, 10, 13, 14, 15, 64, 66
								CONCRETE - 5, 12, 65
								PORT COLUME = 2204 TOP JT # 65
	0830					1100		DROP BALL - CALCULATE - SET PACKERSHOE
	0933	6	12		✓	500		PUMP 500 GAL MUD FLUSH
	0935	6	20		✓	500		PUMP 20 BBL KCL-FLUSH
	0945		7-5					PLUG RH- MH (30SKS - 20SKS)
	0950	4	36		✓	300		MIX CEMENT - 150 SKS EA-2 = 15.5 PPG
	1005							WASH OUT PUMP. LEVES
	1007							RELEASE LATCH DOWN PLUG
	1008	7	0		✓			DISPLACE PLUG
		7	110			850		SHUT OFF ROTATING
	1025	6 1/2	116.7			1500		PLUG DOWN - PSE UP LATCH IN PLUG
	1027					OK		RELEASE PSE- HEAD
								WASH TRUCK
	1130							JOB COMPLETE

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THANK YOU
WAKE, DUSTY, ROB



CHARGE TO: *Carmen Schmitt*
 ADDRESS:
 CITY, STATE, ZIP CODE:

TICKET
 No 15917

PAGE 1 OF 1

SERVICE LOCATIONS 1. *Days, Ks*
 WELL/PROJECT NO. *A-3* LEASE *Marlene* COUNTY/PARISH *Lane* STATE *Ks* CITY DATE *5-21-09* OWNER *Sano*
 2. TICKET TYPE SERVICE CONTRACTOR *D.S.+W.* RIG NAME/NO. SHIPPED VIA *CIT* DELIVERED TO *Loc. 512 Dighton, Ks.* ORDER NO.
 3. WELL TYPE *Oil* WELL CATEGORY *Development* JOB PURPOSE *Cont. Port Collar* WELL PERMIT NO. WELL LOCATION
 4. REFERRAL LOCATION INVOICE INSTRUCTIONS

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.		U/M		UNIT PRICE		AMOUNT	
		LOC	ACCT	DF									
<i>575</i>	<i>CONFIDENTIAL JUN 18 2009 KSO</i>	<i>1</i>			<i>MILEAGE # 113</i>	<i>40</i>	<i>mil</i>			<i>5</i>	<i>100</i>	<i>200</i>	<i>18</i>
<i>578</i>		<i>1</i>			<i>Pump Service</i>	<i>1</i>	<i>eq</i>			<i>1400</i>	<i>18</i>	<i>1400</i>	<i>18</i>
<i>105</i>		<i>1</i>			<i>Opening tool</i>	<i>1</i>	<i>eq</i>			<i>300</i>	<i>18</i>	<i>300</i>	<i>18</i>
<i>581</i>		<i>1</i>			<i>Service Charge</i>	<i>225</i>	<i>sk</i>			<i>1</i>	<i>150</i>	<i>337</i>	<i>50</i>
<i>583</i>		<i>1</i>			<i>Drayage</i>	<i>448</i>	<i>TON Miles</i>			<i>1</i>	<i>18</i>	<i>448</i>	<i>18</i>
<i>330</i>		<i>1</i>			<i>SMOC</i>	<i>130</i>	<i>sk</i>			<i>14</i>	<i>18</i>	<i>1820</i>	<i>18</i>
<i>216</i>		<i>1</i>		<i>Flocele</i>	<i>56</i>	<i>sq</i>			<i>1</i>	<i>150</i>	<i>84</i>	<i>18</i>	

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 MUST BE SIGNED BY CUSTOMER OR CUSTOMER'S AGENT PRIOR TO START OF WORK OR DELIVERY OF GOODS
 X
 DATE SIGNED TIME SIGNED A.M. P.M.

REMIT PAYMENT TO:
 SWIFT SERVICES, INC.
 P.O. BOX 466
 NESS CITY, KS 67560
 785-798-2300

SURVEY

OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN?	AGREE	UN-DECIDED	DIS-AGREE
WE UNDERSTOOD AND MET YOUR NEEDS?			
OUR SERVICE WAS PERFORMED WITHOUT DELAY?			
WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY?			
ARE YOU SATISFIED WITH OUR SERVICE?	<input type="checkbox"/> YES <input type="checkbox"/> NO		
<input type="checkbox"/> CUSTOMER DID NOT WISH TO RESPOND			

PAGE TOTAL *4,589* *50*
 TAX *116* *51*
 TOTAL *4706* *51*

CUSTOMER ACCEPTANCE OF MATERIALS AND SERVICES The customer hereby acknowledges receipt of the materials and services listed on this ticket.
 SWIFT OPERATOR *Roger B. [Signature]* APPROVAL

Thank You!

JOB LOG

SWIFT Services, Inc.

DATE 5-21-09 PAGE NO. 1

CUSTOMER Carlman Schmitt WELL NO. A-3 LEASE Marlene JOB TYPE Comp. P.C. TICKET NO. 15917

CHART NO.	TIME	RATE (BPM)	VOLUME (BB) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	0830							on loc. set up truck
								Locate Port Collar 2204'
	0850					1200	1200	Press test 1200 psi held
								open P.C.
		3				400		Pump 3 BPM 400 psi Blown Annulus
	0930							Steel Mixing 225 sks smoc 1/4" Flocele
								130 sks mixed
								Circulated 15 sks to pit
								Displ. 11 ^{SS1}
						1100		close P.C.
								Press test 1100 psi Blown Rubber
	10:05							Run 4 JTs tubing
	10:15							Reverse out short way
								hole clean
								pull opening tool out of hole
								washup + rack up thread
	1045							Job Complete

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JUN 19 2009

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Thank You

Reg. Don, Scott

QUALITY OILWELL CEMENTING, INC.

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

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

No. 0109

Date	5/14/09	Sec.	31	Twp.	18s	Range	29w	County	Lane	State	KS	On Location		Finish	5145	
Lease	Madene #1			Well No.	3			Location: Section 35, 1/4 W, N 1/2								
Contractor	Mallard Drilling							Owner								
Type Job	Surface							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	12 1/4"			T.D.	219'			Charge To: Carmen Schmitt CONFIDENTIAL								
Csg.	7 1/2" 20#			Depth	219'			Street: JUN 17 2009								
Tbg. Size				Depth				City: State: KCC								
Drill Pipe				Depth				The above was done to satisfaction and supervision of owner agent or contractor.								
Tool				Depth				CEMENT								
Cement Left in Csg.	12-15'			Shoe Joint				Amount Ordered: 150 cu yd 3/4" gel								
Press Max.				Minimum				Common								
Meas Line				Displace	13 1/2 bbls			Perf.								
EQUIPMENT																
Pumptrk	No.	Cement	Helper		Gel.											
Bulktrk	No.	Driver	Driver		Calcium											
Bulktrk	No.	Driver	Driver		Mills											
JOB SERVICES & REMARKS																
Pumptrk Charge	Handing															
Mileage	Mileage															
Footage	Pump Truck Charge															
FLOAT EQUIPMENT																
Cement did circulate Thank you for your service Quality Oilwell Cementing, Inc.																Guide Shoe
																Centralizer
																Baskets
																AFU Inserts
																Rotating Head
Squeeze Mainfold Tax Discount Total Charge																
Signature: <i>[Signature]</i>																

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