

**CONFIDENTIAL****WELL COMPLETION FORM**Form Must Be Typed
Form must be Signed
All blanks must be Filled**WELL HISTORY - DESCRIPTION OF WELL & LEASE**OPERATOR: License # 6569Name: Schmitt, Carmen, Inc.Address 1: PO BOX 47

Address 2: _____

City: GREAT BEND State: KS Zip: 67530 + 0047Contact Person: Francis HitschmannPhone: (620) 793-5100CONTRACTOR: License # 6901Name: D S & W Well Servicing, Inc.Wellsite Geologist: No geologist on workoverPurchaser: NCRA

Designate Type of Completion:

- New Well Re-Entry Workover
- Oil WSW SWD SIOW
- Gas D&A ENHR SIGW
- OG GSW Temp. Abd.
- CM (Coal Bed Methane)
- Cathodic Other (Core, Expl., etc.): _____

If Workover/Re-entry: Old Well Info as follows:

Operator: Carmen Schmitt, IncWell Name: Shaffer #3Original Comp. Date: 4/10/2009 Original Total Depth: 3515

- Deepening Re-perf. Conv. to ENHR Conv. to SWD
- Conv. to GSW
- Plug Back: _____ Plug Back Total Depth _____
- Commingled Permit #: _____
- Dual Completion Permit #: _____
- SWD Permit #: _____
- ENHR Permit #: _____
- GSW Permit #: _____

<u>9/8/2010</u>	<u>9/8/2010</u>
Spud Date or Recompletion Date	Completion Date or Recompletion Date

API No. 15 - 15-009-25306-00-01Spot Description: 50' N & 70' E OF S2SWNWNW SE SW NW Sec. 36 Twp. 16 S. R. 15 East West2,260 Feet from North / South Line of Section730 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

 NE NW SE SWCounty: BartonLease Name: SHAFFER Well #: 3

Field Name: _____

Producing Formation: TorontoElevation: Ground: 1995 Kelly Bushing: 1997Total Depth: 3515 Plug Back Total Depth: _____Amount of Surface Pipe Set and Cemented at: 470 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)

Chloride content: _____ ppm Fluid volume: _____ bbls

Dewatering method used: _____

Location of fluid disposal if hauled offsite: _____

Operator Name: _____

Lease Name: _____ License #: _____

Quarter _____ Sec. _____ Twp. _____ S. R. _____ East West

County: _____ Permit #: _____

AFFIDAVIT

I am the affiant and I hereby certify that 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.

Submitted Electronically

KCC Office Use ONLY

- Letter of Confidentiality Received
Date: 12/16/2010
- Confidential Release Date: _____
- Wireline Log Received
- Geologist Report Received
- UIC Distribution
- ALT I II III Approved by: NAOMI JAMES Date: 01/07/2011



KANSAS CORPORATION COMMISSION 1048244
OIL & GAS CONSERVATION DIVISION

Form ACO-1
June 2009

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NW SE SW NW Sec. 36 Twp. 16 S. R. 15 East West
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730 Feet from East / West Line of Section
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 NE NW SE SW
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County: _____ Permit #: _____

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