

CONFIDENTIAL

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

ORIGINAL

Form ACO-1
October 2008
Form Must Be Typed

3/24/11

WELL 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., Inc.
Wellsite Geologist: Jamie Hess
Purchaser: N.C.R.A

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.: _____
1/18/2010 1/25/2010 3/2/2010 2/10/10
Spud Date or Date Reached TD Completion Date or Recompletion Date
per paper records

API No. 15 - 051-25948-00-00
Spot Description: _____
SE NE NE Sec. 26 Twp. 11 S. R. 18 East West
990 Feet from North / South Line of Section
330 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW

County: ELLIS
Lease Name: PEAVEY Well #: 2
Field Name: BEMIS-SHUTTS
Producing Formation: ARBUCKLE
Elevation: Ground: 1977 Kelly Bushing: 1982
Total Depth: 3680 Plug Back Total Depth: 2610
Amount of Surface Pipe Set and Cemented at: 208 Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set: _____ Feet
If Alternate II completion, cement circulated from: 1279
feet depth to: SURFACE w/ 120 sx cmt.

Drilling Fluid Management Plan AH INJ 3-30-10
(Data must be collected from the Reserve Pit)
Chloride content: 15000 ppm Fluid volume: _____ bbls
Dewatering method used: _____
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 [Signature]
Title: OPERATIONS MANAGER Date: 3/24/2010
Subscribed and sworn to before me this 24 day of March
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

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3-26-10
KCC WICHITA

Operator Name: Carmen Schmitt, Inc Lease Name: PEAVEY Well #: 2
 Sec. 26 Twp. 11 S. R. 18 East West County: ELLIS

MAR 24 2010

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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: DUAL INDUCTION DUAL COMPENSATED POROSITY	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input checked="" type="checkbox"/> Sample <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;">Name</td> <td style="width:20%;">Top</td> <td style="width:20%;">Datum</td> </tr> <tr> <td>ANNHYDRITE</td> <td>1234</td> <td>+748</td> </tr> <tr> <td>TOPEKA</td> <td>2949</td> <td>-967</td> </tr> <tr> <td>HEEBNER</td> <td>3174</td> <td>-1194</td> </tr> <tr> <td>LANSING</td> <td>3217</td> <td>-1235</td> </tr> <tr> <td>BKC</td> <td>3474</td> <td>-1492</td> </tr> <tr> <td>ARBUCKLE</td> <td>3529</td> <td>-1547</td> </tr> </table>	Name	Top	Datum	ANNHYDRITE	1234	+748	TOPEKA	2949	-967	HEEBNER	3174	-1194	LANSING	3217	-1235	BKC	3474	-1492	ARBUCKLE	3529	-1547
Name	Top	Datum																				
ANNHYDRITE	1234	+748																				
TOPEKA	2949	-967																				
HEEBNER	3174	-1194																				
LANSING	3217	-1235																				
BKC	3474	-1492																				
ARBUCKLE	3529	-1547																				

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	208	COM 60/40	140	3%CC, 2% GEL
PRODUCTION	7.875	5.5	6	3659	EA2	145	

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	#Sacks Used	Type and Percent Additives
<input checked="" type="checkbox"/> Perforate <input type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> Plug Off Zone	3547-49	COMM / HALIDE	100/25	

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type	Acid, Fracture, Shot, Cement Squeeze Record	Depth
	Specify Footage of Each Interval Perforated	(Amount and Kind of Material Used)	
2	3534-3539		3539

TUBING RECORD: Size: <u>2 7/8</u> Set At: <u>3554</u> Packer At: _____		Liner Run: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Date of First, Resumed Production, SWD or Enhr. <u>2/10/2010</u>		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 Bbls. <u>7</u>	Gas Mcf <u>30</u>	Water Bbls. <u>0</u> Gas-Oil Ratio <u>0</u> Gravity <u>-28</u>

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: <u>ARBUCKLE</u> <u>3534-3539</u>
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Mail to: KCC - Conservation Division, 130 S. Market - Room 2078, Wichita, Kansas 67202

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

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 KCC WICHITA

TICKET No. **16875**
 PAGE 1 OF 1

SERVICE LOCATIONS:
 1. *Hays, Ks.*
 2. *Ness City, Ks.*
 3.
 4.

WELL/PROJECT NO. *#2*
 LEASE *Peavey*
 COUNTY/PARISH *Ellis*
 STATE *Ks*
 CITY
 DATE *2-3-10*
 OWNER *same*

TICKET TYPE
 SERVICE
 SALES
 CONTRACTOR *DSTW*
 RIG NAME/NO.
 SHIPPED VIA *ef*
 DELIVERED TO *Location*
 ORDER NO.

WELL TYPE *oil*
 WELL CATEGORY *development*
 JOB PURPOSE *Squeeze Perfs*
 WELL PERMIT NO.
 WELL LOCATION

REFERRAL LOCATION
 INVOICE INSTRUCTIONS

PRICE REFERENCE	SECONDARY REFERENCE/PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.		UNIT PRICE		AMOUNT
		LOC	ACCT	DF		QTY.	UM	QTY.	UM	
<i>575</i>		<i>1</i>			<i>MILEAGE #111</i>	<i>40</i>	<i>mi</i>	<i>5</i>	<i>00</i>	<i>200</i> ^{<i>00</i>}
<i>578</i>		<i>1</i>			<i>Pump Charge (Deep Squeeze)</i>	<i>1</i>	<i>ea</i>	<i>3547</i>	<i>00</i>	<i>1400</i> ^{<i>00</i>}
<i>300</i>		<i>1</i>			<i>Reg Acid</i>	<i>150</i>	<i>gal</i>	<i>15</i>	<i>00</i>	<i>210</i> ^{<i>00</i>}
<i>235</i>		<i>1</i>			<i>INH-1</i>	<i>1/2</i>	<i>gal</i>	<i>0</i>	<i>00</i>	<i>17</i> ^{<i>50</i>}
<i>325</i>		<i>2</i>			<i>Standard Cement</i>	<i>75</i>	<i>sks</i>		<i>00</i>	<i>825</i> ^{<i>00</i>}
<i>286</i>		<i>2</i>			<i>Halad-1</i>	<i>20</i>	<i>#</i>		<i>00</i>	<i>120</i> ^{<i>00</i>}
<i>81</i>		<i>2</i>			<i>Cement Service Charge</i>	<i>75</i>	<i>sks</i>		<i>50</i>	<i>112</i> ^{<i>50</i>}
<i>582</i>		<i>2</i>			<i>Minimum Drayage</i>	<i>1</i>	<i>ea</i>		<i>00</i>	<i>250</i> ^{<i>00</i>}

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

X *Curtis H. [Signature]*
 DATE SIGNED *2-3-10* TIME SIGNED *1745*
 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
OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN?			
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	<i>3135</i> ^{<i>00</i>}
Ellis TAX 5.3%	<i>50</i> ^{<i>09</i>}
TOTAL	<i>3185</i> ^{<i>09</i>}

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

SWIFT OPERATOR *[Signature]* APPROVAL *[Signature]*

Thank You!

JOB LOG

SWIFT Services, Inc.

DATE 2-3-10 PAGE NO. 7

CUSTOMER *Carmen Schmitt* WELL NO. #2 LEASE *Peavey* JOB TYPE *Squeeze Perfs* TICKET NO. *16875*

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	1345							on loc w/ Tool
								KCC
								MAR 24 2010
								CONFIDENTIAL
	1400							start in hole w/ GST PKR
	1510	2.5	0					pkR @ 3480' swinging
			14					spot 4 bbl acid w/ 10 bbl wtr
	1520	.3	20			1500		set pkR & load tbg
		1.5	25			300		Break down
	1555		11				300	final rate 1.5 bpm @ 300 psi
								load annulus & pres to 300 psi
	1605	2	0			0		start Cement 75 sks total 1st 25 sks
	1607	2	4			150		catch pres
	1612	2	15			25/0		End Cement
								Wash Pump & Line
	1617	1.5	0			0		Start Displacement
	1622	1.75	6.5			600		catch pressure/cement @ Perfs
		.3	8			1400		1 1/2 bbl in formation
	1640		10			1400/2000		35 bbl in formation Stage
	1700		11.25			1800/2000		shut in/wash up Trk
	1710					100		check pressure
	1711	.3				2000		Pressure up to 2000 psi
	1715					2000/0		Release Pressure dry
	1717	2	0					reverse out
	1730		30					Hole clean
								Pull 5 jts
								Pressure to 500 psi
								shut in
								255 sks in formation
								TOC 3484'

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KCC WICHITA

Thank you
Nick, Josh F, & Blaine



CHARGE TO: *Carmen Schmitt*

ADDRESS:

CITY, STATE, ZIP CODE:

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KCC WICHITA

TICKET No. 16871

PAGE 1 OF 1

SERVICE LOCATIONS 1. <i>Hays, Ks</i>	WELL/PROJECT NO. <i>#2</i>	LEASE <i>Peavey</i>	COUNTY/PARISH <i>Ellis</i>	STATE <i>Ks</i>	CITY	DATE <i>2-1-10</i>	OWNER <i>Same</i>
2. <i>Ness City Ks</i>	TICKET TYPE <input checked="" type="checkbox"/> SERVICE <input type="checkbox"/> SALES	CONTRACTOR <i>DS&W</i>	RIG NAME/NO.	SHIPPED VIA <i>CT</i>	DELIVERED TO <i>Location</i>	ORDER NO.	
3.	WELL TYPE <i>oil</i>	WELL CATEGORY <i>Development</i>	JOB PURPOSE <i>Port Collar</i>	WELL PERMIT NO.	WELL LOCATION		
4.	REFERRAL LOCATION	INVOICE INSTRUCTIONS					

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.	UM	QTY.	UM	UNIT PRICE	AMOUNT
		LOC	ACCT	DF							
<i>575</i>		<i>1</i>			<i>MILEAGE #11</i>	<i>40</i>	<i>mi</i>			<i>5.00</i>	<i>200.00</i>
<i>576D</i>		<i>1</i>			<i>Pump Charge (Port Collar)</i>	<i>1 ea</i>		<i>1100</i>		<i>1100.00</i>	<i>1100.00</i>
<i>290</i>		<i>1</i>			<i>D-Air</i>	<i>1 gal</i>				<i>35.00</i>	<i>35.00</i>
<i>105</i>		<i>1</i>			<i>Port Collar Tool Rental w/ man</i>	<i>1 ea</i>				<i>300.00</i>	<i>300.00</i>
<i>330</i>		<i>2</i>			<i>SMD Cement</i>	<i>120</i>	<i>bags</i>			<i>14.00</i>	<i>1680.00</i>
<i>276</i>		<i>2</i>			<i>Flacole</i>	<i>25</i>	<i>lb</i>			<i>1.50</i>	<i>37.50</i>
<i>81</i>		<i>2</i>			<i>Cement Service Charge</i>	<i>150</i>	<i>bags</i>			<i>1.50</i>	<i>225.00</i>
<i>583</i>		<i>2</i>			<i>Drayage</i>	<i>293</i>	<i>TW</i>			<i>1.00</i>	<i>293.00</i>

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

X *Curtis Hitchman*

DATE SIGNED *2-1-10* TIME SIGNED *1115* 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	
OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN?					
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				TOTAL	<i>3979.28</i>

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

SWIFT OPERATOR *Mark K... [Signature]* APPROVAL

Thank You!

SWIFT Services, Inc.

DATE 2-1-10 PAGE NO. 1

CUSTOMER *Carman Schmitt* WELL NO. # *2* LEASE *Peavey* JOB TYPE *Port Cellar* TICKET NO. *16871*

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	<i>0850</i>							<i>on loc w/ P.C. Tool 2 7/8" x 5 1/2" T/H w/ Tool</i>
	<i>1030</i>						<i>1000</i>	<i>Locate P.C. Test Csg</i>
	<i>1035</i>	<i>3.5</i>					<i>200</i>	<i>Open P.C. Taking rate & check for blow</i>
	<i>1040</i>	<i>4.5</i>	<i>0</i>			<i>250</i>	<i>250</i>	<i>Start cement sks SMD</i>
		<i>4.5</i>	<i>55</i>			<i>300</i>		<i>Circ Cement / raise weight</i>
		<i>4.5</i>	<i>60/0</i>			<i>300</i>		<i>end cement / start displacement</i>
	<i>1055</i>		<i>65</i>			<i>325</i>		<i>Cement Displaced</i>
	<i>1100</i>						<i>1000</i>	<i>Close P.C. Test Csg</i>
		<i>3</i>	<i>0</i>				<i>150</i>	<i>run 4 1/2's reverse out Hole clean</i>
			<i>15</i>					
								<i>120 sks SMD circ 15' sks to pit</i>

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MAR 26 2010

Thank you KCC WICHITA
Mick, Josh F &



CHARGE TO: *Caymen Schmitt*

ADDRESS:

CITY, STATE, ZIP CODE:

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MAR 26 2010
KCC WICHITA

TICKET
No 16865
PAGE 1 OF 2

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MAR 24 2010
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1. <i>Hays, Ks</i>	WELL/PROJECT NO. <i># 2</i>	LEASE <i>Peavy</i>	COUNTY/PARISH <i>Ellis</i>	STATE <i>Ks</i>	CITY	DATE <i>1-25-10</i>	OWNER <i>same</i>
2. <i>Ness City, Ks</i>	TICKET TYPE <input checked="" type="checkbox"/> SERVICE <input type="checkbox"/> SALES	CONTRACTOR <i>Mallard Drly</i>	RIG NAME/NO.	SHIPPED VIA <i>ET</i>	DELIVERED TO <i>location</i>	ORDER NO.	
3.	WELL TYPE <i>oil</i>	WELL CATEGORY <i>Development</i>	JOB PURPOSE <i>Longstring</i>	WELL PERMIT NO.	WELL LOCATION		
4.	REFERRAL LOCATION						
INVOICE INSTRUCTIONS							

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.		UNIT PRICE		AMOUNT
		LOC	ACCT	DF			UM			
<i>575</i>		<i>1</i>			MILEAGE <i>#111</i>	<i>40</i>	<i>mi</i>	<i>5.00</i>		<i>200.00</i>
<i>578</i>		<i>1</i>			Pump Charge (Longstring)	<i>1</i>	<i>ea</i>	<i>368.00</i>		<i>1400.00</i>
<i>221</i>		<i>1</i>			KCL	<i>2</i>	<i>gal</i>	<i>25.00</i>		<i>50.00</i>
<i>281</i>		<i>1</i>			Mud Flush	<i>500</i>	<i>gal</i>	<i>1.00</i>		<i>500.00</i>
<i>290</i>		<i>1</i>			D-Air	<i>2</i>	<i>gal</i>	<i>35.00</i>		<i>70.00</i>
<i>402</i>		<i>1</i>			Centralizers	<i>10</i>	<i>ea</i>	<i>53.00</i>		<i>530.00</i>
<i>403</i>		<i>1</i>			Baskets	<i>2</i>	<i>ea</i>	<i>180.00</i>		<i>360.00</i>
<i>404</i>		<i>1</i>			Port Collar	<i>1</i>	<i>ea</i>	<i>1900.00</i>		<i>1900.00</i>
<i>406</i>		<i>1</i>			L.D. Plug + Bar/Pl	<i>1</i>	<i>ea</i>	<i>225.00</i>		<i>225.00</i>
<i>407</i>		<i>1</i>			Easer Float Shoe w/ A-11	<i>1</i>	<i>ea</i>	<i>275.00</i>		<i>275.00</i>
<i>409</i>		<i>1</i>			Rotating Head	<i>1</i>	<i>ea</i>	<i>150.00</i>		<i>150.00</i>

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

x *Caymen Schmitt*

DATE SIGNED *1-25-10* TIME SIGNED *0400*

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
OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN?			
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 1	<i>5280.00</i>
page 2	<i>3403.50</i>
subtotal	<i>9083.50</i>
Ellis TAX 5.3%	<i>363.32</i>
TOTAL	<i>9446.82</i>

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

SWIFT OPERATOR *Mik Payne* APPROVAL

Thank You!

JOB LOG

SWIFT Services, Inc.

DATE 1-25-10 PAGE NO. 1

CUSTOMER Carmen Schmitt WELL NO. #2 LEASE Peavey JOB TYPE Longstring TICKET NO. 16865

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	<u>0030</u>							<u>on loc w/FE</u>
								<u>RTD 3880' LTD 3684'</u> <u>5 1/2" x 19 1/4" x 3659' x 13'</u> <u>Lost 3, 4, 5, 7, 9, 11, 13, 15, 58, 60</u> <u>Back 2, 56</u> <u>P.C. 57 @ 1279'</u>
	<u>0045</u>							<u>Start FE</u>
	<u>0215</u>							<u>Break Circ.</u>
	<u>0305</u>	<u>2.5</u>	<u>7</u>					<u>Plug RTT 30sks EA-2</u>
	<u>0310</u>	<u>3.5</u>	<u>0</u>			<u>200</u>		<u>Start Mud Flush</u>
		<u>3.5</u>	<u>12/0</u>			<u>200</u>		<u>Start KCL Flush</u>
		<u>5.5</u>	<u>20/0</u>			<u>250</u>		<u>Start Cement 145sks EA-2</u>
	<u>0327</u>		<u>36</u>					<u>End Cement</u> <u>Wash P&L</u> <u>Drop L.D. Plug</u>
	<u>0330</u>	<u>6</u>	<u>0</u>			<u>200</u>		<u>Start Displacement</u>
		<u>5</u>	<u>61</u>			<u>250</u>		<u>Catch Cement</u>
	<u>0350</u>		<u>89</u>			<u>700/1300</u>		<u>Load Plug</u> <u>Release Pressure</u> <u>Float Held</u>

KCC
MAR 24 2010
CONFIDENTIAL

RECEIVED
MAR 26 2010

KCC WICHITA

Thank you
Nick, Josh F. & Jason F.