KANSAS CORPORATION COMMISSION 1058005
OIL & GAS CONSERVATION DIVISION

Form ACO-1
June 2009
Form Must Be Typed
Form must be Signed
All blanks must be Filled

CONFIDENTIAL

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # 6569
Name: Carmen Schmitt, Inc.
Address 1: PO BOX 47
Address 2:
City: GREAT BEND State: KS Zip: 67530 + 0047
Contact Person: Francis Hitschmann
Phone: (620) 793-5100
CONTRACTOR: License # 6901
Name: D S & W Well Servicing, Inc.
Wellsite Geologist: No Geologist on Workover
Purchaser: NCRA

Designate Type of Completion:
- [ ] New Well
- [ ] Re-Entry
- [x] Workover

- [x] 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, Inc
Well Name: Marlene A
Original Comp. Date: 5/21/2009 Original Total Depth: 4675

- [ ] Deepening
- [x] 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 #:

4/26/2011		5/5/2011
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-101-22166-00-01
Spot Description:
_ - NW - NE - NW Sec. 6 Twp. 19 S. R. 29 [ ] East [x] West
330 Feet from [x] North / [ ] South Line of Section
1650 Feet from [ ] East / [x] West Line of Section
Footages Calculated from Nearest Outside Section Corner:
[ ] NE [x] NW [ ] SE [ ] SW
County: Lane
Lease Name: MARLENE 'A' Well #: 2
Field Name:
Producing Formation: Kansas City; Marmaton
Elevation: Ground: 2845 Kelly Bushing: 2849
Total Depth: 4675 Plug Back Total Depth: 4653
Amount of Surface Pipe Set and Cemented at: 219 Feet
Multiple Stage Cementing Collar Used? [x] Yes [ ] No
If yes, show depth set: 2164 Feet
If Alternate II completion, cement circulated from: 2164
feet depth to: 0 w/ 165 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

- [x] Letter of Confidentiality Received
  Date: 06/20/2011
- [ ] Confidential Release Date:
- [x] Wireline Log Received
- [ ] Geologist Report Received
- [ ] UIC Distribution

ALT [ ] I [x] II [ ] III Approved by: NAOMI JAMES Date: 06/20/2011