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ORIGINAL

JUL 22 2010

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form ACO-1
June 2009

KCC WICHITA

Form Must Be Typed
Form must be Signed
All blanks must be Filled

7/21/11

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # 6569
Name: Carmen Schmitt, Inc.
Address 1: P.O. Box 47
Address 2: _____
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
Wellsite Geologist: _____
Purchaser: _____

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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: Phillips Petroleum
Well Name: Ancobs 4
Original Comp. Date: 12/01/1948 Original Total Depth: 3566
 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 #: D30536
 ENHR Permit #: _____
 GSW Permit #: _____

<u>4/15/2010</u>	<u>4/24/2010</u>	<u>5/14/2010</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 051-04828-00-02
Spot Description: _____
NE SE NE Sec. 26 Twp. 11 S. R. 18 East West
3680 3725 Feet from North / South Line of Section
336 358 Feet from East / West Line of Section
GPS-rec'd
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Ellis
Lease Name: Peavey Well #: 4
Field Name: Bemis
Producing Formation: _____
Elevation: Ground: 2020 Kelly Bushing: _____
Total Depth: 3630 Plug Back Total Depth: 1214
Amount of Surface Pipe Set and Cemented at: 1314 Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set: _____ Feet
If Alternate II completion, cement circulated from: 0
feet depth to: 1314 w/ N/A sx cmt.

Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)

Chloride content: N/A ppm Fluid volume: 600 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 #: _____

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.

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.

Signature: Francis Hitschmann
Title: Operations Manager Date: 7/21/2010

KCC Office Use ONLY

Letter of Confidentiality Received
Date: 7/21/10 - 7/21/11
 Confidential Release Date: _____
 Wireline Log Received
 Geologist Report Received
 UIC Distribution
ALT I II III Approved by: NS Date: 7-27-10
RE

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Operator Name: Carmen Schmitt, Inc. Lease Name: Peavey Well #: 4

Sec. 26 Twp. 11 S. R. 18 East West County: Ellis

KCC

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 complete copy of all Electric Wire-line Logs surveyed. Attach final geological well site report.

Drill Stem Tests Taken Yes No
(Attach Additional Sheets)

Samples Sent to Geological Survey Yes No

Cores Taken Yes No

Electric Log Run Yes No

Electric Log Submitted Electronically Yes No
(If no, Submit Copy)

List All E. Logs Run:

Log Formation (Top), Depth and Datum Sample
Name Top Datum

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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 5/8	23	1314	N/A	N/A	N/A
Production	7 7/8	5 1/2	14	3564	N/A	N/A	N/A
Liner	N/A	4 1/2	11	3592	SMD	500	

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	1700	STD	175	3% cc
<input type="checkbox"/> Plug Back TD				
<input checked="" type="checkbox"/> Plug Off Zone	1300	STD	150	3% cc

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used)	Depth
2	1700	Cement Squeeze	1700
2	1300 - 1301	Cement Squeeze	1300

TUBING RECORD: Size: <u>2 3/8</u> Set At: <u>3572</u> Packer At: <u>3572</u> Liner Run: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Date of First, Resumed Production, SWD or ENHR. <u>6/1/2010</u>	Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain) <u>Disposal</u>
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 (If vented, Submit ACO-18.)	METHOD OF COMPLETION: <input checked="" type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled (Submit ACO-5) (Submit ACO-4) <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
--	--	--



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

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TICKET
 17470

PAGE 1 OF 1

1. SERVICE LOCATIONS <i>Hays, Ks.</i>	WELL/PROJECT NO. <i>#4</i>	LEASE <i>Pouvey</i>	COUNTY/PARISH <i>Ellis</i>	STATE <i>Ks</i>	CITY	DATE <i>5-3-10</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>ET</i>	DELIVERED TO <i>Location</i>	ORDER NO.	
3.	WELL TYPE <i>SWD</i>	WELL CATEGORY <i>OWWO</i>	JOB PURPOSE <i>shallow squeeze</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		QTY.	U/M	QTY.	U/M	
<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>577</i>		<i>1</i>			<i>Pump Charge (shallow Squeeze)</i>	<i>1</i>	<i>hr</i>	<i>1300</i>	<i>850.00</i>	<i>850.00</i>
<i>290</i>		<i>1</i>			<i>D-Air</i>	<i>2</i>	<i>gal</i>		<i>35.00</i>	<i>70.00</i>
<i>325</i>		<i>2</i>			<i>Standard Cement</i>	<i>150</i>	<i>skt</i>		<i>12.00</i>	<i>1800.00</i>
<i>278</i>		<i>2</i>			<i>Calcium Chloride</i>	<i>5</i>	<i>skt</i>		<i>35.00</i>	<i>175.00</i>
<i>285</i>		<i>2</i>			<i>CFR-1</i>	<i>50</i>	<i>#</i>		<i>4.00</i>	<i>200.00</i>
<i>81</i>		<i>2</i>			<i>Cement Service Charge</i>	<i>150</i>	<i>skt</i>		<i>1.50</i>	<i>225.00</i>
<i>583</i>		<i>2</i>			<i>Drayage</i>	<i>291</i>	<i>VM</i>		<i>1.00</i>	<i>291.00</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

DATE SIGNED: *5-3-10* TIME SIGNED: *1050* 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>3811.00</i>
Ellis TAX 5.3%	<i>201.98</i>
TOTAL	<i>4012.98</i>

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

SWIFT OPERATOR: *Air Kabe* APPROVAL:

Thank You!

JOB LOG

SWIFT Services, Inc.

DATE 5-3-10 PAGE NO. 1

CUSTOMER *Carmen Schmitt* WELL NO. *#4* LEASE *Peavey* JOB TYPE *Shallow Squeeze* TICKET NO. *17470*

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	0850							on loc set up Trks 4 1/2" x 5 1/2" x 8 5/8" x 1300' Perf 1300' CONFIDENTIAL JUL 21 2010 KCC
	0940	3	0			400		Start water
	0942	3	7/0			400		circ est. / start cement
	0953		32			50		End Cement wash P/L
	0956	1	0			0		Start Displacement
	0958	1.75	2			50		catch cement
	1007	15	10			100		close 8 5/8" to force cement up 5 1/2"
	1015	15	14			400		circ cement / close 5 1/2" open 8 5/8"
	1023	15	18			400		close 8 5/8" open 5 1/2"
	1025	15	19			400		circ cement up 5 1/2"
	1027		20			400		End Cement
						400		S I
								Estimated TOC is 8 5/8" @ 500'
								RECEIVED
								JUL 22 2010
								KCC WICHITA circ 55k cement to pit thru 5 1/2"
								Thank you
								Nick, Josh F. & Lane



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

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TICKET
 17601

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1. SERVICE LOCATIONS <u>Hays, Ks -</u>	WELL/PROJECT NO. <u>#4</u>	LEASE <u>Peavey</u>	COUNTY/PARISH <u>Ellis</u>	STATE <u>Ks</u>	CITY <u>KCC WICHITA</u>	DATE <u>5-7-10</u>	OWNER <u>same</u>
2. <u>Ness City, Ks,</u>	TICKET TYPE <input checked="" type="checkbox"/> SERVICE <input type="checkbox"/> SALES	CONTRACTOR <u>DS+W</u>	RIG NAME/NO.	SHIPPED VIA <u>ET</u>	DELIVERED TO <u>Location</u>	ORDER NO.	
3.	WELL TYPE <u>SWD</u>	WELL CATEGORY <u>OWWO</u>	JOB PURPOSE <u>squeeze Perfs + Topoff</u>	WELL PERMIT NO.	WELL LOCATION		
4. REFERRAL LOCATION	INVOICE INSTRUCTIONS						

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.		UM		UNIT PRICE	AMOUNT
		LOC	ACCT	DF							
575		1			MILEAGE #111	30	mi			5 ⁰⁰	150 ⁰⁰
578		1			Pump Charge (deep squeeze)	1	yd	1700	'	1400 ⁰⁰	1400 ⁰⁰
290		1			D-Air	1	gal			35 ⁰⁰	35 ⁰⁰
325		2			Standard Cement	100	sks			12 ⁰⁰	1200 ⁰⁰
278		2			Calcium Chloride	3	sks			35 ⁰⁰	105 ⁰⁰
31		2			Cement Service Charge	200	sks			1 ⁵⁰	300 ⁰⁰
583		2			Drayage	282	TM			1 ⁰⁰	282 ⁰⁰

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

X
 SIGNED 5-7-10 TIME SIGNED 1300 AM 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	3472 ⁰⁰
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?				Ellis TAX 5.3%	184 ⁰²
ARE YOU SATISFIED WITH OUR SERVICE? <input type="checkbox"/> YES <input type="checkbox"/> NO				TOTAL	3656 ⁰²
<input type="checkbox"/> CUSTOMER DID NOT WISH TO RESPOND					

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

SWIFT OPERATOR Mick Koche APPROVAL _____

Thank You!

JOB LOG

SWIFT Services, Inc.

DATE 5-7-10 PAGE NO. 1

CUSTOMER *Carmen Schmitt* WELL NO. *A4* LEASE *Peavey* JOB TYPE *Squeeze Perfs + Trk* TICKET NO. *17601*

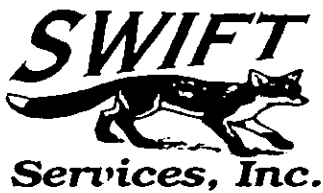
CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	<i>0845</i>							<i>on loc setup Trks</i>
								<i>2 7/8" x 4 1/2" x 1700'</i>
								<i>cannot pump in @ 1000 Psi</i>
								<i>Release pkr</i>
	<i>1010</i>							<i>Spot 10sk std cnt 3% CC @ 1710'</i>
								<i>Pull to 1590'</i>
	<i>1015</i>							<i>Reverse out / set pkr @ 1585'</i>
	<i>1030</i>	<i>.5</i>	<i>.75</i>			<i>1000</i>		<i>squeeze cement into formation</i>
	<i>1045</i>	<i>.5</i>	<i>1.00</i>			<i>600 / 1000</i>		<i>Bump</i>
								<i>Shut In</i>
								<i>run 1" tbg to 440'</i>
	<i>1210</i>	<i>1</i>	<i>0</i>			<i>200</i>		<i>start Cement 90sk std 3% CC</i>
		<i>1</i>	<i>16</i>			<i>300</i>		<i>circ Cement</i>
	<i>1220</i>		<i>18</i>					<i>shut down</i>
								<i>wash up Trk</i>
								<i>TOOH w/ 1"</i>
								<i>washout 1" tbg on rack</i>
								<i>wash up well head</i>
								<i>10sk @ 1700' perfs</i>
								<i>90sk in 8 5/8"</i>
								<i>circ 10sk to pit</i>

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KCC WICHITA

Thank you
Nick, Josh F & Rob



CHARGE TO: CARMEN SCHMIDT
 ADDRESS: _____
 CITY, STATE, ZIP CODE: _____

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 KCC WICHITA

TICKET
 17571

PAGE 1 OF 1

1. SERVICE LOCATIONS <u>HAYS</u>	WELL/PROJECT NO. <u>4 SWD</u>	LEASE <u>TEAVEY</u>	COUNTY/PARISH <u>ELLIS</u>	STATE <u>KS</u>	CITY	DATE <u>04-29-10</u>	OWNER
2. <u>MOSS</u>	TICKET TYPE <input checked="" type="checkbox"/> SERVICE <input type="checkbox"/> SALES	CONTRACTOR	RIG NAME/NO. <u>DSTW</u>	SHIPPED <u>VIA</u> <u>KT</u>	DELIVERED TO <u>NE HAYS</u>	ORDER NO.	
3.	WELL TYPE <u>DISPOSAL</u>	WELL CATEGORY <u>WORKOVER</u>	JOB PURPOSE <u>SR. PERES</u>	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								
575		1			MILEAGE #112	30	mi			5.00	150	00
578		1			Pump SERVICE	1	EA			1400.00	1400	00
290		1			D-AIR	1	Gal			35.00	35	00
325		2			STO CMT	150	SK			12.00	1800	00
278		2			CALCIUM CHLORIDE	4	BT			35.00	140	00
285		2			CFR1	70	LB			4.00	280	00
581		2			SERVICE CHG CMT	150	SK			1.50	225	00
582		2			DRAYAGE	MIN	TR			250.00	250	00

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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 04-29-10 TIME SIGNED 1000 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	<u>4280</u>	<u>00</u>
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?				Ellis TAX 5.3%	<u>226</u>	<u>84</u>
ARE YOU SATISFIED WITH OUR SERVICE? <input type="checkbox"/> YES <input type="checkbox"/> NO				TOTAL	<u>4506</u>	<u>84</u>
<input type="checkbox"/> CUSTOMER DID NOT WISH TO RESPOND						

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

SWIFT OPERATOR DAVE BISH APPROVAL _____

Thank You!

JOB LOG

SWIFT Services, Inc.

DATE 04-29-10 PAGE NO. 1

CUSTOMER CARMEN SCHMIDT WELL NO. 45620 LEASE HEAVEY JOB TYPE SO-PEERS TICKET NO. 17571

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	1000							ON LOCATION 150 S/S STD 3 7/8 CC, 1/2" OCFR 4 1/2 x 9.5" PEERS @ 1700 FT 4 1/2 x 5 1/2 1700 FT, 5 1/2 x 8 5/8 660 FT
	1030	1.5	0		✓		400	INJECTION RATE 4 1/8 FULL
		1.5	1.5		✓		300	CIRC OUT 4 1/2 x 5 1/2
		1.5	4.0		✓		300	" " 5 1/2 x 8 5/8
								WAIT ON WATER
	1055	1.5	0		✓		400	START CMT, CIRC OUT BOTH LINES
		1.7	10.0		✓		350	
		1.7	27.5		✓		150	CMT ON PEERS, CLOSE BACK 5 1/2 x 8 5/8 VALVE
		1.7	35.0		✓		250	END CMT 150 S/S
		1.7	0		✓		250	START DRIP
		1.7	10.0		✓		300	LIGHT COLOR OF CMT OUT 4 1/2 x 5 1/2
		1.5	20.0		✓		400	GETTING FORCE OUT 5 1/2 x 8 5/8, CLOSE VALVE DOWN
		1.5	25.0		✓		450	CLOSE 5 1/2 x 8 5/8 & 4 1/2 x 5 1/2 JUST SPRAYING
	1140	1.5	27.0		✓		450	END DRIP, SPRAY CMT
	1140	0	27.0		✓		400	4 1/2 HOLDING, CLOSE IN
								T.O.C. 1160
	1230							JOB COMPLETE
								THANK YOU! DAVE, JERRY, BOB

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

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TICKET
 17493

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SERVICE LOCATIONS: 1. *Hays, KS* 2. *Ness City, KS*

WELL/PROJECT NO. # *4* LEASE *P.V* COUNTY/PARISH *ELLIS* STATE *KS* CITY _____ DATE *7-27-10* OWNER _____

TICKET TYPE: SERVICE SALES CONTRACTOR *DYS Well Serv* RIG NAME/NO. _____ SHIPPED VIA *CT* DELIVERED TO *NE/Hays, KS* ORDER NO. _____

WELL TYPE *SWD* WELL CATEGORY *WORKOVER* JOB PURPOSE *Liner Cwt 4 1/2 inside 5 1/2"* 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	
575		1			MILEAGE #104	40	mi	500		20000
578		1			Pump Charge - cut Liner	1	ea	140000		140000
290		1			D-Air	2	gal	3500		7000
401		1			Insert Float	1	ea	14000		14000
410		1			Top Plug - 5 Whipper	1	ea	90000		90000
330		2			SMD Cement - NO floccs	200	SKS	1500		300000
5		2			Service Charge	200	SKS	1500		300000
583		2			Drayage	361.04	TR	100		36104

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 *Co. Cust. [Signature]*

DATE SIGNED *7-27-10* TIME SIGNED _____ 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?				5561.04
WE UNDERSTOOD AND MET YOUR NEEDS?				
OUR SERVICE WAS PERFORMED WITHOUT DELAY?				
WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY?				Ellis TAX 5.3%
ARE YOU SATISFIED WITH OUR SERVICE?	<input type="checkbox"/> YES	<input type="checkbox"/> NO		294.74
<input type="checkbox"/> CUSTOMER DID NOT WISH TO RESPOND				TOTAL
				5855.78

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

SWIFT OPERATOR *[Signature]* APPROVAL _____

Thank You!

JOB LOG

SWIFT Services, Inc.

DATE 7-27-10 PAGE NO. 1

CUSTOMER *Cirmani Schmidt, Inc*

WELL NO. #4

LEASE P.V.

JOB TYPE Cmt. 4 1/2 Liner

TICKET NO. 17493

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	1745						4 1/2	On location - Rig can't get last 2 Jts Cons in hole.
	1830							Spot & Setup Jts Hook up to circ down cons Start H ₂ O
		1 1/2	55				300	Circulating @ 300 BBL
		2	70				500	Jt Down - 70 BBL
		1 1/2					300	St. cir 2 nd jt.
	2030	2	105				450	Fin cir - Wt 4 go in hole Lay jt. Down
	2045							Welder attach 4 1/2 to 5 1/2 @ 3587'
	2130							Hook to 4 1/2" liner
		3	7				500	start H ₂ O ahead - establish rate & circ
		3					500	start 170 SKS SMD @ 11.2 #/gal
		2 1/2	94				320	start 30 SKS SMD @ 14 #/gal
	2210		102				300	Fin cmt.
								Drop 5 Whipper top Plug - 4 1/2
	2215	2 1/2					100	Start Displ.
		3	14				300	Caught cut @ 14 BBL
		2 1/2	50				1100	@ 50 BBL - wtr returns - Partial
	2237		57 1/2				1300 / 160	Plug Down - Hold - Release & Hold Did not circulate any cement.
	2245							Job Complete Wash up & Pack up Jts

CONFIDENTIAL
JUL 21 2010

KCC

Thanks Ron, Doug & Jason

RECEIVED
JUL 22 2010
KCC WICHITA