



KANSAS CORPORATION COMMISSION 1066607  
OIL & GAS CONSERVATION DIVISION

Form ACO-1  
June 2009

**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 # 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 # 33575  
Name: WW Drilling, LLC  
Wellsite Geologist: Vernon Schrag  
Purchaser: N.C.R.A

API No. 15 - 15-193-20818-00-00

Spot Description: \_\_\_\_\_  
NW NE SW SE Sec. 11 Twp. 10 S. R. 32  East  West  
1130 Feet from  North /  South Line of Section  
1950 Feet from  East /  West Line of Section

Footages Calculated from Nearest Outside Section Corner:  
 NE  NW  SE  SW

County: Thomas  
Lease Name: Ostmeyer Well #: 1-11

Field Name: \_\_\_\_\_  
Producing Formation: Pawnee

Elevation: Ground: 3042 Kelly Bushing: 3048

Total Depth: 4698 Plug Back Total Depth: \_\_\_\_\_

Amount of Surface Pipe Set and Cemented at: 219 Feet

Multiple Stage Cementing Collar Used?  Yes  No

If yes, show depth set: \_\_\_\_\_ Feet

If Alternate II completion, cement circulated from: 2537  
feet depth to: 0 w/ 260 sx cmt.

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: \_\_\_\_\_

Well Name: \_\_\_\_\_

Original Comp. Date: \_\_\_\_\_ Original Total Depth: \_\_\_\_\_  
 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 #: \_\_\_\_\_

09/12/2011	09/21/2011	10/14/2011
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

**Drilling Fluid Management Plan**  
(Data must be collected from the Reserve Pit)

Chloride content: 4000 ppm Fluid volume: 870 bbls  
Dewatering method used: Evaporated

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: 11/23/2011

Confidential Release Date: \_\_\_\_\_

Wireline Log Received

Geologist Report Received

UIC Distribution

ALT  I  II  III Approved by: NAOMI JAMES Date: 11/28/2011