



KANSAS CORPORATION COMMISSION 1077955
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 # 33350
Name: Southwind Drilling, Inc.
Wellsite Geologist: Vernon Schragg
Purchaser: NCRA

Designate Type of Completion:
 New Well Re-Entry Workover
 Oil WSW SWD SLOW
 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 #: _____

<u>02/25/2012</u>	<u>03/06/2012</u>	<u>03/14/2012</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-135-25360-00-00

Spot Description:
SE NE NE SE Sec. 32 Twp. 17 S. R. 24 East West
2277 Feet from North / South Line of Section
308 Feet from East / West Line of Section

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

County: Ness
Lease Name: Gantz Well #: 2-32

Field Name: Keilman Southeast
Producing Formation: Cherokee Sand

Elevation: Ground: 2333 Kelly Bushing: 2345

Total Depth: 4343 Plug Back Total Depth: _____
Amount of Surface Pipe Set and Cemented at: 209 Feet

Multiple Stage Cementing Collar Used? Yes No

If yes, show depth set: _____ Feet
If Alternate II completion, cement circulated from: 1679

feet depth to: 0 w/ 135 sx cmt.

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

Chloride content: 16800 ppm Fluid volume: 900 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: 04/03/2012

Confidential Release Date: _____

Wireline Log Received

Geologist Report Received

UIC Distribution

ALT I II III Approved by: NAOMI JAMES Date: 04/04/2012