

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

RECEIVED

Form ACO-1
September 1999
Form Must Be Typed

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

AUG 16 2001
08-16-2001
KCC WICHITA

ORIGINAL

Operator: License # 6569
Name: Carmen Schmitt Inc.
Address: P.O. Box 47
City/State/Zip: Great Bend, KS 67530
Purchaser: _____
Operator Contact Person: Carmen Schmitt
Phone: (620) 793 5100
Contractor: Name: Shields Oil Producers, Inc.
License: 5184
Wellsite Geologist: Richard P. O'Donnell

Designate Type of Completion:
 New Well Re-Entry Workover
 Oil SWD SIOW Temp. Abd.
 Gas ENHR SIGW
 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./SWD
 Plug Back Plug Back Total Depth
 Commingled Docket No. _____
 Dual Completion Docket No. _____
 Other (SWD or Enhr.?) Docket No. _____

2-6-01 2-25-01
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 101-21786-0000
County: Lane
e2 w2 sw se 1 18 27 East West
1320' FSL _____ feet from S / N (circle one) Line of Section
1500' FWL _____ feet from E / W (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:
(circle one) NE SE NW SW
Lease Name: Herl Well #: 1
Field Name: Delos SW
Producing Formation: _____
Elevation: Ground: 2566 Kelly Bushing: 2571
Total Depth: 4565 Plug Back Total Depth: _____
Amount of Surface Pipe Set and Cemented at 206 Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set _____ Feet
If Alternate II completion, cement circulated from _____
feet depth to _____ w/ _____ sx cmt.

Drilling Fluid Management Plan DA 9/10/01 JB
(Data must be collected from the Reserve Pit)
Chloride content 116000 ppm Fluid volume 1100 bbls
Dewatering method used Evaporation
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: Carmen Schmitt
Title: Secretary Date: 8-15-01
Subscribed and sworn to before me this 8 day of August 2001.
19 _____
Notary Public: Elaine Scheck
Date Commission Expires: 12-13-2003

NOTARY PUBLIC - State of Kansas
ELAINE SCHECK
My Appt. Exp. 12-13-2003

KCC Office Use ONLY
 Letter of Confidentiality Attached
If Denied, Yes Date: _____
 Wireline Log Received
 Geologist Report Received
 UIC Distribution
KCC

X

ORIGINAL
B-101-21786-00-00

Operator Name: Carmen Schmitt Inc. Lease Name: Herl Well #: 1
 Sec. 1 Twp. 18 S. R. 27 East West County: Lane

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 type="checkbox"/> Yes <input checked="" 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: Radiation Guard Log Sonic Log	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td><input checked="" type="checkbox"/> Log</td> <td>Formation (Top), Depth and Datum</td> <td><input type="checkbox"/> Sample</td> </tr> <tr> <td>Name</td> <td>Top</td> <td>Datum</td> </tr> <tr> <td>Anhydrite</td> <td>1944</td> <td>+ 627</td> </tr> <tr> <td>Heebner Shale</td> <td>3842</td> <td>-1271</td> </tr> <tr> <td>Lansing Kansas City</td> <td>3882</td> <td>-1311</td> </tr> <tr> <td>Ft. Scott</td> <td>4404</td> <td>-1833</td> </tr> <tr> <td>Mississippian</td> <td>4504</td> <td>-1933</td> </tr> </table>	<input checked="" type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample	Name	Top	Datum	Anhydrite	1944	+ 627	Heebner Shale	3842	-1271	Lansing Kansas City	3882	-1311	Ft. Scott	4404	-1833	Mississippian	4504	-1933
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Mississippian	4504	-1933																				

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
	12.25"	8.625"	20	206	60/40 poz	160	2% gel 3% cc

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 <input type="checkbox"/> Plug Back TD <input type="checkbox"/> Plug Off Zone				

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

TUBING RECORD		Size	Set At	Packer At	Liner Run <input type="checkbox"/> Yes <input type="checkbox"/> No
Date of First, Resumed Production, SWD or Enhr.			Producing Method <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)		
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 <i>(If vented, Sumit ACO-18.)</i>	METHOD OF COMPLETION <input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <input type="checkbox"/> Other (Specify) _____	Production Interval
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RECEIVED

AUG 16 2001

KCC WICHITA

ALLIED CEMENTING CO., INC.

2116

REMIT TO P.O. BOX 31
RUSSELL, KANSAS 67665

ORIGINAL

SERVICE POINT:

15-101-21786-00-00

Wass City

DATE <u>2-6-01</u>	SEC. <u>1</u>	TWP. <u>18</u>	RANGE <u>27</u>	CALLED OUT <u>6:00pm.</u>	ON LOCATION <u>8:00pm</u>	JOB START <u>11:30pm</u>	JOB FINISH <u>12:00am</u>
LEASE <u>Herl</u>	WELL # <u>1</u>	LOCATION <u>Beeler 1/2w 5N 8 1/2w 1/2s</u>			COUNTY <u>Lane</u>	STATE <u>KS</u>	
OLD OR NEW (Circle one) <u>NEW</u>				<u>ETS</u>			

CONTRACTOR Shields Donly

TYPE OF JOB Surface

HOLE SIZE 12 1/4 T.D. 209

CASING SIZE 8 5/8 DEPTH 206

TUBING SIZE _____ DEPTH _____

DRILL PIPE _____ DEPTH _____

TOOL _____ DEPTH _____

PRES. MAX _____ MINIMUM _____

MEAS. LINE _____ SHOE JOINT _____

CEMENT LEFT IN CSG. 15

PERFS. _____

OWNER Same

CEMENT

AMOUNT ORDERED 160 6 3/4 3 3/4 2 1/2

COMMON	<u>96</u>	@	<u>6.35</u>	<u>609.60</u>
POZMIX	<u>64</u>	@	<u>3.25</u>	<u>208.00</u>
GEL	<u>3</u>	@	<u>9.50</u>	<u>28.50</u>
CHLORIDE	<u>5</u>	@	<u>28.00</u>	<u>140.00</u>

EQUIPMENT

PUMP TRUCK CEMENTER J. Weyhous

224 HELPER _____

BULK TRUCK _____

260 DRIVER Troy

BULK TRUCK _____

_____ DRIVER _____

HANDLING	<u>168</u>	@	<u>1.05</u>	<u>176.40</u>
MILEAGE	<u>25</u>			<u>168.00</u>

TOTAL \$1,330.50

REMARKS:

SERVICE

circ 8 5/8 casing w/ long pump
mix 160 3 3/4 3 3/4 2 1/2, Drop Plug
w/ 12 1/4 AB2 Plug Down,
pm Cement dual circ.

DEPTH OF JOB	<u>206'</u>			
PUMP TRUCK CHARGE				<u>470.00</u>
EXTRA FOOTAGE		@		
MILEAGE	<u>25</u>	@	<u>3.00</u>	<u>75.00</u>
PLUG	<u>Top wood</u>	@	<u>45.00</u>	<u>45.00</u>

Thanks

TOTAL \$590.00

CHARGE TO: Carmen Schmitt Inc

STREET PO Box 47

CITY Great Bend STATE Ks ZIP 67530

FLOAT EQUIPMENT

_____	@	_____	_____
_____	@	_____	_____
_____	@	_____	_____
_____	@	_____	_____
_____	@	_____	_____

TOTAL _____

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KCC WICHITA

TAX	<u>-0-</u>
TOTAL CHARGE	<u>\$1,920.50</u>
DISCOUNT	<u>\$192.05</u> IF PAID IN 30 DAYS

net \$1728.45

To Allied Cementing Co., Inc.
You are hereby requested to rent cementing equipment and furnish cementer and helper to assist owner or contractor to do work as is listed. The above work was done to satisfaction and supervision of owner agent or contractor. I have read & understand the "TERMS AND CONDITIONS" listed on the reverse side.

SIGNATURE Burton Beery

ALLIEL CEMENTING CO., INC.

2110

REMIT TO P.O. BOX 31
RUSSELL, KANSAS 67665

ORIGINAL SERVICE POINT:

15-101-21786-00-00

Nass City

DATE <u>2-25-01</u>	SEC. <u>1</u>	TWP. <u>18</u>	RANGE <u>27</u>	CALLED OUT <u>2:15 AM</u>	ON LOCATION <u>4:30 AM</u>	JOB START <u>7:10 am</u>	JOB FINISH <u>11:30 am</u>
LEASE <u>Herl</u>	WELL # <u>1</u>	LOCATION <u>Beeler 1/2 W 5 N 3 1/2 W</u>			COUNTY <u>Jane</u>	STATE <u>KS</u>	
OLD OR <u>NEW</u> (Circle one)							

CONTRACTOR <u>Shields Drilling</u>	OWNER <u>Same</u>
TYPE OF JOB <u>Rotary Plug</u>	CEMENT
HOLE SIZE <u>7 7/8</u>	T.D. <u>4565</u>
CASING SIZE	DEPTH
TUBING SIZE	DEPTH
DRILL PIPE	DEPTH
TOOL	DEPTH
PRES. MAX	MINIMUM
MEAS. LINE	SHOE JOINT
CEMENT LEFT IN CSG.	
PERFS.	

AMOUNT ORDERED			
<u>245 60/40 60/40</u>			
<u>1/4" Flo Seal Per 5x</u>			
COMMON	<u>147</u>	@ <u>6.35</u>	<u>933.45</u>
POZMIX	<u>98</u>	@ <u>3.25</u>	<u>318.50</u>
GEL	<u>13</u>	@ <u>9.50</u>	<u>123.50</u>
CHLORIDE		@	
<u>Flo Seal</u>	<u>61</u>	@ <u>1.40</u>	<u>85.40</u>
		@	
		@	
		@	
		@	
HANDLING	<u>260</u>	@ <u>1.05</u>	<u>273.00</u>
MILEAGE	<u>25</u>		<u>260.00</u>
			TOTAL <u>\$1993.85</u>

EQUIPMENT

PUMP TRUCK	CEMENTER <u>J. Weyhous</u>
# <u>224</u>	HELPER
BULK TRUCK	
# <u>222</u>	DRIVER <u>Troy</u>
BULK TRUCK	
#	DRIVER

REMARKS:

SERVICE

- 1080 3x e 1970
 - 80 3x e 1180
 - 40 3x e 550
 - 40 3x e 240
 - 10 3x e 40
 - 15 3x R.H.
 - 10 3x M.H.
- Thanks

DEPTH OF JOB	<u>1970</u>		
PUMP TRUCK CHARGE			<u>470.00</u>
EXTRA FOOTAGE		@	
MILEAGE	<u>25</u>	@ <u>3.00</u>	<u>75.00</u>
PLUG	<u>Topwood</u>	@ <u>23.00</u>	<u>23.00</u>
		@	
		@	
			TOTAL <u>\$568.00</u>

CHARGE TO: Carmen Schmitt, Inc.
STREET P.O. Box 47
CITY Ht Bend STATE KS ZIP 67530

FLOAT EQUIPMENT

	@		
	@		
	@		
	@		
	@		

RECEIVED

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KCC MICHITA

TOTAL _____

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SIGNATURE Kenny Omdel

TAX	<u>- 0 -</u>
TOTAL CHARGE	<u>\$ 2561.85</u>
DISCOUNT	<u>\$ 256.18</u> IF PAID IN 30 DAYS

Net \$ 2305.67