



KANSAS CORPORATION COMMISSION 1081523
OIL & GAS CONSERVATION DIVISION

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

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # 31341
Name: Craig, Ward dba Craig Oil Company
Address 1: 15 S MAIN
Address 2: _____
City: RUSSELL State: KS Zip: 67665 + 2901
Contact Person: Ward Craig
Phone: (785) 483-1543
CONTRACTOR: License # 33905
Name: Royal Drilling Inc
Wellsite Geologist: Ed Glassman
Purchaser: _____

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 #: _____
01/28/2011 02/04/2011 02/07/2011
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 15-167-23691-00-00
Spot Description:
 - NW SW Sec. 23 Twp. 15 S. R. 14 East West
1980 Feet from North / South Line of Section
660 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Russell
Lease Name: Schmidt Well #: 7
Field Name: Trapp
Producing Formation: arbuckle
Elevation: Ground: 1870 Kelly Bushing: 1882
Total Depth: 3329 Plug Back Total Depth: _____
Amount of Surface Pipe Set and Cemented at: 875 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
(Data must be collected from the Reserve Pit)
Chloride content: 5000 ppm Fluid volume: 100 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: _____
 Confidential Release Date: _____
 Wireline Log Received
 Geologist Report Received
 UIC Distribution
ALT I II III Approved by: Deanna Gardner Date: 05/18/2012



1081523

Operator Name: Craig, Ward dba Craig Oil Company Lease Name: Schmidt Well #: 7
 Sec. 23 Twp. 15 S. R. 14 East West County: Russell

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 <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 Electric Log Submitted Electronically <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(If no, Submit Copy)</i> List All E. Logs Run: Radiation Sonic	<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>872</td> <td>1009</td> </tr> <tr> <td>Tarkio</td> <td>2503</td> <td>-621</td> </tr> <tr> <td>Topeka</td> <td>2776</td> <td>-894</td> </tr> <tr> <td>Heebner</td> <td>3003</td> <td>-1121</td> </tr> <tr> <td>Lansing</td> <td>3068</td> <td>-1186</td> </tr> <tr> <td>Kansas City</td> <td>3297</td> <td>-1415</td> </tr> <tr> <td>Arbuckle</td> <td>3309</td> <td>-1427</td> </tr> </table>	<input checked="" type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample	Name	Top	Datum	Anhydrite	872	1009	Tarkio	2503	-621	Topeka	2776	-894	Heebner	3003	-1121	Lansing	3068	-1186	Kansas City	3297	-1415	Arbuckle	3309	-1427
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CASING RECORD <input checked="" 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	8.625	23	875	common	350	3%cc 2% gel
Prod string	7.875	5.5	15.5	3347	common	180	10% salt

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
____ Perforate				
____ Protect Casing	-			
____ Plug Back TD				
____ Plug Off Zone	-			

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>	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. <u>02/07/2011</u>		Producing Method: <input type="checkbox"/> Flowing <input checked="" type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other <i>(Explain)</i> _____	
Estimated Production Per 24 Hours	Oil Bbls. <u>10</u>	Gas Mcf	Water Bbls. <u>150</u>
		Gas-Oil Ratio	Gravity

DISPOSITION OF GAS: <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <i>(Submit ACO-5)</i> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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QUALITY OILWELL CEMENTING, INC.

Phone 785-483-2025
Cell 785-324-1041

Home Office P.O. Box 32 Russell, KS 67665

No. 4412

Date	1/21/11	Sec.	23	Twp.	15	Range	14	County	Russell	State	KS	On Location		Finish	9:30 PM
Lease	S. Smith		Well No.	7		Location Russell 10 1/2, W+S into									
Contractor	Royal Drilling Rig #2							Owner To Quality Oilwell Cementing, Inc. You are hereby requested to rent cementing equipment and furnish cementer and helper to assist owner or contractor to do work as listed.							
Type Job	Service							Charge To Cray Oil Co							
Hole Size	12 1/4		T.D.	875'		Depth 875'									
Csg.	7 7/8 22#		Depth												
Tbg. Size	Depth														
Tool	Depth														
Cement Left in Csg.	112'		Shoe Joint	112'		The above was done to satisfaction and supervision of owner agent or contractor.									
Meas Line			Displace	53 1/4 Bbls		Cement Amount Ordered									

EQUIPMENT

Pumptrk	9	No.	Cementer	
			Helper	Paul
Bulktrk	10	No.	Driver	Rocky
			Driver	
Bulktrk	PU	No.	Driver	Log
			Driver	

JOB SERVICES & REMARKS

Remarks:

Rat Hole

Mouse Hole

Centralizers

Baskets

D/V or Port Collar

Est Circulation
Mix 350 cc

Displace
Last Plug

Cement Circulated

350 cc Com 30% CC 20% J

Common 350

Poz. Mix

Gel.

Calcium 7/13

Hulls

Salt

Flowseal

Kol-Seal

Mud CLR 48

CFL-117 or CD110 CAF 38

Sand

Handling 370

Mileage

FLOAT EQUIPMENT

Guide Shoe

Centralizer 9 7/8"

Baskets

AFU Inserts

Float Shoe

Latch Down

Base Plate Rubber Plug

Pumptrk Charge

Mileage 12

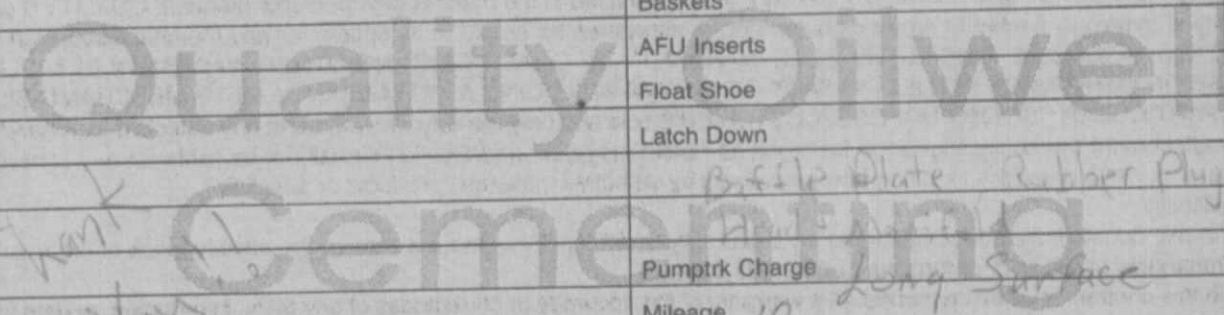
Long Surface

Tax

Discount

Total Charge

X Signature



Thank You

QUALITY OILWELL CEMENTING, INC.

Phone 785-483-2025
Cell 785-324-1041

Home Office P.O. Box 32 Russell, KS 67665

No. 4689

Date	2-9-11	Sec.	Twp.	Range	County	State	On Location	Finish
Lease	Schmidt	Well No.	7	Location		Russell 85	Wichita	
Contractor	Royal Drilling Rig 2			Owner				
Type Job				To Quality Oilwell Cementing, Inc. You are hereby requested to rent cementing equipment and furnish cementer and helper to assist owner or contractor to do work as listed.				
Hole Size	T.D. 3350			Charge To				
Csg.	5" 15.50			Depth 22.4				
Tbg. Size	Depth			Street				
Tool	Depth			City State				
Cement Left in Csg.	22			Shoe Joint 22'				
Meas Line	Displace 793.54			The above was done to satisfaction and supervision of owner agent or contractor.				
				Cement Amount Ordered 180 Common 108.50				

EQUIPMENT

Pumptrk	No. 5	Cementer Helper	Common 180
Bulktrk	No. 8	Driver	Poz. Mix
Bulktrk	No.	Driver	Gel.
		Driver	

JOB SERVICES & REMARKS

Remarks:	Calcium
Rat Hole	Hulls
Mouse Hole	Salt 16
Centralizers	Flowseal
Baskets	Kol-Seal
D/V or Port Collar	Mud CLR 48
30' Rod Hole	CFL-117 or CD110 CAF 38
20' 2 1/2" Hole	Sand
	Handling
	Mileage

FLOAT EQUIPMENT

Land Rig @ 100 psi	Guide Shoe 1
Float Hole	Centralizer 5 Trucks
	Baskets
	AFU Inserts
	Float Shoe
	Latch Down
	Pumptrk Charge
	Mileage 12

Tax
Discount
Total Charge

X Signature