

KCC OIL/GAS REGULATORY OFFICES

Date: 07/20/12

District: 01

Case #: _____

New Situation

Lease Inspection

Response to Request

Complaint

Follow-Up

Field Report

Operator License No: 6569

API Well Number: 15-101-22,382-00-00

Op Name: Carmen Schmitt, Inc.

Spot: NE-NE-NE-NE Sec 1 Twp 20 S Rng 30 E / W

Address 1: P.O. Box 47

100 (95) Feet from N / S Line of Section

Address 2: _____

100 (81) Feet from E / W Line of Section

City: Great Bend

GPS: Lat: 38.35074 Long: 100.57552 Date: 7/20/12

State: Kansas Zip Code: 67530 -0047

Lease Name: Frontier Unit Well #: 1

Operator Phone #: (620) 793-5100

County: Lane

Reason for Investigation:

Witness Alt. II

Problem:

None

Persons Contacted:

Findings:

8-5/8" @ 222' W / 150sxs cement
TD @ 4750'
4-1/2" @ 4742' W / 200sxs cement
Port Collar @ 2230' W / 200sxs-smd-1/4# flo seal-2%cc-15sxs went to pit.

Action/Recommendations:

Follow Up Required Yes No

Date: _____

None, Alt. II requirements have been met.

Verification Sources:

Photos Taken: _____

<input checked="" type="checkbox"/> RBDMS	<input type="checkbox"/> KGS	<input type="checkbox"/> TA Program
<input type="checkbox"/> T-I Database	<input checked="" type="checkbox"/> District Files	<input type="checkbox"/> Courthouse
<input type="checkbox"/> Other: _____		

By: _____

Michael Maier

RECEIVED

AUG 06 2012

Form: _____

Retain 1 Copy District Office
Send 1 Copy to Conservation Division

JUL 31 2012

KCC DODGE CITY

KCC WICHITA

RAW

Date: 07/20/12

District: 01

License #: 6569

Op Name: 6569

Spot: NE-NE-NE-NE Sec 1 Twp 20 S Rng 30 E W

County: Lane

Lease Name: Frontier Unit Well #: 1

I.D. Sign Yes No

Tank Battery Condition
Condition: Good Questionable Overflowing

Pits, Injection Site
Fluid Depth: _____ ft; Approx. Size: _____ ft. x _____ ft.

Oil Spill Evidence

Abandoned Well Potential Pollution Problem Yes No

Lease Cleanliness
 Very Good Satisfactory Poor Very Bad

Gas Venting Yes No

Pits
Fluid Depth: _____ ft; Approx. Size: _____ ft. x _____ ft.

Saltwater Pipelines
Leaks Visible: Y N Tested for Leaks: Y N

Flowing Holes

TA Wells

Monitoring Records

SWD/ER Injection Well Yes No Lane

Permit #: _____ Pressure - Actual: _____ psi; Authorized: _____ psi

Permit #: _____ Pressure - Actual: _____ psi; Authorized: _____ psi

Permit #: _____ Pressure - Actual: _____ psi; Authorized: _____ psi

Permit #: _____ Pressure - Actual: _____ psi; Authorized: _____ psi

Gauge Connections Yes No

Tubing: _____; T/C Annulus: _____; C/SP Annulus: _____

Tubing: _____; T/C Annulus: _____; C/SP Annulus: _____

Tubing: _____; T/C Annulus: _____; C/SP Annulus: _____

Tubing: _____; T/C Annulus: _____; C/SP Annulus: _____

API Number	Footages	Spot Location	GPS	Well #	Well Status
15-101-22.382-00-00	95FNL 81FEL	NE-NE-NE-NE	38.35074-100.57552	1	Alt. II requirements have been met.