

KANSAS CORPORATION COMMISSION 1049083
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 # 6569
 Name: Schmitt, Carmen, 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 # 6901
 Name: D S & W Well Servicing, Inc.
 Wellsite Geologist: No geologist on workover
 Purchaser: NCRA

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: Carmen Schmitt, Inc
 Well Name: Shaffer #3
 Original Comp. Date: 4/10/2009 Original Total Depth: 3515
 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>9/8/2010</u>	<u>9/8/2010</u>
Spud Date or Recompletion Date	Completion Date or Recompletion Date

API No. 15 - 15-009-25306-00-01
 Spot Description: 50' N & 70' E OF S2SWNW
NW SE SW NW Sec. 36 Twp. 16 S. R. 15 East West
2,260 Feet from North / South Line of Section
730 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE NW SE SW

County: Barton
 Lease Name: SHAFFER Well #: 3
 Field Name: _____

Producing Formation: Toronto
 Elevation: Ground: 1995 Kelly Bushing: 1997
 Total Depth: 3515 Plug Back Total Depth: _____
 Amount of Surface Pipe Set and Cemented at: 470 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: _____ ppm Fluid volume: _____ bbls
 Dewatering method used: _____
 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: 12/16/2010
 Confidential Release Date: 12/15/2012
 Wireline Log Received
 Geologist Report Received
 UIC Distribution
 ALT I II III Approved by: NAOMI JAMES Date: 01/07/2011

Operator Name: Schmitt, Carmen, Inc. Lease Name: SHAFFER Well #: 3

Sec. 36 Twp. 16 S. R. 15 East West County: Barton

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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No Electric Log Submitted Electronically <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If no, Submit Copy)</i> List All E. Logs Run:	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;">Name</td> <td style="width:20%;">Top</td> <td style="width:20%;">Datum</td> </tr> <tr> <td>Toronto</td> <td>3198</td> <td>-1205</td> </tr> </table>	Name	Top	Datum	Toronto	3198	-1205
Name	Top	Datum					
Toronto	3198	-1205					

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
Surface	12.25	8.625	23	470	Common	235	3%cc,
Production	7.875	5.5	14	3512	Standard	150	5% salt, 4% calseal

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
2	3198-3202	500 gal 15% MCA	3198-3202
	Bridge Plug		3225

TUBING RECORD:	Size: <u>2.375</u>	Set At: <u>3166</u>	Packer At: <u>3166</u>	Liner Run: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date of First, Resumed Production, SWD or ENHR. <u>9/8/2010</u>		Producing Method: <input checked="" 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>45</u>	Gas Mcf	Water Bbls. <u>0</u>	Gas-Oil Ratio <u>46</u>

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 checked="" 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: <u>3198-3202</u>
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Summary of Changes

Lease Name and Number: SHAFFER 3

API/Permit #: 15-009-25306-00-01

Doc ID: 1049083

Correction Number: 1

Approved By: NAOMI JAMES

Field Name	Previous Value	New Value
API	15-009-25306-00-00	15-009-25306-00-01