



**WELL COMPLETION FORM**  
**WELL HISTORY - DESCRIPTION OF WELL & LEASE**

OPERATOR: License # \_\_\_\_\_

Name: \_\_\_\_\_

Address 1: \_\_\_\_\_

Address 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ + \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

CONTRACTOR: License # \_\_\_\_\_

Name: \_\_\_\_\_

Wellsite Geologist: \_\_\_\_\_

Purchaser: \_\_\_\_\_

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: \_\_\_\_\_

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 #: \_\_\_\_\_

Spud Date or Recompletion Date      Date Reached TD      Completion Date or Recompletion Date

API No. 15 - \_\_\_\_\_

Spot Description: \_\_\_\_\_

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_- Sec. \_\_\_\_\_ Twp. \_\_\_\_\_ S. R. \_\_\_\_\_  East  West

\_\_\_\_\_ Feet from  North /  South Line of Section

\_\_\_\_\_ Feet from  East /  West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE       NW       SE       SW

County: \_\_\_\_\_

Lease Name: \_\_\_\_\_ Well #: \_\_\_\_\_

Field Name: \_\_\_\_\_

Producing Formation: \_\_\_\_\_

Elevation: Ground: \_\_\_\_\_ Kelly Bushing: \_\_\_\_\_

Total Depth: \_\_\_\_\_ Plug Back Total Depth: \_\_\_\_\_

Amount of Surface Pipe Set and Cemented at: \_\_\_\_\_ 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: \_\_\_\_\_
- Confidential Release Date: \_\_\_\_\_
- Wireline Log Received
- Geologist Report Received
- UIC Distribution
- ALT  I  II  III Approved by: \_\_\_\_\_ Date: \_\_\_\_\_



1164576

Operator Name: \_\_\_\_\_ Lease Name: \_\_\_\_\_ Well #: \_\_\_\_\_

Sec. \_\_\_\_\_ Twp. \_\_\_\_\_ S. R. \_\_\_\_\_  East  West County: \_\_\_\_\_

**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 type="checkbox"/> No <i>(Attach Additional Sheets)</i>  Samples Sent to Geological Survey <input type="checkbox"/> Yes <input type="checkbox"/> No  Cores Taken <input type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Run <input type="checkbox"/> Yes <input 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 type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample  Name Top Datum
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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

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 <i>(Amount and Kind of Material Used)</i>	Depth

TUBING RECORD:      Size: \_\_\_\_\_ Set At: \_\_\_\_\_ Packer At: \_\_\_\_\_ Liner Run:  Yes  No

Date of First, Resumed Production, SWD or ENHR. \_\_\_\_\_ Producing Method:  Flowing  Pumping  Gas Lift  Other *(Explain)* \_\_\_\_\_

Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
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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> <input type="checkbox"/> Other <i>(Specify)</i> _____ <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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# QUALITY OILWELL CEMENTING, INC.

Federal Tax I.D.# 20-2886107

Phone 785-483-2025

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

No. 7986

Cell 785-324-1041

Date	Sec.	Twp.	Range	County	State	On Location	Finish
7-12-13	14	15	17	Atch	KS		11:30 AM

Location *Victoria's Chevrolet Cold 1/4 W 21110*

Lease *Paul* Well No. *1* Owner

Contractor *Royal #1* 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 *Surface* Charge To *Chaster Energy*

Hole Size *12 1/4* T.D. *1097* Street

Csg. *8 5/8* Depth *1097* City State

Tbg. Size Depth City State

Tool Depth The above was done to satisfaction and supervision of owner agent or contractor.

Cement Left in Csg. *25.62* Shoe Joint *25.62* Cement Amount Ordered *400 lbm 30 bbl 2 1/2 bbl*

Meas Line Displace *68 1/4 ABL*

EQUIPMENT		Common
Pumptrk <i>17</i>	No. Cementer Helper <i>COOY</i>	Poz. Mix
Bulktrk	No. Driver <i>COOY</i>	Gel.
Bulktrk <i>19</i>	No. Driver <i>Chad</i>	Calcium

### JOB SERVICES & REMARKS

Remarks:	Hulls
Rat Hole	Salt
Mouse Hole	Flowseal
Centralizers	Kol-Seal
Baskets	Mud CLR 48
D/V or Port Collar	CFL-117 or CD110 CAF 38
<i>8 5/8 on bottom. Est. Circulation</i>	Sand
<i>Mix 400 lbm + Displace Plug</i>	Handling
<i>Cement Circulation!</i>	Mileage
<i>Plug Land @ 70'</i>	

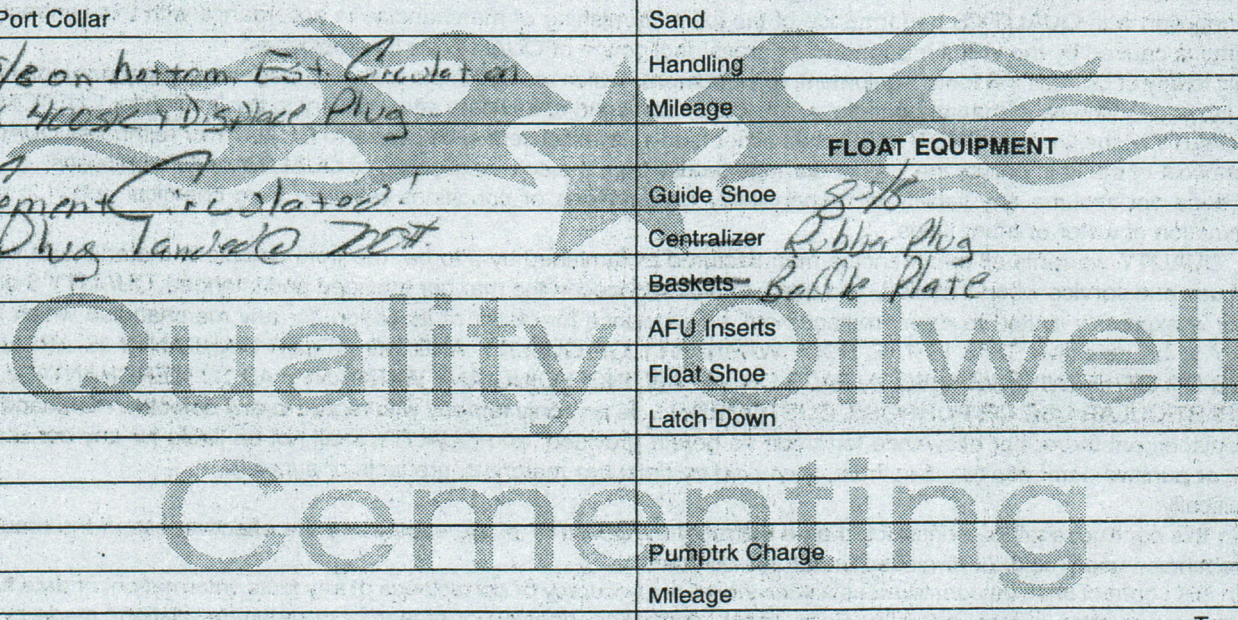
### FLOAT EQUIPMENT

Guide Shoe <i>8 5/8</i>
Centralizer <i>Rubber Plug</i>
Baskets <i>Bulk Plate</i>
AFU Inserts
Float Shoe
Latch Down

Pumptrk Charge  
Mileage

Tax  
Discount  
Total Charge

X Signature *Doug Buding*



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Federal Tax I.D.# 20-2886107

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

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

No. 7269

Date	Sec.	Twp.	Range	County	State	On Location	Finish	
7-22-13	14	15	17	Ellis	KS		12:00 PM	
Lease <u>Paul Paul</u>				Well No.	1			Owner
Contractor <u>Royal #1</u>				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 <u>Plug</u>				Charge To <u>Charter Charter Energy</u>				
Hole Size <u>7 7/8</u>				T.D. <u>3606</u>				
Csg.				Depth				Street
Tbg. Size				Depth				City State
Tool				Depth				The above was done to satisfaction and supervision of owner agent or contractor.
Cement Left in Csg.				Shoe Joint				Cement Amount Ordered <u>250 60/40 1/4 Flow</u>
Meas Line				Displace				
<b>EQUIPMENT</b>								
Pumptrk 5 No. Cementer Helper <u>Billy</u>				Common <u>130</u>				
Bulktrk 8 No. Driver <u>Clayton</u>				Poz. Mix <u>100</u>				
Bulktrk Pu No. Driver <u>Brett</u>				Gel. <u>9</u>				
				Calcium				
<b>JOB SERVICES &amp; REMARKS</b>								
Remarks:				Hulls				
Rat Hole				Salt				
Mouse Hole				Flowseal <u>62#</u>				
Centralizers				Kol-Seal				
Baskets				Mud CLR 48				
D/V or Port Collar				CFL-117 or CD110 CAF 38				
<u>1st 50sx @ 3586'</u>				Sand				
<u>2nd 40sx @ 1150'</u>				Handling <u>259</u>				
<u>3rd 100sx @ 500'</u>				Mileage				
<u>4th 10sx @ 40'</u>				<b>FLOAT EQUIPMENT</b>				
<u>Rat 30sx</u>				Guide Shoe				
<u>Mouse 15sx</u>				Centralizer				
				Baskets				
				AFU Inserts				
				Float Shoe				
				Latch Down				
				<u>Wood Plug - 1</u>				
				Pumptrk Charge <u>Plug</u>				
				Mileage <u>15</u>				
				Tax				
				Discount				
X Signature <u>Wesley B...</u>				Total Charge				



**TRILOBITE  
TESTING, INC.**

# DRILL STEM TEST REPORT

Charter Energy Inc  
P O Box 252  
Great Bend Ks 67530  
ATTN: Steve Baise

**14-15s-17wEllis**  
**Paul #1**  
Job Ticket: 54255      **DST#: 1**  
Test Start: 2013.07.21 @ 00:50:15

## GENERAL INFORMATION:

Formation: **LKC**  
Deviated: No Whipstock:                      ft (KB)  
Time Tool Opened: 02:25:10  
Time Test Ended: 05:58:24  
Interval: **3271.00 ft (KB) To 3346.00 ft (KB) (TVD)**  
Total Depth: 3346.00 ft (KB) (TVD)  
Hole Diameter: 7.85 inches Hole Condition: Fair  
Reference Elevations: 1951.00 ft (KB)  
1946.00 ft (CF)  
KB to GR/CF: 5.00 ft  
Test Type: Conventional Bottom Hole (Initial)  
Tester: Ray Schwager  
Unit No: 70

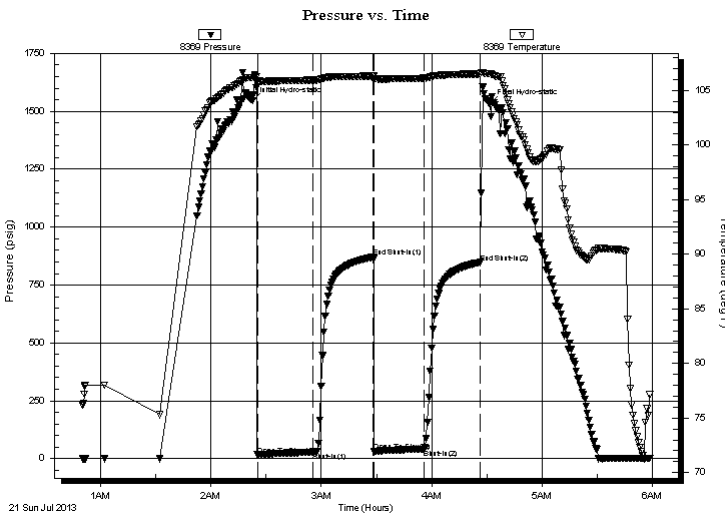
## Serial #: 8369

Inside

Press @ Run Depth: 41.62 psig @ 3278.00 ft (KB)      Capacity: 8000.00 psig  
Start Date: 2013.07.21      End Date: 2013.07.21      Last Calib.: 2013.07.21  
Start Time: 00:50:15      End Time: 05:58:24      Time On Btm: 2013.07.21 @ 02:22:40  
Time Off Btm: 2013.07.21 @ 04:31:40

TEST COMMENT: 30-IFP-w k bl thru-out 1/4" to 1/2" bl  
30-ISIP-no bl  
30-FFP-surface bl thru-out  
30-FSIP-no bl

## PRESSURE SUMMARY



Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	1543.83	106.15	Initial Hydro-static
3	16.64	105.83	Open To Flow (1)
33	29.22	105.94	Shut-In(1)
66	871.08	106.32	End Shut-In(1)
66	30.47	105.92	Open To Flow (2)
94	41.62	106.11	Shut-In(2)
124	847.65	106.50	End Shut-In(2)
129	1531.87	106.52	Final Hydro-static

## Recovery

Length (ft)	Description	Volume (bbl)
45.00	Mud	0.63

## Gas Rates

Choke (inches)	Pressure (psig)	Gas Rate (Mcf/d)



**TRILOBITE  
TESTING, INC.**

# DRILL STEM TEST REPORT

**FLUID SUMMARY**

Charter Energy Inc

**14-15s-17wEllis**

P O Box 252  
Great Bend Ks 67530

**Paul #1**

Job Ticket: 54255

**DST#: 1**

ATTN: Steve Baise

Test Start: 2013.07.21 @ 00:50:15

## Mud and Cushion Information

Mud Type: Gel Chem

Cushion Type:

Oil API:

deg API

Mud Weight: 9.00 lb/gal

Cushion Length:

ft

Water Salinity:

ppm

Viscosity: 57.00 sec/qt

Cushion Volume:

bbbl

Water Loss: 8.56 in<sup>3</sup>

Gas Cushion Type:

Resistivity: ohm.m

Gas Cushion Pressure:

psig

Salinity: 4000.00 ppm

Filter Cake: 1.00 inches

## Recovery Information

Recovery Table

Length ft	Description	Volume bbl
45.00	Mud	0.631

Total Length: 45.00 ft      Total Volume: 0.631 bbl

Num Fluid Samples: 0

Num Gas Bombs: 0

Serial #:

Laboratory Name:

Laboratory Location:

Recovery Comments:

