

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION 1164576

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 #	API No. 15
Name:	Spot Description:
Address 1:	
Address 2:	Feet from North / South Line of Section
City: State: Zip:+	Feet from Cast / West Line of Section
Contact Person:	Footages Calculated from Nearest Outside Section Corner:
Phone: ()	
CONTRACTOR: License #	County:
Name:	Lease Name: Well #:
Wellsite Geologist:	Field Name:
Purchaser:	Producing Formation:
Designate Type of Completion:	Elevation: Ground: Kelly Bushing:
New Well Re-Entry Workover	Total Depth: Plug Back Total Depth:
	Amount of Surface Pipe Set and Cemented at: Feet
Gas D&A ENHR SIGW	Multiple Stage Cementing Collar Used? Yes No
OG GSW Temp. Abd.	If yes, show depth set: Feet
CM (Coal Bed Methane)	If Alternate II completion, cement circulated from:
Cathodic Other (Core, Expl., etc.):	feet depth to: sx cmt
If Workover/Re-entry: Old Well Info as follows:	
Operator:	
Well Name:	Drilling Fluid Management Plan (Data must be collected from the Reserve Pit)
Original Comp. Date: Original Total Depth:	
Deepening Re-perf. Conv. to ENHR Conv. to SWD	Chloride content: ppm Fluid volume: bbls
	Dewatering method used:
Plug Back: Plug Back Total Depth	Location of fluid disposal if hauled offsite:
Commingled     Permit #:	Operator Name:
Dual Completion Permit #:	Operator Name:
SWD Permit #:	Lease Name: License #:
ENHR Permit #:	Quarter Sec TwpS. R East West
GSW Permit #:	County: Permit #:
Spud Date or         Date Reached TD         Completion Date or           Recompletion Date         Recompletion Date         Recompletion Date	

#### 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:						

	Side Two	1164576				
Operator Name:	Lease Name:	Well #:				
Sec TwpS. 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 (Attach Additional Sh	eets)	Yes No		-	n (Top), Depth and		Sample
Samples Sent to Geolog	gical Survey	Yes No	Nam	16		Тор	Datum
Cores Taken Electric Log Run Electric Log Submitted B (If no, Submit Copy)	Electronically	<pre>Yes □ No  Yes □ No  Yes □ No</pre>					
List All E. Logs Run:							
		CASIN	G RECORD	ew Used			
		Report all strings se	t-conductor, surface, int	ermediate, producti	on, 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: —— Perforate	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
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 (Amount and Kind of Material Used) D			Depth
TUBING RECORD:	Siz	ze:	Set At:		Packer	r At:	Liner R	un:	No	
Date of First, Resumed I	Product	ion, SWD or ENHF	<b>λ</b> .	Producing N	1ethod:	ping	Gas Lift	Other (Explain)		
Estimated Production Per 24 Hours		Oil Bb	ls.	Gas	Mcf	Wate	ər	Bbls.	Gas-Oil Ratio	Gravity
DISPOSITIC	ON OF C	BAS:			METHOD	OF COMPLE	TION:		PRODUCTION INT	ERVAL:
Vented Sold		Jsed on Lease		Open Hole	Perf.	Dually (Submit)	Comp. ACO-5)	Commingled (Submit ACO-4)		
(If vented, Sub	omit ACC	)-18.)		Other (Specify)						

Mail to: KCC - Conservation Division, 130 S. Market - Room 2078, Wichita, Kansas 67202

## QUALITY OILWELL CEMENTING, INC. Federal Tax I.D.# 20-2886107

Phone 785-483-2025 Cell 785-324-1041	Head of the		al and a	ox 32 Ru:	ssell, KS 6766	5 main	No.	7986
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# QUALITY OILWELL CEMENTING, INC. Federal Tax I.D.# 20-2886107

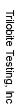
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Date 7-22-13	Sec.	Twp.	Range	EII	County	State K C	On Location	Finish			
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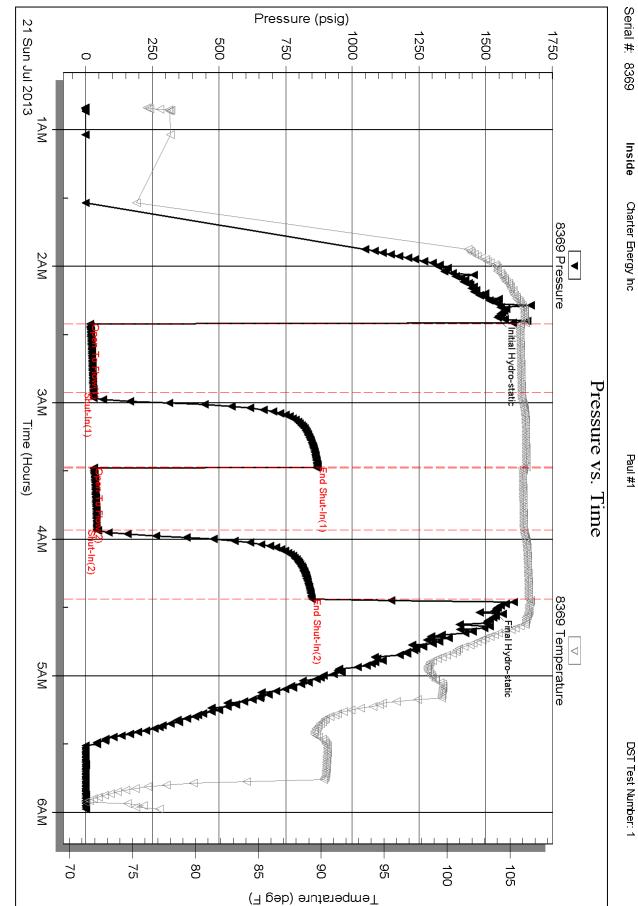
	DRILL STEM TES	ST REP	ORT				
RILOBITE	Charter Energy Inc		14-1	5s-17w	Ellis		
ESTING , INC	P O Box 252		Pau	ıl #1			
	Great Bend Ks 67530		Job <sup>-</sup>	Ticket: 54	255	DST#:	1
	ATTN: Steve Baise		Test	Start: 20	13.07.21 @	2 00:50:15	
GENERAL INFORMATION:							
Formation:LKCDeviated:NoWhipstock:Time Tool Opened:02:25:10Time Test Ended:05:58:24	ft (KB)		Test Test Unit	er: F	Convention Ray Schwa 70	al Bottom Ho ager	le (Initial)
Interval:3271.00 ft (KB) To33Total Depth:3346.00 ft (KB) (TVHole Diameter:7.85 inches Hole	D)		Refe	erence Ele KB to	vations: o GR/CF:	1951.00 1946.00 5.00	ft (CF)
Serial #: 8369InsidePress@RunDepth:41.62 psigStart Date:2013.07.21Start Time:00:50:15TEST COMMENT:30-IFP-w k bl thru	End Date: End Time:	2013.07.21 05:58:24	Capacity: Last Calib Time On E Time Off I	o.: Btm: 2		8000.00 2013.07.21 @ 02:22:40 @ 04:31:40	
30-ISIP-no bl 30-FFP-surface b 30-FSIP-no bl Pressure vs. Ti			PR	FSSIR	E SUMN		
1750	8389 Temperature	Time	Pressure	Temp	Annotat		
	Figure Hydro-state:	(Min.) 0	(psig) 1543.83	(deg F) 106.15	Initial Hyd	ro-static	
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G 1000		66 94	30.47	105.92	Open To I	Flow (2)	
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1AM 2AM 3AM 21 Sun Jul 2013 Time (Hours)	айм байм байм						
Recovery				Gas	s Rates		
Length (ft) Description	Volume (bbl)			Choke (ir	nches) Press	sure (psig) G	as Rate (Mcf/d)
45.00 Mud	0.63						

	DR	ILL STEM TEST REPO	RT	F	LUID SUMMARY
RILOBITE	Charte	r Energy Inc	14-15s-17v	wEllis	
TESTING , INC		ox 252 Bend Ks 67530	<b>Paul #1</b> Job Ticket: {	54255	DST#:1
	ATTN:	Steve Baise	Test Start: 2	2013.07.21 @ 00	:50:15
Mud and Cushion Information	 )				
Mud Type:Gel ChemMud Weight:9.00 lb/galViscosity:57.00 sec/qtWater Loss:8.56 in³Resistivity:ohm.mSalinity:4000.00 ppmFilter Cake:1.00 inches		Cushion Type: Cushion Length: Cushion Volume: Gas Cushion Type: Gas Cushion Pressure:	ft bbl psig	Oil API: Water Salinity:	deg API ppm
Recovery Information					
		Recovery Table		7	
Le	ngth 't	Description	Volume bbl		
	45.00	Mud	0.63	1	
Total Length: Num Fluid Sa		5.00 ft Total Volume: 0.631 l	bbl		
Laboratory N Recovery Co		Laboratory Location:			

Printed: 2013.07.21 @ 06:32:55

Ref. No: 54255





Paul #1