



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1201164
OIL & GAS CONSERVATION DIVISION

Form ACO-1
August 2013

Form must be Typed
Form must be Signed
All blanks must be Filled

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
- Plug Back Conv. to GSW Conv. to Producer
- Commingled Permit #: _____
- Dual Completion Permit #: _____
- SWD Permit #: _____
- ENHR Permit #: _____
- GSW Permit #: _____

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

GPS Location: Lat: _____, Long: _____
(e.g. xx.xxxxx) (e.g. -xxx.xxxxx)

Datum: NAD27 NAD83 WGS84

County: _____

Lease Name: _____ Well #: _____

Field Name: _____

Producing Formation: _____

Elevation: Ground: _____ Kelly Bushing: _____

Total Vertical 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

- Confidentiality Requested
Date: _____
- Confidential Release Date: _____
- Wireline Log Received
- Geologist Report Received
- UIC Distribution
- ALT I II III Approved by: _____ Date: _____

1201164

Operator Name: _____ Lease Name: _____ Well #: _____

Sec. _____ Twp. _____ S. R. _____ East West County: _____

INSTRUCTIONS: Show important tops 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.

Final Radioactivity Log, Final Logs run to obtain Geophysical Data and Final Electric Logs must be emailed to kcc-well-logs@kcc.ks.gov. Digital electronic log files must be submitted in LAS version 2.0 or newer AND an image file (TIFF or PDF).

Drill Stem Tests Taken <i>(Attach Additional Sheets)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name	Top	Datum
Cores Taken	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Electric Log Run	<input type="checkbox"/> Yes <input type="checkbox"/> No			
List All E. Logs Run:				

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				

Did you perform a hydraulic fracturing treatment on this well? Yes No *(If No, skip questions 2 and 3)*

Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons? Yes No *(If No, skip question 3)*

Was the hydraulic fracturing treatment information submitted to the chemical disclosure registry? Yes No *(If No, fill out Page Three of the ACO-1)*

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

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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DRILL STEM TEST REPORT

Prepared For: **Charter Energy Inc**

PO Box 352
Great Bend KS 67530-0252

ATTN: Steve Baize, Kurt Ta

Johnston #1

24-13s-20w Ellis,KS

Start Date: 2014.03.15 @ 03:30:20

End Date: 2014.03.15 @ 08:55:14

Job Ticket #: 54084 DST #: 1

Trilobite Testing, Inc
PO Box 362 Hays, KS 67601
ph: 785-625-4778 fax: 785-625-5620

Printed: 2014.03.20 @ 17:33:08



**TRILOBITE
TESTING, INC**

DRILL STEM TEST REPORT

Charter Energy Inc

24-13s-20w Ellis,KS

PO Box 352
Great Bend KS 67530-0252

Johnston #1

Job Ticket: 54084

DST#: 1

ATTN: Steve Baize, Kurt Ta

Test Start: 2014.03.15 @ 03:30:20

GENERAL INFORMATION:

Formation: **LKC H,I,J**

Deviated: No Whipstock: ft (KB)

Time Tool Opened: 05:32:00

Time Test Ended: 08:55:14

Test Type: Conventional Bottom Hole (Initial)

Tester: Ray Schwager

Unit No: 70

Interval: 3588.00 ft (KB) To 3660.00 ft (KB) (TVD)

Reference Elevations: 2114.00 ft (KB)

Total Depth: 3660.00 ft (KB) (TVD)

2107.00 ft (CF)

Hole Diameter: 7.88 inches Hole Condition: Fair

KB to GR/CF: 7.00 ft

Serial #: 8369

Inside

Press@RunDepth: 28.56 psig @ 3593.00 ft (KB)

Capacity: 8000.00 psig

Start Date: 2014.03.15

End Date:

2014.03.15

Last Calib.:

2014.03.15

Start Time: 03:30:20

End Time:

08:55:14

Time On Btm:

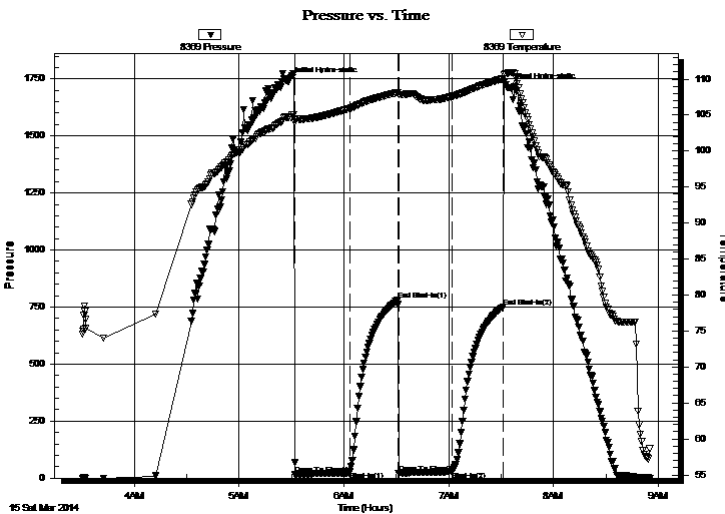
2014.03.15 @ 05:28:30

Time Off Btm:

2014.03.15 @ 07:34:00

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

PRESSURE SUMMARY



Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	1739.73	104.72	Initial Hydro-static
4	16.33	104.51	Open To Flow (1)
35	27.79	105.92	Shut-In(1)
63	781.60	108.14	End Shut-In(1)
63	21.92	107.89	Open To Flow (2)
94	28.56	107.57	Shut-In(2)
123	750.40	110.06	End Shut-In(2)
126	1710.98	110.84	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
20.00	Mud w/show of oil	0.28

Gas Rates

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



**TRILOBITE
TESTING, INC**

DRILL STEM TEST REPORT

TOOL DIAGRAM

Charter Energy Inc

24-13s-20w Ellis,KS

PO Box 352
Great Bend KS 67530-0252

Johnston #1

Job Ticket: 54084

DST#: 1

ATTN: Steve Baize, Kurt Ta

Test Start: 2014.03.15 @ 03:30:20

Tool Information

Drill Pipe:	Length: 3581.00 ft	Diameter: 3.80 inches	Volume: 50.23 bbl	Tool Weight: 2200.00 lb
Heavy Wt. Pipe:	Length: 0.00 ft	Diameter: 0.00 inches	Volume: 0.00 bbl	Weight set on Packer: 25000.00 lb
Drill Collar:	Length: 0.00 ft	Diameter: 0.00 inches	Volume: 0.00 bbl	Weight to Pull Loose: 75000.00 lb
			<u>Total Volume: 50.23 bbl</u>	Tool Chased 0.00 ft
Drill Pipe Above KB:	13.00 ft			String Weight: Initial 65000.00 lb
Depth to Top Packer:	3588.00 ft			Final 65000.00 lb
Depth to Bottom Packer:	ft			
Interval between Packers:	72.00 ft			
Tool Length:	92.00 ft			
Number of Packers:	2	Diameter: 6.75 inches		

Tool Comments:

Tool Description

Tool Description	Length (ft)	Serial No.	Position	Depth (ft)	Accum. Lengths
Change Over Sub	0.00			3568.00	
Shut In Tool	5.00			3573.00	
Hydraulic tool	5.00			3578.00	
Packer	5.00			3583.00	20.00 Bottom Of Top Packer
Packer	5.00			3588.00	
Stubb	1.00			3589.00	
Perforations	4.00			3593.00	
Recorder	0.00	8369	Inside	3593.00	
Recorder	0.00	8700	Outside	3593.00	
Blank Spacing	64.00			3657.00	
Bullnose	3.00			3660.00	72.00 Bottom Packers & Anchor

Total Tool Length: 92.00



**TRILOBITE
TESTING, INC**

DRILL STEM TEST REPORT

FLUID SUMMARY

Charter Energy Inc

24-13s-20w Ellis,KS

PO Box 352
Great Bend KS 67530-0252

Johnston #1

Job Ticket: 54084

DST#: 1

ATTN: Steve Baize, Kurt Ta

Test Start: 2014.03.15 @ 03:30:20

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: 50.00 sec/qt

Cushion Volume:

bbbl

Water Loss: 7.93 in³

Gas Cushion Type:

Resistivity: ohm.m

Gas Cushion Pressure:

psig

Salinity: 5100.00 ppm

Filter Cake: 1.00 inches

Recovery Information

Recovery Table

Length ft	Description	Volume bbl
20.00	Mud w/show of oil	0.281

Total Length: 20.00 ft Total Volume: 0.281 bbl

Num Fluid Samples: 0

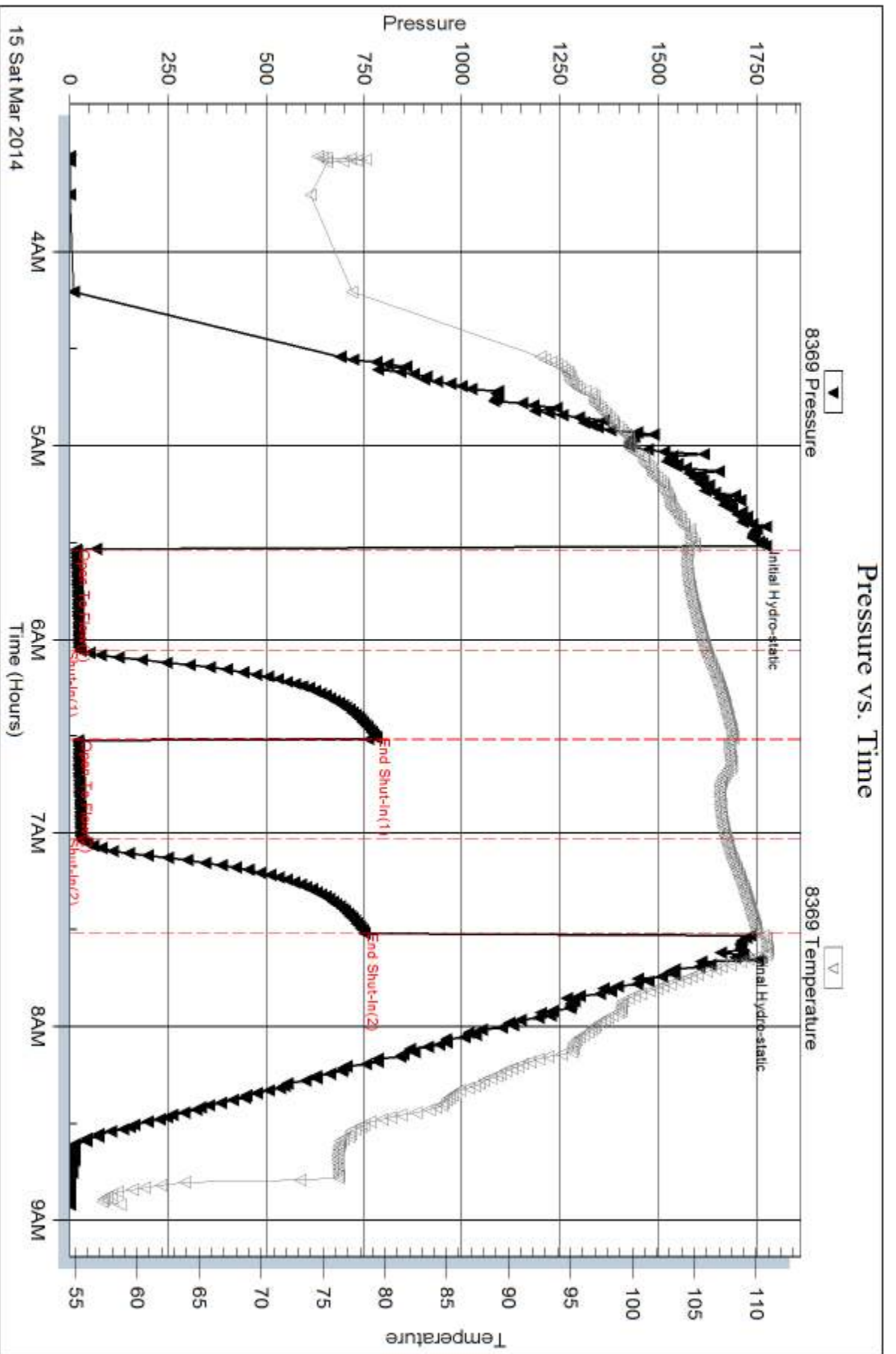
Num Gas Bombs: 0

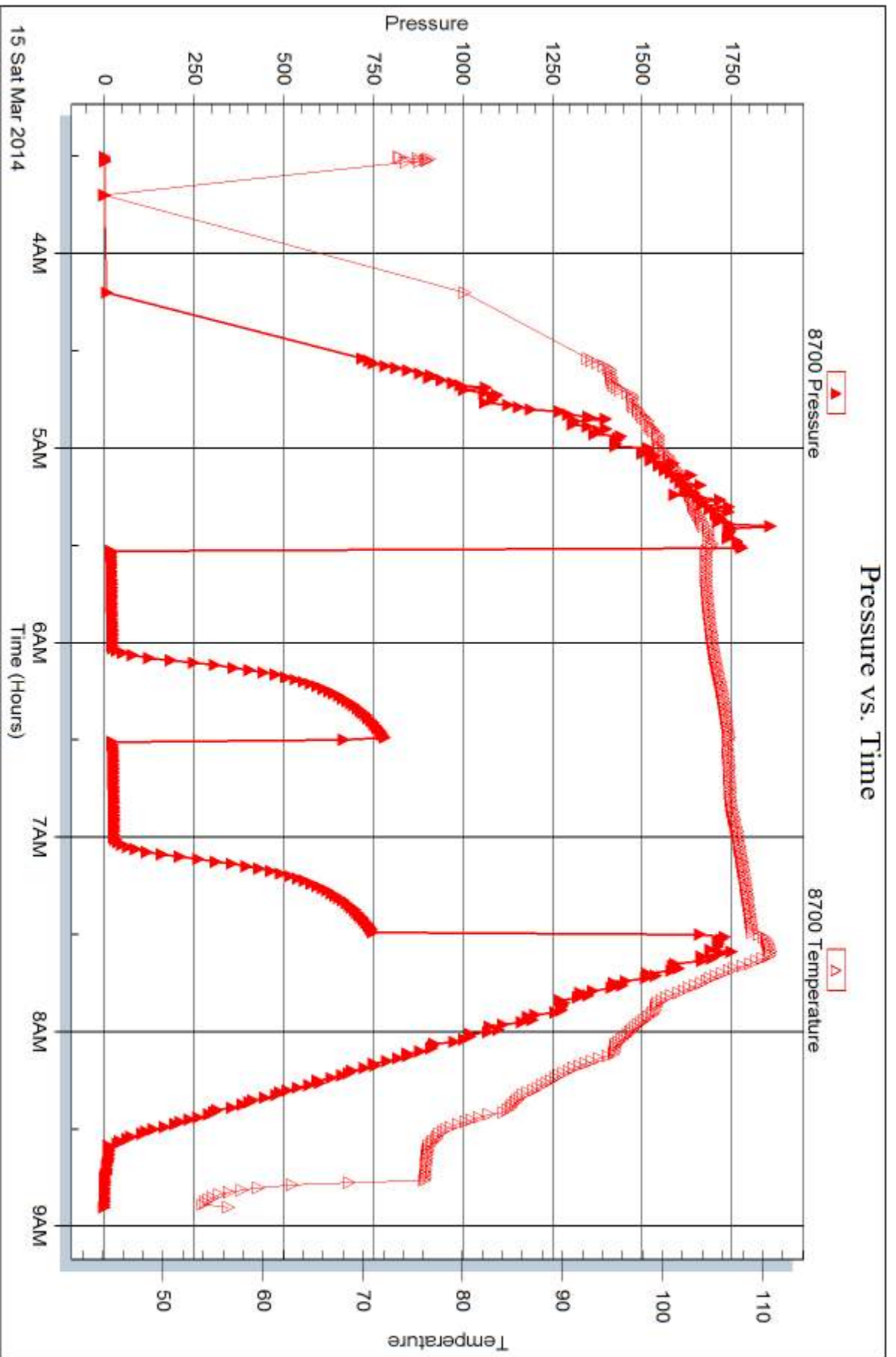
Serial #:

Laboratory Name:

Laboratory Location:

Recovery Comments:







DRILL STEM TEST REPORT

Prepared For: **Charter Energy Inc**

PO Box 352
Great Bend KS 67530-0252

ATTN: Steve Baize, Kurt Ta

Johnston #1

24-13s-20w Ellis,KS

Start Date: 2014.03.16 @ 02:36:02

End Date: 2014.03.16 @ 09:39:56

Job Ticket #: 54085 DST #: 2

Trilobite Testing, Inc
PO Box 362 Hays, KS 67601
ph: 785-625-4778 fax: 785-625-5620

Printed: 2014.03.20 @ 17:32:36



**TRILOBITE
TESTING, INC**

DRILL STEM TEST REPORT

Charter Energy Inc

24-13s-20w Ellis,KS

PO Box 352
Great Bend KS 67530-0252

Johnston #1

Job Ticket: 54085

DST#: 2

ATTN: Steve Baize, Kurt Ta

Test Start: 2014.03.16 @ 02:36:02

GENERAL INFORMATION:

Formation: **Arbuckle**

Deviated: No Whipstock: ft (KB)

Time Tool Opened: 04:29:42

Time Test Ended: 09:39:56

Test Type: Conventional Bottom Hole (Reset)

Tester: Ray Schwager

Unit No: 70

Interval: 3686.00 ft (KB) To 3785.00 ft (KB) (TVD)

Reference Elevations: 2114.00 ft (KB)

Total Depth: 3785.00 ft (KB) (TVD)

2107.00 ft (CF)

Hole Diameter: 7.88 inches Hole Condition: Fair

KB to GR/CF: 7.00 ft

Serial #: 8369

Inside

Press@RunDepth: 189.02 psig @ 3692.00 ft (KB)

Capacity: 8000.00 psig

Start Date: 2014.03.16

End Date:

2014.03.16

Last Calib.:

2014.03.16

Start Time:

02:36:02

End Time:

09:39:56

Time On Btm:

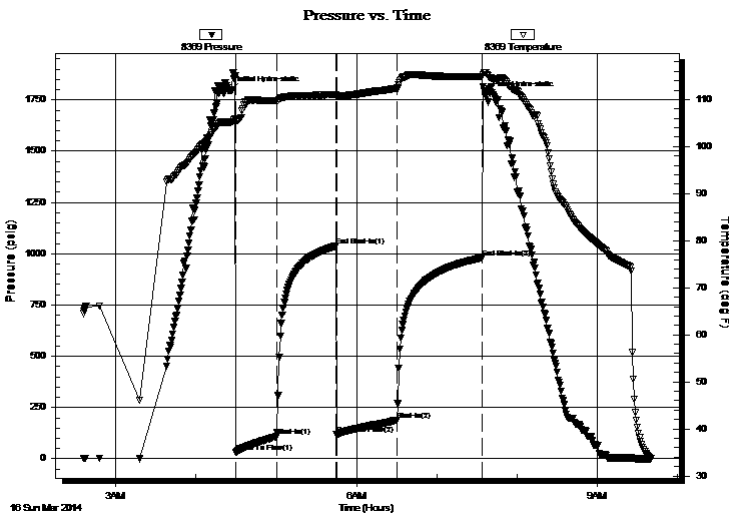
2014.03.16 @ 04:25:57

Time Off Btm:

2014.03.16 @ 07:36:26

TEST COMMENT: 30-IFP-w k to strg in 28 min
45-ISIP-no bl
45-FFP-w k to a gd bl 1/2"to 8"bl
60-FSIP-no bl

PRESSURE SUMMARY



Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	1796.83	105.22	Initial Hydro-static
4	32.53	105.21	Open To Flow (1)
35	108.22	109.72	Shut-In(1)
79	1036.87	111.04	End Shut-In(1)
79	117.66	110.71	Open To Flow (2)
125	189.02	112.35	Shut-In(2)
188	980.38	114.82	End Shut-In(2)
191	1769.65	115.71	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
150.00	CO	2.10
124.00	MGO 10%G25%M65%O	1.74
124.00	MGO 30%G15%M55%O	1.74

Gas Rates

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

* Recovery from multiple tests



**TRILOBITE
TESTING, INC**

DRILL STEM TEST REPORT

TOOL DIAGRAM

Charter Energy Inc

24-13s-20w Ellis,KS

PO Box 352
Great Bend KS 67530-0252

Johnston #1

Job Ticket: 54085

DST#: 2

ATTN: Steve Baize, Kurt Ta

Test Start: 2014.03.16 @ 02:36:02

Tool Information

Drill Pipe:	Length: 3676.00 ft	Diameter: 3.80 inches	Volume: 51.56 bbl	Tool Weight: 2200.00 lb
Heavy Wt. Pipe:	Length: 0.00 ft	Diameter: 0.00 inches	Volume: 0.00 bbl	Weight set on Packer: 25000.00 lb
Drill Collar:	Length: 0.00 ft	Diameter: 0.00 inches	Volume: 0.00 bbl	Weight to Pull Loose: 75000.00 lb
			<u>Total Volume: 51.56 bbl</u>	Tool Chased 0.00 ft
Drill Pipe Above KB:	10.00 ft			String Weight: Initial 64000.00 lb
Depth to Top Packer:	3686.00 ft			Final 67000.00 lb
Depth to Bottom Packer:	ft			
Interval between Packers:	99.00 ft			
Tool Length:	119.00 ft			
Number of Packers:	2	Diameter: 6.75 inches		

Tool Comments:

Tool Description

Tool Description	Length (ft)	Serial No.	Position	Depth (ft)	Accum. Lengths
Change Over Sub	0.00			3666.00	
Shut In Tool	5.00			3671.00	
Hydraulic tool	5.00			3676.00	
Packer	5.00			3681.00	20.00 Bottom Of Top Packer
Packer	5.00			3686.00	
Stubb	1.00			3687.00	
Perforations	5.00			3692.00	
Recorder	0.00	8369	Inside	3692.00	
Recorder	0.00	8700	Outside	3692.00	
Blank Spacing	65.00			3757.00	
Perforations	25.00			3782.00	
Bullnose	3.00			3785.00	99.00 Bottom Packers & Anchor

Total Tool Length: 119.00



**TRILOBITE
TESTING, INC**

DRILL STEM TEST REPORT

FLUID SUMMARY

Charter Energy Inc

24-13s-20w Ellis,KS

PO Box 352
Great Bend KS 67530-0252

Johnston #1

Job Ticket: 54085

DST#: 2

ATTN: Steve Baize, Kurt Ta

Test Start: 2014.03.16 @ 02:36:02

Mud and Cushion Information

Mud Type: Gel Chem
Mud Weight: 9.00 lb/gal
Viscosity: 58.00 sec/qt
Water Loss: 7.96 in³
Resistivity: ohm.m
Salinity: 6300.00 ppm
Filter Cake: 1.00 inches

Cushion Type:
Cushion Length: ft
Cushion Volume: bbl
Gas Cushion Type:
Gas Cushion Pressure: psig

Oil API: 28 deg API
Water Salinity: ppm

Recovery Information

Recovery Table

Length ft	Description	Volume bbl
150.00	CO	2.104
124.00	MGO 10%G25%M65%O	1.739
124.00	MGO 30%G15%M55%O	1.739

Total Length: 398.00 ft Total Volume: 5.582 bbl

Num Fluid Samples: 0

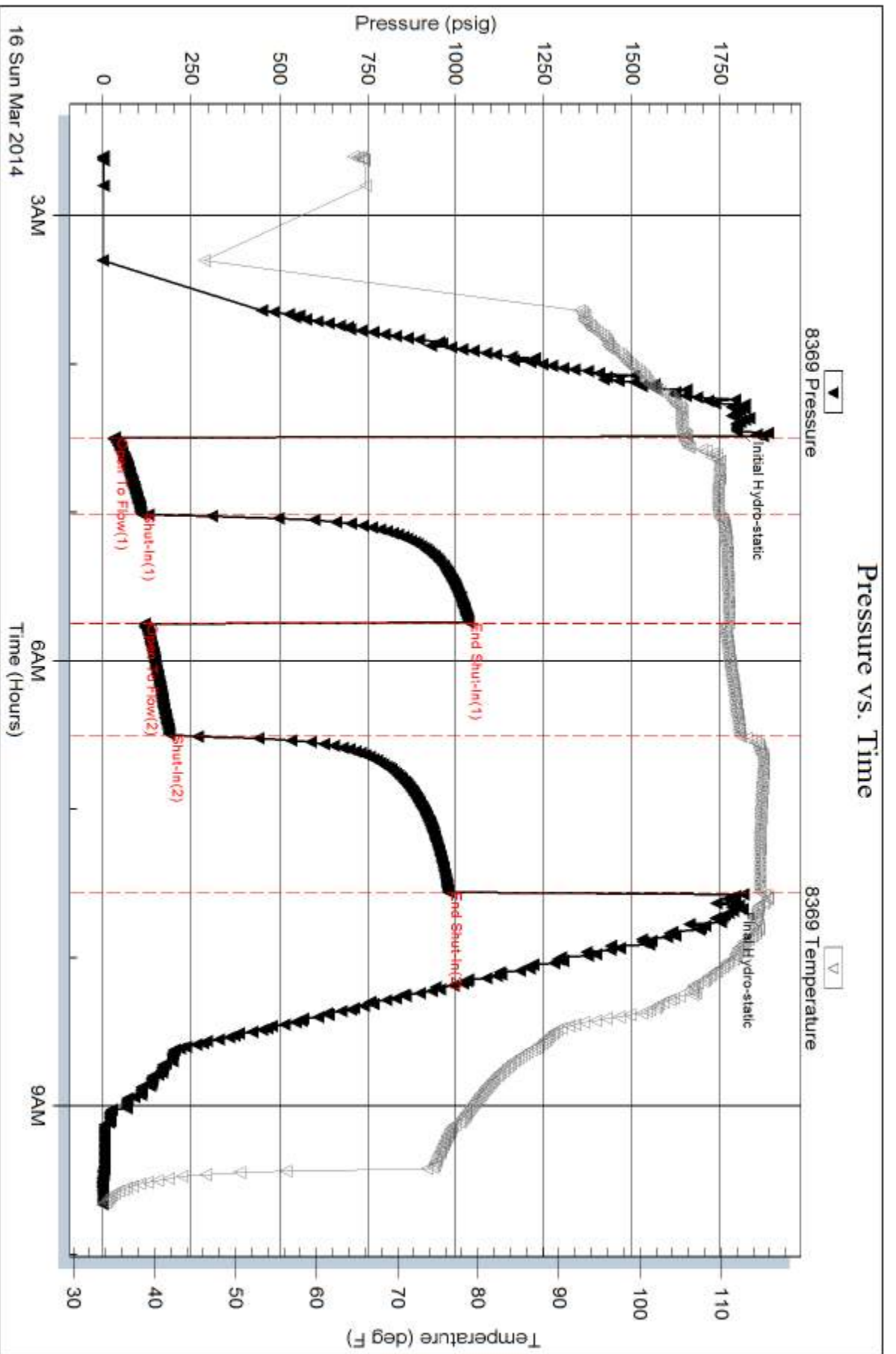
Num Gas Bombs: 0

Serial #:

Laboratory Name:

Laboratory Location:

Recovery Comments:

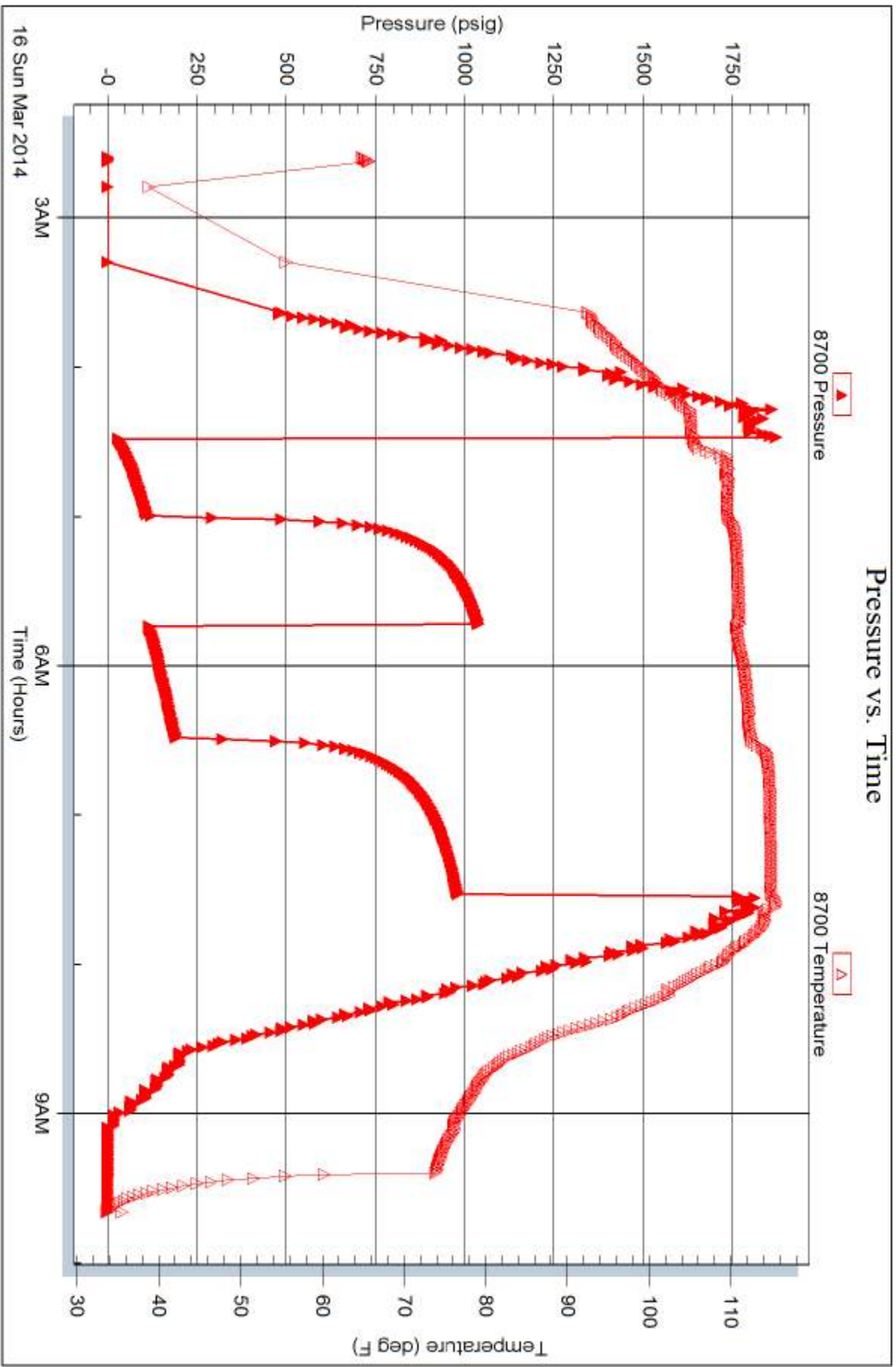


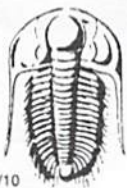
Serial #: 8700

Outside Charter Energy Inc

Johnston #1

DST Test Number: 2





TRILOBITE TESTING INC.

1515 Commerce Parkway • Hays, Kansas 67601

Test Ticket

NO. 54084

Well Name & No. Johnston #1 Test No. 1 Date 3-15-14
 Company CHARTER Energy, Inc Elevation 2114 KB 2107 GL
 Address PO Box 352 Great Bend, Ks 67530-0252
 Co. Rep / Geo. KURT TALBOTT Rig Royalrig1
 Location: Sec. 24 Twp. 13^s Rge. 20^w Co. ELLIS State Ks

Interval Tested 3588-3660 Zone Tested LKC H-I-J
 Anchor Length 72 Drill Pipe Run 3581 Mud Wt. 9.2
 Top Packer Depth 3583 Drill Collars Run - Vis 50
 Bottom Packer Depth 3588 Wt. Pipe Run - WL 8
 Total Depth 3660 Chlorides 5100 ppm System LCM TR.

Blow Description IFP - WEAK BLOW 1/2" BLOW
ISIP - NO BLOW
FFP - VERY WEAK SURFACE BLOW THRU-OUT
FSIP - NO BLOW

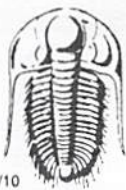
Rec	Feet of	%gas	%oil	%water	%mud
<u>20</u>	<u>Mud</u>				
	<u>w/show of oil</u>				

Rec Total 20 BHT 110 Gravity - API RW - @ - °F Chlorides - ppm

(A) Initial Hydrostatic 1739 Test 1150 T-On Location 0100
 (B) First Initial Flow 16 Jars _____ T-Started 0330
 (C) First Final Flow 27 Safety Joint _____ T-Open 0530
 (D) Initial Shut-In 781 Circ Sub _____ T-Pulled 0730
 (E) Second Initial Flow 21 Hourly Standby _____ T-Out 0855
 (F) Second Final Flow 28 Mileage 32 RT 49.60 Comments _____
 (G) Final Shut-In 750 Sampler _____
 (H) Final Hydrostatic 1710 Straddle _____ Ruined Shale Packer _____
 Shale Packer _____ Ruined Packer _____
 Extra Packer _____ Extra Copies _____
 Initial Open 30 Extra Recorder _____ Sub Total 0
 Initial Shut-In 30 Day Standby _____ Total 1199.60
 Final Flow 30 Accessibility _____ MP/DST Disc't _____
 Final Shut-In 30 Sub Total 1199.60

Approved By _____ Our Representative Ray Schwager *Thank you*

Trilobite Testing Inc. shall not be liable for damaged of any kind of the property or personnel of the one for whom a test is made, or for any loss suffered or sustained, directly or indirectly, through the use of its equipment, or its statements or opinion concerning the results of any test, tools lost or damaged in the hole shall be paid for at cost by the party for whom the test is made.



TRILOBITE TESTING INC.

1515 Commerce Parkway • Hays, Kansas 67601

Test Ticket

NO. 54085

Well Name & No. Johnston #1 Test No. 2 Date 3-16-14
 Company Charter Energy, Inc Elevation 2114 KB 2107 GL
 Address PO Box 352 Great Bend, Ks 67530-0252
 Co. Rep / Geo. Kurt Talbott Rig Royal rig 1
 Location: Sec. 24 Twp. 13^s Rge. 20^w Co. ELLIS State Ks

Interval Tested 3686-3785 Zone Tested Arbuckle
 Anchor Length 99 Drill Pipe Run 3676 Mud Wt. 9.4
 Top Packer Depth 3681 Drill Collars Run - Vis 58
 Bottom Packer Depth 3686 Wt. Pipe Run - WL 8
 Total Depth 3785 Chlorides 6300 ppm System LCM 1#

Blow Description IFP - WEAK TO STRONG IN 28 MIN
ISIP - NO BLOW
FFP - WEAK TO A GOOD BLOW 1/2" TO 8" BLOW
FSIP - NO BLOW

Rec	Feet of	%gas	%oil	%water	%mud
<u>150</u>	<u>CO</u>				
<u>124</u>	<u>MGO</u>	<u>10</u>	<u>65</u>	<u>25</u>	
<u>124</u>	<u>MGO</u>	<u>30</u>	<u>55</u>	<u>15</u>	
Rec	Feet of	%gas	%oil	%water	%mud
Rec	Feet of	%gas	%oil	%water	%mud

Rec Total 398 BHT 114 Gravity 28 API RW - @ - ° F Chlorides - ppm

(A) Initial Hydrostatic 1796 Test 1150 T-On Location 0155
 (B) First Initial Flow 32 Jars _____ T-Started 0235
 (C) First Final Flow 108 Safety Joint _____ T-Open 0430
 (D) Initial Shut-In 1036 Circ Sub _____ T-Pulled 0730
 (E) Second Initial Flow 117 Hourly Standby _____ T-Out _____
 (F) Second Final Flow 189 Mileage 32 RT 49.60 Comments _____
 (G) Final Shut-In 980 Sampler _____
 (H) Final Hydrostatic 1769 Straddle _____ Ruined Shale Packer _____
 Shale Packer _____ Ruined Packer _____
 Extra Packer _____ Extra Copies _____
 Initial Open 30 Extra Recorder _____ Sub Total 0
 Initial Shut-In 45 Day Standby _____ Total 1199.60
 Final Flow 45 Accessibility _____ MP/DST Disc't _____
 Final Shut-In 60 Sub Total 1199.60

Approved By _____ Our Representative RAY SCHWAGER Thank you

Trilobite Testing Inc. shall not be liable for damaged of any kind of the property or personnel of the one for whom a test is made, or for any loss suffered or sustained, directly or indirectly, through the use of its equipment, or its statements or opinion concerning the results of any test, tools lost or damaged in the hole shall be paid for at cost by the party for whom the test is made.

QUALITY OILWELL CEMENTING, INC.

Federal Tax I.D.# 20-2886107

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

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

No. 7085

Date	3-10-14	Sec.	24	Twp.	13	Range	20	County	Ellis	State	KS	On Location		Finish	7:30
------	---------	------	----	------	----	-------	----	--------	-------	-------	----	-------------	--	--------	------

Location *Ellis E to 160 Rd 15 1/4 W N1/4*

Lease	<i>Johnston</i>		Well No.	<i>1</i>		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.			
Contractor	<i>Royal #1</i>					Charge To	<i>Charter Energy</i>			
Type Job	<i>Surface</i>		T.D.	<i>223</i>		Street				
Hole Size	<i>12 1/4</i>		Depth	<i>210</i>		City	State			
Csg.	<i>8 5/8</i>		Depth			The above was done to satisfaction and supervision of owner agent or contractor.				
Tbg. Size			Depth			Cement Amount Ordered <i>140 com 30% cc 20% Gel</i>				
Tool			Shoe Joint			Meas Line Displace <i>12 3/4</i>				
Cement Left in Csg.	<i>20'</i>				EQUIPMENT					

No.	Cementer		Common
<i>16</i>	Helper	<i>Billy</i>	Poz. Mix
No.	Driver	<i>Clayton</i>	Gel.
<i>3</i>	Driver	<i>Brett</i>	Calcium
No.	Driver		
<i>PU</i>	Driver		

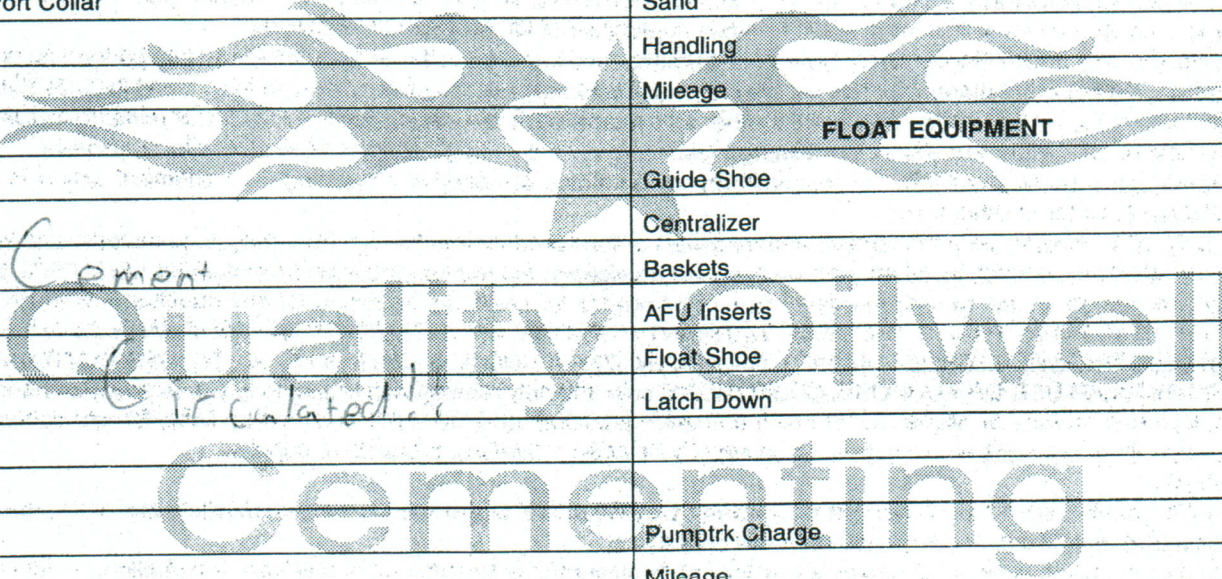
JOB SERVICES & REMARKS		Hulls
Remarks:		Salt
Rat Hole		Flowseal
Mouse Hole		Kol-Seal
Centralizers		Mud CLR 48
Baskets		CFL-117 or CD110 CAF 38
D/V or Port Collar		Sand
		Handling
		Mileage

FLOAT EQUIPMENT

	Guide Shoe
	Centralizer
	Baskets
	AFU Inserts
	Float Shoe
	Latch Down

	Pumptrk Charge	Tax
	Mileage	Discount
		Total Charge

X Signature *Wesley Bledsoe*





CHARGE TO: Charter Energy
 ADDRESS
 CITY, STATE, ZIP CODE

TICKET 25429

PAGE 1 OF 2

1. SERVICE LOCATIONS: Well/PROJECT NO. 1 LEASE Johnston COUNTY/PARISH Ellis STATE LA 505 CITY
 2. Ticket Type: SERVICE CONTRACTOR Royal RIG NAME/NO. 1 SHIPPED VIA CT DELIVERED TO Location
 3. Well Type: D-1 Well Category: Development Job Purpose: 5 1/2 longstring Well Permit No.
 4. Referral Location: INVOICE INSTRUCTIONS DATE 3-16-14 ORDER NO. Sec 24, Trap 135, A200

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.	U/M	QTY.	U/M	UNIT PRICE	AMOUNT
		LOC	ACCT	DF							
575					MILEAGE @ 110	20	mi			6.00	120.00
578					Pump Charge Longstring	1	eq			1500.00	1500.00
221					Logrod 15LL	2	gal			25.00	50.00
281					Mud Flush	500	gal			1.25	625.00
290					O-Air	2	gal			42.00	84.00
402					Centralizers	6	ea			70.00	420.00
403					Cement + Basket	2	ea			300.00	600.00
404					Port Collar	1	ea			2900.00	2900.00
406					Latch Down Plug + Baffle	1	ea			275.00	275.00
407					Insert Plead Shoe w/ Auto Fill	1	ea			375.00	375.00

LEGAL TERMS: Customer hereby acknowledges and agrees to the terms and conditions on the reverse side hereof which include, but are not limited to, PAYMENT, RELEASE, INDEMNITY, and LIMITED WARRANTY provisions.

MUST BE SIGNED BY CUSTOMER OR CUSTOMER'S AGENT PRIOR TO START OF WORK OR DELIVERY OF GOODS
 DATE SIGNED: 3-16-14 TIME SIGNED: 2000
 A.M. P.M.

REMIT PAYMENT TO:
 SWIFT SERVICES, INC.
 P.O. BOX 466
 NESS CITY, KS 67560
 785-798-2300

SURVEY
 OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN?
 WE UNDERSTOOD AND MET YOUR NEEDS?
 OUR SERVICE WAS PERFORMED WITHOUT DELAY?
 WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY?
 ARE YOU SATISFIED WITH OUR SERVICE?
 CUSTOMER DID NOT WISH TO RESPOND

PAGE TOTAL 9
 SUBTOTAL 11,851.00
 TAX 632.68
 TOTAL 12,483.68

SWIFT OPERATOR: [Signature] APPROVAL: [Signature]
 CUSTOMER ACCEPTANCE OF MATERIALS AND SERVICES: The customer hereby acknowledges receipt of the materials and services listed on this ticket.
 Thank You!



PO Box 466
Ness City, KS 67550
Off: 785-798-2300

TICKET CONTINUATION

TICKET No. 25429

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			TIME	DESCRIPTION	WELL				DATE	UNIT PRICE	AMOUNT	
		LOC	ACCT	DF			QTY	U/M	QTY	U/M				
325		2				Standard cement EA-2	175	SKS			3-16-14	14.50	2537.50	
276						Flocele	50	LBS				2.50	125.00	
283						Salt	900	LBS				20.00	180.00	
284						Cal seal	8	SKS				35.00	280.00	
286						Halad -1	125	LBS				8.50	1062.50	
581		2				SERVICE CHARGE						2.00	350.00	
583		2				MILEAGE CHARGE						1.00	367.00	
							TOTAL WEIGHT	18325	LOADED MILES	40	CUBIC FEET	175	TON MILES	367

CONTINUATION TOTAL 4902.00

JOB LOG

SWIFT Services, Inc.

DATE 3-16-14 PAGE NO.

CUSTOMER Charter WELL NO. 1 LEASE Johnston JOB TYPE 5 1/2 long string TICKET NO. 25429

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	2000							on location
								TD 3785 SS 42
								TP 3785 Insert 3743
								PC 100 [*] 40 2089 5 1/2 x 14#
								centralizers 1, 4, 8, 11, 39, 41
								Baskets 2, 40
	2155							Start pipe
	2315							Drop Ball Break Circulation
	2345		7/4					plug RH 30 sks, MH 15 sks
	0005	5	12				300	Start mud flush
		5	20				300	Start KLL flush
		5	32				200	Start cement 130 sks
	0030							Drop Plug wash out Pump + Lines
	0032	6						Start Displacement
	0045	6	91.3				700 1,500	land Plug
								Release Dry
								wash up Rack up
	0130							Job complete Thank You Josh, Brian, Bob



Services, Inc.

CHARGE TO: *Plaster Energy*
ADDRESS
CITY, STATE, ZIP CODE

TICKET 25503

PAGE 1 OF 1

SERVICE LOCATIONS

1. *Ellis, KS* WELL/PROJECT NO. # *1* LEASE *Johnson* COUNTY/PARISH *Ellis* STATE *KS* DATE *3-25-14* OWNER

2. *Ness City, KS* TICKET TYPE SERVICE CONTRACTOR *Pro Resound* RIG NAME/NO. *SE/Ellis, KS* ORDER NO. *3-25-14*

3. WELL TYPE *Oil* WELL CATEGORY *in field* JOB PURPOSE *Revent Part Caller* DELIVERED TO *SE/Ellis, KS* WELL PERMIT NO. WELL LOCATION

4. REFERRAL LOCATION INVOICE INSTRUCTIONS

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.			UNIT PRICE	AMOUNT
		LOC	ACCT	DF		QTY.	UM	QTY.		
<i>575</i>					MILEAGE # <i>113</i>	<i>40</i>	<i>mi</i>		<i>600</i>	<i>24000</i>
<i>576 D</i>					<i>Pump Change - cont. Part Caller</i>	<i>1</i>	<i>pa</i>	<i>2250 lb</i>	<i>152000</i>	<i>152000</i>
<i>290</i>					<i>D-Air</i>	<i>2</i>	<i>gal</i>		<i>4200</i>	<i>8400</i>
<i>330</i>					<i>SAND Cement</i>	<i>200</i>	<i>SKS</i>		<i>1850</i>	<i>370000</i>
<i>276</i>					<i>Flocele 1/4" 1sk</i>	<i>50</i>	<i>lbs</i>		<i>250</i>	<i>12500</i>
<i>581</i>					<i>Service Charge - Revent</i>	<i>225</i>	<i>SKS</i>	<i>22390 lbs</i>	<i>200</i>	<i>45000</i>
<i>583</i>						<i>4778</i>	<i>lbs</i>	<i>420 mi</i>	<i>100</i>	<i>44780</i>

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MUST BE SIGNED BY CUSTOMER OR CUSTOMER'S AGENT PRIOR TO START OF WORK OR DELIVERY OF GOODS

DATE SIGNED *3-25-14* TIME SIGNED *3:00* A.M. P.M.

REMIT PAYMENT TO:

SWIFT SERVICES, INC.
P.O. BOX 466
NESS CITY, KS 67560
785-798-2300

SURVEY

OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN?

WE UNDERSTOOD AND MET YOUR NEEDS?

OUR SERVICE WAS PERFORMED WITHOUT DELAY?

WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY?

ARE YOU SATISFIED WITH OUR SERVICE? YES NO

CUSTOMER DID NOT WISH TO RESPOND

PAGE TOTAL *654680*

TAX *6.65%* *259.95*

TOTAL *680675*

SWIFT OPERATOR *Ann Lemmon* APPROVAL

CUSTOMER ACCEPTANCE OF MATERIALS AND SERVICES The customer hereby acknowledges receipt of the materials and services listed on this ticket

Thank You!

