



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1232858
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: _____



1232858

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 <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 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				

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: <input type="checkbox"/> Yes <input type="checkbox"/> No
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Date of First, Resumed Production, SWD or ENHR.	Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other <i>(Explain)</i> _____
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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> <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	Charter Energy, Inc.
Well Name	Losey Trust 1
Doc ID	1232858

Tops

Name	Top	Datum
Anhy	2294	+553
Heebner	3864	-1017
Lansing	3904	-1057
Marmaton	4222	-1375
Pawnee	4320	-1473
Ft. Scott	4380	-1533
Cherokee	4418	-1571
Mississippian	4490	-1643

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. 399

Date	10-9-14	Sec.	13	Twp.	13	Range	30	County	Leve	State	KS	On Location		Finish	9:30pm
Location								Leve Post office low 34R 2s winto							

Lease	Lozey Trust	Well No.	1	Owner	To Quality Oilwell Cementing, Inc.
Contractor	Royal #1	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	Chatter Energy		
Hole Size	12 1/4	T.D.	262	Street	
Csg.	8 5/8	Depth	262	City	
Tbg. Size		Depth		State	
Tool		Depth		The above was done to satisfaction and supervision of owner agent or contractor.	
Cement Left in Csg.	15'	Shoe Joint #		Cement Amount Ordered	175 COM 3/16 2/16
Meas Line		Displace	15 3/4 BL		

EQUIPMENT				Common	175
Pumptrk	20	No.	Cementor Craig	Poz. Mix	
			Helper Nick	Gel.	3
Bulktrk		No.	Driver	Calcium	7
Bulktrk	9	No.	Driver Doug		

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	
	8 5/8 on bottom Fstc Circulation			Handling	185
	Mix 175 SC + Displace			Mileage	

FLOAT EQUIPMENT				Guide Shoe	
Cement + Circulated!				Centralizer	8 5/8 surge
				Baskets	
				AFU Inserts	
				Float Shoe	
				Latch Down	

Pumptrk Charge	Surface	Tax	
Mileage	38	Discount	
Signature <u>Houy Bues</u>		Total Charge	

QUALITY OILWELL CEMENTING, INC.

Federal Tax I.D.# 20-2886107

Phone 785-483-2025

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

No. 953

Cell 785-324-1041

Date	Sec.	Twp.	Range	County	State	On Location	Finish
10-18-14	13	13	30	Goove	KS		7:30 P.M.

Location *Goove Post Office w/ R 34 1 3/4 S into*

Lease <i>Losey Trust</i>	Well No. <i>1</i>	Owner
Contractor <i>Royal #1</i>		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 <i>Rotary Plug</i>		
Hole Size <i>7 7/8</i>	T.D. <i>4600</i>	Charge To <i>Charter Energy</i>
Csg. <i>4 1/2 x H</i>	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 <i>255 60/40 4 1/62 1/4 #10</i>
Meas Line	Displace	

EQUIPMENT

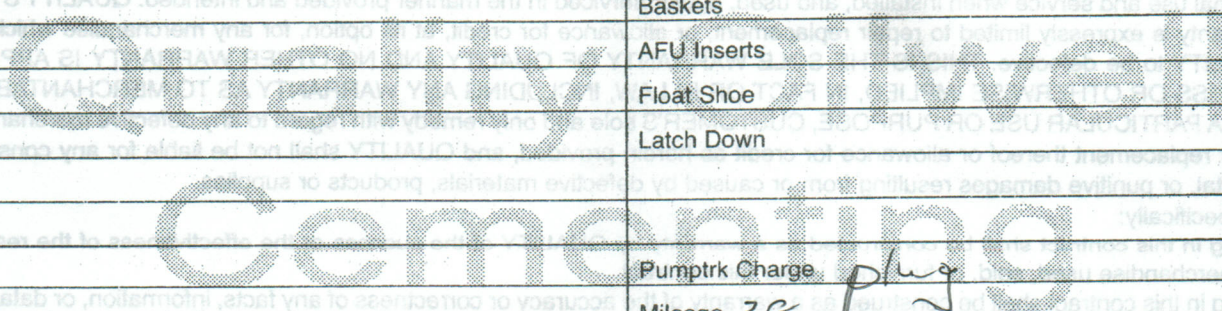
Pumptrk <i>16</i>	No.	Cement Helper <i>Craig</i>	Common <i>153</i>
Bulktrk	No.	Driver	Poz. Mix <i>102</i>
Bulktrk <i>#11</i>	No.	Driver <i>Chad</i>	Gel. <i>9</i>
			Calcium

JOB SERVICES & REMARKS

Remarks:	Salt
Rat Hole <i>30SK</i>	Flowseal <i>56#</i>
Mouse Hole <i>15SK</i>	Kol-Seal
Centralizers	Mud CLR 48
Baskets	CFL-117 or CD110 CAF 38
D/V or Port Collar	Sand
<i>1st 2225 50SK</i>	Handling
<i>2nd 1400 100SK</i>	Mileage
<i>3rd 310 50SK</i>	
<i>4th 40 10SK</i>	

FLOAT EQUIPMENT

Guide Shoe
Centralizer <i>8 5/8 Dry Hole Plug</i>
Baskets
AFU Inserts
Float Shoe
Latch Down



Pumptrk Charge <i>plug</i>	Tax
Mileage <i>38</i>	Discount
	Total Charge

X Signature *Carl H. Buff*