

Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

1235430

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 #			API No. 15		
Name:			Spot Description:		
Address 1:			Sec.	TwpS. R	_
Address 2:			F6	eet from	uth Line of Section
City: S	State: Z	ip:+	Fe	eet from East / We	est Line of Section
Contact Person:			Footages Calculated from	Nearest Outside Section Corr	ner:
Phone: ()			□ NE □ NW	V □SE □SW	
CONTRACTOR: License #			GPS Location: Lat:	, Long:	
Name:				(e.g. xx.xxxxx)	(e.gxxx.xxxxx)
Wellsite Geologist:			Datum: NAD27	NAD83 WGS84	
Purchaser:			County:		
Designate Type of Completion:			Lease Name:	Well	#:
	e-Entry	Workover	Field Name:		
	_	_	Producing Formation:		
☐ Oil ☐ WSW ☐ D&A	☐ SWD	□ SIOW □ SIGW	Elevation: Ground:	Kelly Bushing:	
☐ OG	GSW	Temp. Abd.	Total Vertical Depth:	Plug Back Total Dep	th:
CM (Coal Bed Methane)	dow	тетір. дай.	Amount of Surface Pipe Se	et and Cemented at:	Feet
Cathodic Other (Co.	re, Expl., etc.):		Multiple Stage Cementing	Collar Used? Yes N	0
If Workover/Re-entry: Old Well Ir			If yes, show depth set:		Feet
Operator:			If Alternate II completion, c	cement circulated from:	
Well Name:			feet depth to:	w/	sx cmt.
Original Comp. Date:	Original T	otal Depth:			
Deepening Re-perf.	Conv. to E	NHR Conv. to SWD	Drilling Fluid Managemer	nt Plan	
☐ Plug Back	Conv. to G	SW Conv. to Producer	(Data must be collected from to		
□ Oursesia eta d	D		Chloride content:	ppm Fluid volume:	bbls
CommingledDual Completion			Dewatering method used:_		
SWD			Location of fluid disposal if	hauled offsite:	
☐ ENHR			Location of fluid disposal fi	nauleu onsite.	
GSW	Permit #:		Operator Name:		
<u> </u>			Lease Name:	License #:	
Spud Date or Date Re	eached TD	Completion Date or	QuarterSec	TwpS. R	_
Recompletion Date		Recompletion Date	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 I II Approved by: Date:							



Operator Name:			Lease Name: _			Well #:	
Sec Twp	S. R	East West	County:				
INSTRUCTIONS: Show open and closed, flowing and flow rates if gas to a	g and shut-in pressu	ures, whether shut-in pre	essure reached stati	c level, hydrosta	itic pressures, bott		
Final Radioactivity Log, files must be submitted				gs must be ema	ailed to kcc-well-lo	gs@kcc.ks.go	v. Digital electronic log
Drill Stem Tests Taken (Attach Additional Sh	eets)	Yes No			on (Top), Depth ar		Sample
Samples Sent to Geological	gical Survey	Yes No	Nam	Э		Тор	Datum
Cores Taken Electric Log Run		Yes No					
List All E. Logs Run:							
		CASING	RECORD Ne	w Used			
			conductor, surface, inte		ion, 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 / SQL	EEZE RECORD			
Purpose: Perforate Protect Casing Plug Back TD Plug Off Zone	Depth Top Bottom	Type of Cement	# Sacks Used		Type and P	ercent Additives	
Did you perform a hydraulid	=	n this well? aulic fracturing treatment ex	cceed 350,000 gallons	Yes [No (If No, ski	p questions 2 ai p question 3)	
Was the hydraulic fracturing	g treatment information	submitted to the chemical	disclosure registry?	Yes	No (If No, fill	out Page Three	of the ACO-1)
Shots Per Foot	PERFORATIC Specify F	N RECORD - Bridge Plug ootage of Each Interval Per	s Set/Type forated		cture, Shot, Cement mount and Kind of Ma		d Depth
TUBING RECORD:	Size:	Set At:	Packer At:	Liner Run:	Yes No		
Date of First, Resumed P	roduction, SWD or ENH	HR. Producing Meth		Gas Lift (Other (Explain)		
Estimated Production Per 24 Hours	Oil E	Bbls. Gas	Mcf Wate	er B	bls. G	as-Oil Ratio	Gravity
DISPOSITION Vented Sold (If vented, Subm	Used on Lease	Open Hole	METHOD OF COMPLE Perf. Dually (Submit)	Comp. Con	mmingled mit ACO-4)	PRODUCTIO	ON INTERVAL:

Form	ACO1 - Well Completion
Operator	TDI
Well Name	Charlotte Trust 2
Doc ID	1235430

Casing

Purpose Of String	Size Hole Drilled	Size Casing Set	Weight	Setting Depth	Type Of Cement		Type and Percent Additives
Surface	12.25	8.625	23	1147	SMD	375	

SWIFT Services, Inc.

DATE 11-19-14 PAGE NO

STOMER	TDI		WELL NO.	2	Charlot.	te ar	ust Deep Surface TICKET NO. 26901
CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS T C	PRESSURE TUBING	(PSI) CASING	DESCRIPTION OF OPERATION AND MATERIALS
	1900						on loc WIFE,
							RTD 1150'
							85 x 23 tx 1147 x 40'
T in							RTD 1150' 88'x 23 th 1147 x 40' Cent 1, 3, 15
	2145						start 8%"
	2320						Start 88" Break Circ
	2355	5-	0				
		5	12/0			200	Start 500 gal Mudflush
	0000	5	20/0			(Start 20 661 KCL flush
		5	46/0				Start 100 sks SMD@ 11,8#
		5	57/0				150 cks SMD @ 125#
		5	25/0				75 sks SMDQ 13 500
	0030		13			1	50 sks SMD@ 14.5#
							End Cenent
							Drop Plug
	0038	5	0			200	Start Displacement
	0048	4	45			300	Start Displacement
	0055		71			509	Land Plug
						700	Shut in
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							Thank you
11						4	
							Nick, Craig + Austin
E.							
				Marie III			

1521

IF PAID IN 30 DAYS

GLOBAL CEMENTING, L.L.C.

REMIT TO	18048 170R RUSSELL,			SI	SERVICE POINT:				
DATE //-72-	SEC.	TWP.	RANGE	CALLED OUT	ON LOCATION	JOB START	JOB FINISH		
LEASE Charles	TIMA	7	LOCATION	property reformed to be	erione of Hein issue	COUNTY &	STATE		
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CASING SIZE	1/2		DEPTH	AMOUNT O	RDERED 255	SKS 60/	10102		
TUBING SIZE]	DEPTH	4638	1 Yu F105001	/			
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