KOLAR Document ID: 1640775

Confidentiality Requested:						
Yes	No					

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION Form ACO-1 January 2018 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.:
Name:	Spot Description:
Address 1:	
Address 2:	Feet from North / South Line of Section
City: State: Zip:+	Feet from East / West Line of Section
Contact Person:	Footages Calculated from Nearest Outside Section Corner:
Phone: ()	
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 #:
New Well Re-Entry Workover	Field Name:
	Producing Formation:
	Elevation: Ground: Kelly Bushing:
	Total Vertical Depth: Plug Back Total Depth:
CM (Coal Bed Methane)	Amount of Surface Pipe Set and Cemented at: Feet
Cathodic Other (Core, Expl., etc.):	Multiple Stage Cementing Collar Used?
If Workover/Re-entry: Old Well Info as follows:	If yes, show depth set: Feet
Operator:	If Alternate II completion, cement circulated from:
Well Name:	feet depth to:w/sx cmt.
Original Comp. Date: Original Total Depth:	
Deepening Re-perf. Conv. to EOR Conv. to SWD	Drilling Fluid Management Plan
Plug Back Liner Conv. to GSW Conv. to Producer	(Data must be collected from the Reserve Pit)
_	Chloride content: ppm Fluid volume: bbls
Commingled Permit #:	Dewatering method used:
Dual Completion Permit #:	
SWD Permit #:	Location of fluid disposal if hauled offsite:
EOR Permit #:	Operator Name:
GSW Permit #:	License #:
	Quarter Sec TwpS. R East West
Spud Date or Date Reached TD Completion Date or Becompletion Date Becompletion Date Becompletion 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 Drill Stem Tests Received					
Geologist Report / Mud Logs Received					
UIC Distribution					
ALT I II III Approved by: Date:					

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Operator Name:	Lease Name:	Well #:
Sec TwpS. R East 🗌 West	County:	

Page Two

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 (Attach Additional Sh	acate)	Y	′es 🗌 No		Log Formation (Top), Dep			and Datum	Sample
Samples Sent to Geolo			⁄es 🗌 No	1	Name	Э		Тор	Datum
Cores Taken Electric Log Run Geologist Report / Mud List All E. Logs Run:		□ Y □ Y	Yes ☐ No Yes ☐ No Yes ☐ No						
		Rep	CASING ort all strings set-c] Ne	w Used rmediate, productio	on, etc.		
Purpose of String	Size Hole Drilled	Siz	ze Casing et (In O.D.)	Weight Lbs. / Ft.		Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives
[ADDITIONAL	CEMENTING /	SQU	EEZE RECORD			
Purpose:	Depth Top Bottom	Туре	ype of Cement # Sacks		d	Type and Percent Additives			
Protect Casing Plug Back TD Plug Off Zone									
2. Does the volume of the	1. Did you perform a hydraulic fracturing treatment on this well? Yes No (If No, skip questions 2 and 3) 2. Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons? Yes No (If No, skip question 3) 3. Was the hydraulic fracturing treatment information submitted to the chemical disclosure registry? Yes No (If No, skip question 3)								
Date of first Production/Inj Injection:	jection or Resumed Pr	oduction/	Producing Meth	iod:		Gas Lift 🗌 O	ther <i>(Explain)</i>		
Estimated Production Per 24 Hours	Oil	Bbls.	Gas	Mcf	Water Bbls. Gas-Oil Ratio Gravity				
DISPOSITION OF GAS: METHOD				IETHOD OF COM	DF COMPLETION: PRODUCTION INTERVAL: Top Botto				
Vented Sold (If vented, Subn	Used on Lease					·	mingled	юр	Bottom
Shots Per Perforation Perforation Bridge Plug Bridge Plug Acid, Fracture, Shot, Cementing Squeeze Record Foot Top Bottom Type Set At (Amount and Kind of Material Used)									
TUBING RECORD:	Size:	Set At:		Packer At:					

Form	ACO1 - Well Completion
Operator	Charter Energy, Inc.
Well Name	SHAW CREEK UNIT SVA 3
Doc ID	1640775

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	20	249	60/40	175	n/a
Production	7.875	4.5	10.5	4015	60/40	1000	n/a

QUALI Phone 785-483-1071		ral Tax	I.D.# 20-2	2886107		ti no imet ten	anty identified by th	
Cell 785-324-1041	Home Office	P.O. B	OX 32 HU	ssell, KS 676	565	No.	2999	
Date 4-14-22 Sec.	Twp. Range	Tre	County	Ks	0	n Location	12:00 PM	
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Contractor YCOfficional Type Job DING BALK	Pulling Se	ruie	You are here	Dilwell Cementing by requested to d helper to assis	rent cemen	ting equipmer contractor to d	nt and furnish o work as listed.	
Hole Size	T.D.		Charge C	harter	FAR	au	vitin Ihis contract a	
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Tbg. Size 23/8*	Depth 1800)'	City		State	as and attom	nite sidsnoeser	
for the sale or use of the moot	Depth	est, state		as done to satisfac	and the matching of	PARTICIPATION OF	r agent or contractor.	
Cement Left in Csg.	Shoe Joint	TUAUO		ount Ordered	200 60	501	Sel	
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	MENT emoced i bluorie	bns ,end	Common/ 2	Ovebeni to to	cause of poo	e to do so be	Junia ad YTLIAUC	
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Bulktrk 14 No. Driver Tor	dan	ÜÖ bris l	Gel.	47	ES. If a job a	ORAHO HOR	-PREPARAT	
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