

STATE CORPORATION COMMISSION OF KANSAS
OIL & GAS CONSERVATION DIVISION
WELL COMPLETION FORM
ACO-1 WELL HISTORY
DESCRIPTION OF WELL AND LEASE

Operator: License # 30444Name: Charter Production CompanyAddress 224 East Douglas, #400Wichita, KS 67202

City/State/Zip _____

Purchaser: _____

Operator Contact Person: Robert C. SpurlockPhone (316) 264-2808Contractor: Name: Eagle Drilling, Inc.License: 5380Wellsite Geologist: Douglas V. Davis, Jr.

Designate Type of Completion

☐ New Well ☐ Re-Entry ☐ Workover☐ Oil ☐ SWD ☐ Temp. Abd.☐ Gas ☐ Inj ☐ Delayed Comp.☒ Dry ☐ Other (Core, Water Supply, etc.)If **OWWO**: old well info as follows:

Operator: _____

Well Name: _____

Comp. Date _____ Old Total Depth _____

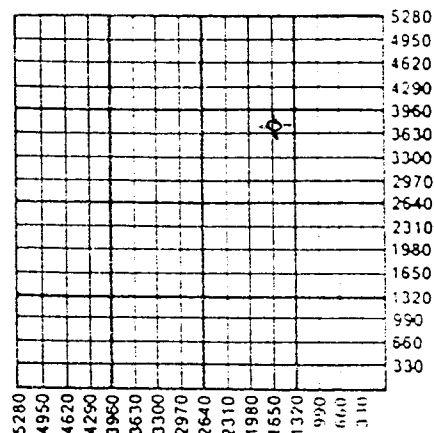
Drilling Method:

☒ Mud Rotary ☐ Air Rotary ☐ Cable8/23/909/4/90

Spud Date _____ Date Reached TD _____ Completion Date _____

API NO. 15- 119-20,815County MeadeNE SW NE Sec. 6 Twp. 34S Rge. 27W East _____ West _____3730 Ft. North from Southeast Corner of Section1650 Ft. West from Southeast Corner of Section
(NOTE: Locate well in section plat below.)Lease Name DAVIS Well # 1-6Field Name McKinney SW

Producing Formation _____

Elevation: Ground 2384 KB 2397Total Depth RTD 6035 PBD _____Amount of Surface Pipe Set and Cemented at: 603' FeetMultiple 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.

INSTRUCTIONS: This form shall be completed in triplicate and filed with the Kansas Corporation Commission, 200 Colorado
rby Building, Wichita, Kansas 67202, within 120 days of the spud date of any well. Rule 82-3-130, 82-3-107 and
82-3-106 apply. Information on side two of this form will be held confidential for a period of 12 months if requested in
writing and submitted with the form. See rule 82-3-107 for confidentiality in excess of 12 months. One copy of all
wireline logs and drillers time log shall be attached with this form. ALL CEMENTING TICKETS MUST BE ATTACHED. Submit CP-4
form with all plugged wells. Submit CP-111 form with all temporarily abandoned wells. Any recompletion, workover or
conversion of a well requires filing of ACO-2 within 120 days from commencement date of such work.

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.

Signature Robert C. SpurlockTitle President Date 9/28/90scribed and sworn to before me this 28th day of September,
90.Notary Public Kathleen L. Carter

Date Commission Expires _____



K.C.C. OFFICE USE ONLY		
F	<input checked="" type="checkbox"/>	Letter of Confidentiality Attached
C	<input checked="" type="checkbox"/>	Wireline Log Received
C	<input type="checkbox"/>	Drillers Time Log Received
<div style="display: flex; justify-content: space-between;"> <div> OCT 2 1990 KGS </div> <div> Distribution <input type="checkbox"/> SWD/Rep <input type="checkbox"/> NGPA <input type="checkbox"/> Plug <input checked="" type="checkbox"/> Other (Specify) </div> </div>		
CONSERVATION DIVISION Wichita, Kansas		

SIDE TWO

Operator Name Charter Production Company Lease Name DAVIS Well # 1-6
 Sec. 6 Twp. 34 Rge. 27 ☐ East ☒ West
 County Meade

INSTRUCTIONS: Show important tops and base of formations penetrated. Detail all cores. Report all drill stem 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 during test. Attach extra sheet if more space is needed. Attach copy of log.

Drill Stem Tests Taken ☒ Yes ☐ No
 (Attach Additional Sheets.)
 Samples Sent to Geological Survey ☒ Yes ☐ No
 Cores Taken ☐ Yes ☐ No
 Electric Log Run ☒ Yes ☐ No
 (Submit Copy.)

see attached

Formation Description

☐ Log ☐ Sample

Name Top Bottom

see attached

CASING RECORD

☐ New ☒ 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
Surface	12 $\frac{1}{4}$ "	8 5/8	25#	603'	Lite	225	3% CC
					Premium	150	3% CC, 2% Ge

PERFORATION RECORD

Shots Per Foot Specify Footage of Each Interval Perforated

Acid, Fracture, Shot, Cement Squeeze Record
 (Amount and Kind of Material Used) Depth

TUBING RECORD

Size

Set At

Packer At

Liner Run

☐ Yes ☐ No

Date of First Production 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:

METHOD OF COMPLETION

Production Interval

☐ Vented ☐ Sold ☐ Used on Lease
 (If vented, submit ACO-18.)

☐ Open Hole ☐ Perforation ☐ Dually Completed ☐ Commingled
☐ Other (Specify) _____