

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

ORIGINAL

Form ACO-1

June 2009

Form Must Be Typed

Form must be Signed

All blanks must be Filled

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # 9090
Name: Charter Energy, Inc.
Address 1: P.O. Box 252
Address 2: _____
City: Great Bend State: Ks Zip: 67530 + 0252
Contact Person: Steve Baize
Phone: (620) 793-9090
CONTRACTOR: License # 33905
Name: Royal Drilling, Inc.
Wellsite Geologist: James C. Musgrove
Purchaser: N/A

RECEIVED

DEC 02 2010

KCC WICHITA

Designate Type of Completion:

- New Well Re-Entry Workover
- Oil WSW SWD SLOW
- 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
 Conv. to GSW
 Plug Back: _____ Plug Back Total Depth
 Commingled Permit #: _____
 Dual Completion Permit #: _____
 SWD Permit #: _____
 ENHR Permit #: _____
 GSW Permit #: _____
1/27/2010 2/3/2010 2/16 & 7/6/2010
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 009-25382-00-00
Spot Description: _____
E/2_NE_NW_NE Sec. 5 Twp. 16 S. R. 13 East West
330 Feet from North / South Line of Section
1,370 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Barton
Lease Name: Popp-Harms Unit Well #: 1
Field Name: Trapp
Producing Formation: Arbuckle
Elevation: Ground: 1900 Kelly Bushing: 1905
Total Depth: 3420 Plug Back Total Depth: _____
Amount of Surface Pipe Set and Cemented at: 411 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 #: _____

INSTRUCTIONS: An original and two copies of this form shall be filed with the Kansas Corporation Commission, 130 S. Market - Room 2078, Wichita, Kansas 67202, within 120 days of the spud date, recompletion, workover or conversion of a well. Rule 82-3-130, 82-3-106 and 82-3-107 apply. Information of 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 geologist well report 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.

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.

Signature: [Signature]
Title: President Date: 11/30/2010

KCC Office Use ONLY

Letter of Confidentiality Received
Date: _____
 Confidential Release Date: _____
 Wireline Log Received
 Geologist Report Received
 UIC Distribution
ALT I II III Approved by: Dg Date: 12/21/10

Operator Name: Charter Energy, Inc. Lease Name: Popp-Harms Unit Well #: 1
 Sec. 5 Twp. 16 S. R. 13 East West County: Barton

INSTRUCTIONS: Show important tops and base 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. Attach complete copy of all Electric Wire-line Logs surveyed. Attach final geological well site report.

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

Electric Log Submitted Electronically Yes No
 (If no, Submit Copy)

List All E. Logs Run:
Comp. Density Neutron, Micro, Dual Induction, Sonic

<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample		
Name	Top	Datum
Anhydrite	872	+1033
Topeka	2774	-869
Heebner	3006	-1101
Toronto	3023	-1118
Douglas	3037	-1132
Lansing	3079	-1174
Arbuckle	3338	-1433

CASING RECORD <input checked="" 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
Surface	12 1/4	8 5/8	23	411	common	185	3%cc, 2% gel
Production	7 7/8	5 1/2	15.5	3403	EA-2	175sx	

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				

RECEIVED
DEC 02 2010
KCC WICHITA

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used)	Depth
4	3344-48	Swab down, no fluid. Acid 250 gal, swab 30bfph @ 1/2 - 1% oil. Squeeze perms. w/50sx common.	
4	3343-47 & 3350-52	Swab down, very little fluid w/ trace of oil. Acid 250 gal soak job. Swab 22bfph w/trace of oil. Squeeze perms. w/50sx common	
4	Perf thru acid - double shoot 3343-47 & 3342.5-46.5	Spot 200 gal acid & set over nite. Acid gone, swab test 10 bfph w/trace of oil	

TUBING RECORD: Size: _____ Set At: _____ Packer At: _____ Liner Run: Yes No

Date of First, Resumed Production, SWD or ENHR: **None - Will propose to convert to SWD**
 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:
<input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease (If vented, Submit ACO-18.)	<input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled (Submit ACO-5) (Submit ACO-4) <input type="checkbox"/> Other (Specify) _____	_____

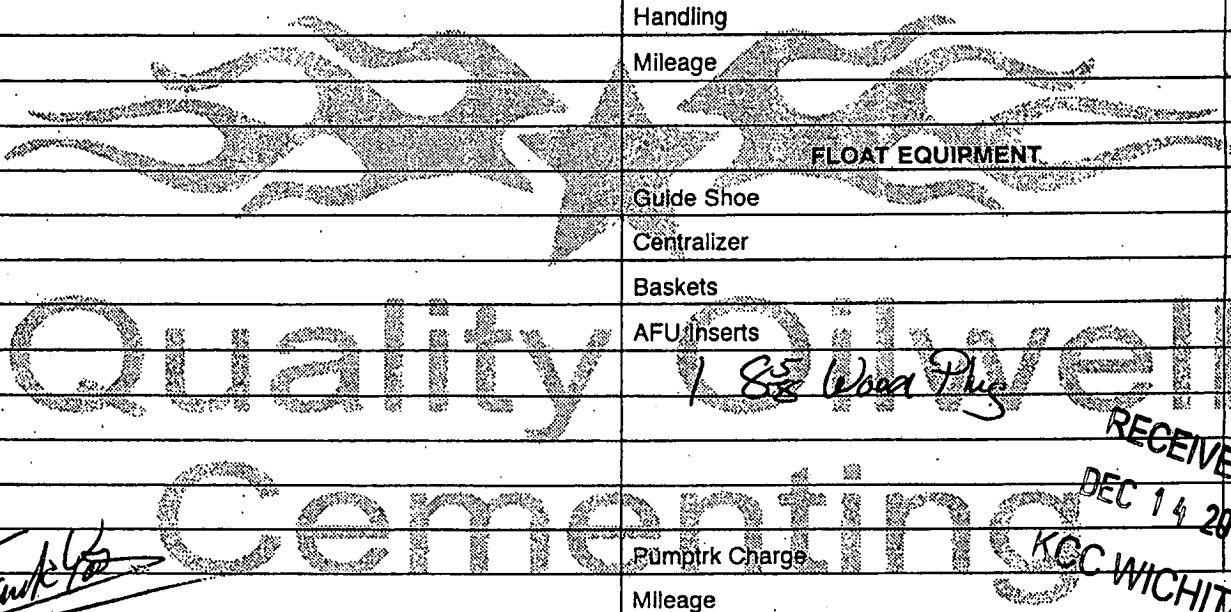
QUALITY OILWELL CEMENTING, INC.

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

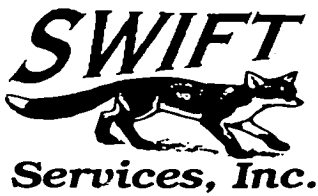
Home Office P.O. Box 32 Russell, KS 67665

No. 3721

Date	1-20-10	Sec.	Twsp.	Range	County	State	On Location	Finish
					Barton	Kansas		2:00 AM
Lease	Papp Harms	Well No.	1	Location	Russell S. to Co. Line 3E			
Contractor	Royal Drilling Rig 1			Owner	To Quality Oilwell Cementing, Inc. You are hereby requested to rent cementing equipment and furnish cement and helper to assist owner or contractor to do work as listed.			
Type Job				Charge To	Charter Energy			
Hole Size	12 1/4	T.D.	422	Street				
Csg.	8 3/8 24lb	Depth	422	City	State			
Tbg. Size				Street				
Tool				City	State			
Cement Left in Csg.	10-15	Shoe Joint	The above was done to satisfaction and supervision of owner agent or contractor.					
Meas Line	Displace 25.88 Bbl			CEMENT				
EQUIPMENT				Amount Ordered	185 Com 3" cell 2" bbl			
Pumptrk	1	No.	Cementer Helper Steve	Common				
Bulktrk	11	No.	Driver Brandon	Poz. Mix				
Bulktrk		No.	Driver Akele	Gel.				
JOB SERVICES & REMARKS				Calcium				
Remarks:	Cement did Circulate			Hulls				
				Salt				
				Flowseal				
				Handling				
				Mileage				
				FLOAT EQUIPMENT				
				Guide Shoe				
				Centralizer				
				Baskets				
				AFU Inserts	1 8 3/8 Wood Plug			
				Pumptrk Charge				
				Mileage				
				Tax				
				Discount				
				Total Charge				
X Signature	Robert Stevenson							



RECEIVED
DEC 14 2010
KCC WICHITA



CHARGE TO: **CHARTER ENERGY**
 ADDRESS:
 CITY, STATE, ZIP CODE:

TICKET
17507

PAGE 1 OF 2

SERVICE LOCATIONS
 1. **HAYS** WELL/PROJECT NO. **1** LEASE **POPP-HARMS UNIT** COUNTY/PARISH **BARTON** STATE **KS** CITY DATE **02-03-10** OWNER
 2. **NESS** TICKET TYPE SERVICE SALES CONTRACTOR RIG NAME/NO. **ROYAL DRG 1** SHIPPED VIA **C.T.** DELIVERED TO **SWI/HW/SUSANNA** ORDER NO.
 3. WELL TYPE **OIL** WELL CATEGORY **DEVELOP** JOB PURPOSE **LONGSTRIG** WELL PERMIT NO. **15-009-25382** WELL LOCATION **S5,716,R13**
 4. REFERRAL LOCATION INVOICE INSTRUCTIONS

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			DESCRIPTION	QTY.		U/M		UNIT PRICE	AMOUNT	
		LOC	ACCT	DF								
575		1			MILEAGE #12	50		MI		5.00	250	00
578		1			PUMP SERVICE	1		EA		1400.00	1400	00
221		1			LIQUID HCL	2		GAL		25.00	50	00
281		1			MWD FLUSH	500		GAL		1.00	500	00
290		1			D-AIR	1		VAL		35.00	35	00
402		1			CENTRALIZER	6		EA	5 1/2 IN	55.00	330	00
403		1			CMT BASKET	1		EA	5 1/2 IN	180.00	180	00
406		1			LATCH DOWN PLUG & BAFFLE	1		EA	5 1/2 IN	225.00	225	00
407		1			INSERT FLOAT SHOE 4" HANG FILL	1		EA	5 1/2 IN	275.00	275	00

RECEIVED
 DEC 14 2010
 KCC WICHITA

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

X *[Signature]*
 DATE SIGNED **02-03-10** TIME SIGNED **9:00** A.M. P.M.

REMIT PAYMENT TO:

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

SURVEY	AGREE	UN-DECIDED	DIS-AGREE		
OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN?				PAGE TOTAL P1-1	3275 00
WE UNDERSTOOD AND MET YOUR NEEDS?				P1-2	3596 60
OUR SERVICE WAS PERFORMED WITHOUT DELAY?				Sub TOTAL	6841 60
WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY?				Barton TAX 6.3%	281 83
ARE YOU SATISFIED WITH OUR SERVICE? <input type="checkbox"/> YES <input type="checkbox"/> NO				TOTAL	7123 43
<input type="checkbox"/> CUSTOMER DID NOT WISH TO RESPOND					

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

SWIFT OPERATOR *[Signature]* APPROVAL

Thank You!



PO Box 466
 Ness City, KS 67560
 Off: 785-798-2300

TICKET CONTINUATION

TICKET No. **17507**

CUSTOMER **CHARTER ENERGY**

WELL **1, Popp-Haroms Unit**

DATE **02-03-10** PAGE **2** OF **2**

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			TIME	DESCRIPTION					UNIT PRICE		AMOUNT	
		LOC	ACCT	DF			QTY.	U/M	QTY.	U/M				
325		2				SRV EA-2	175	SH			11.00	1925	00	
276		2				FLOCELL	44	LB			1.50	66	00	
283		2				SALT	850	LB			.15	127	50	
284		2				CALSER	8	SH			30.00	240	00	
292		2				HALAD 322	80	LB			6.50	520	00	
581		2				SERVICE CHG CMT	175	SH			1.50	262	50	
583		2				DRAINAGE	4556	TM			1.00	455	60	

RECEIVED
 DEC 14 2010
 KCC WICHITA

CONTINUATION TOTAL	3596.60
--------------------	---------

JOB LOG

SWIFT Services, Inc.

DATE 02-23-10 PAGE NO. 7

CUSTOMER CHARTER, ENERGY WELL NO. 1 LEASE Pop-Harms Unit JOB TYPE LONGSTRINGS TICKET NO. 17507

CHART NO.	TIME	RATE (BPM)	VOLUME (EBL)(GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	1700							ONLOCATION
								CMT: 175 SIS EA-2
								RTO 3740, SET P/E 3388, SJ 1480, Z-SHUT 3383
								5 1/2 15.5" NEW
								CENT 1,3,5,7,9,11 BASKET ON PIN 4
	1845							START CS6 & FLOWERY
	2005							TRIP SYSTEM - DROP BALL
	2015							BREAK CIRC 4" PIC
	2050		6.5					PLUG RH 30, MH 15
	2055	5.0	12			200		MWD FLUSH 500 GALS
		5	20					WCL FLUSH
			31.5					CMT
								WASHOUT P.L., DROPPED PLUG
	2110	6.5	0			200		START DISP
			49.3			200		CMT ON SYSTEM
			65.0			400		
			70.0			500		
			75.0			600		
	2120	4.5	80.5			1600		LAND PLUG
	2125							RELEASE - DRY
	2200							JOB COMPLETE
								THANK YOU!
								DALE, JOSH, RUSSELL

RECEIVED
 DEC 14 2010
 KCC MICHITA