

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

Operator: License # 30444
Name: Charter Production Company
Address 142 N. Mosley
Wichita, KS 67202
City/State/Zip _____
Purchaser: Koch Industries
Operator Contact Person: Jerald Rains
Phone (316) 263-4906
Contractor: Name: Gibson Well Service
License: 5866
Wellsite Geologist: Robert Moorehead
Designate Type of Completion
____ New Well ____ Re-Entry Workover

Oil ____ SWD ____ S10W ____ Temp. Abd.
____ Gas ____ ENHR ____ SIGW
____ Dry ____ Other (Core, WSW, Expl., Cathodic, etc.)

If Workover/Re-Entry: old well info as follows:
Operator: Charter Production Company
Well Name: Good A #3
Comp. Date 5/11/93 Old Total Depth 5450'
____ Deepening Re-perf. ____ Conv. to Inj/SWD
____ Plug Back ____ PBSD
____ Commingled ____ Docket No. ____
____ Dual Completion ____ Docket No. ____
____ Other (SWD or Inj?) ____ Docket No. ____
3-20-94 4-29-94
Spud Date Date Reached TD Completion Date

API NO. 15- 175-213100002 ORIGINAL
County Seward
C SW SW Sec. 20 Twp. 34S Rge. 31W
975 Feet from S/WK (circle one) Line of Section
660 Feet from E/W (circle one) Line of Section
Footages Calculated from Nearest Outside Section Corner:
A NE, SE, NW or SW (circle one)
Lease Name Good A Well # 3
Field Name Blue Bell NW
Producing Formation Drum
Elevation: Ground 2726' KB _____
Total Depth 5450' PBSD 4858'
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 cat.

Drilling Fluid Management Plan REWORK 8/23/95
(Data must be collected from the Reserve Pit)
Chloride content _____ ppm Fluid volume _____ bbls
Dewatering method used _____
Location of fluid disposal if hauled offsite: NO
Operator Name **RELEASED**
Lease Name OCT 26 1995 License No. **CONFIDENTIAL**
Quarter Sec. Twp. S Rng. E/W
County **FROM CONFIDENTIAL** Docket No. _____

INSTRUCTIONS: An original and two copies of this form shall be filed with the Kansas Corporation Commission, 200 Colorado Derby Building, 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 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 geologist well report shall be attached with this form. ALL CEMENTING TICKETS MUST BE ATTACHED. Submit CP-4 forms with all plugged wells. Submit CP-111 form with all temporarily abandoned wells.

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 Jerald Rains
Title Operations Manager Date 8/16/94
Subscribed and sworn to before me this 16th day of August
19 94.
Notary Public Nancy Kandt
Date Commission Expires 2/4/96

NANCY KANDT
NOTARY PUBLIC
STATE OF KANSAS
My Appt. Exp. Feb. 4, 1996

RECEIVED STATE CORPORATION COMMISSION
AUG 17 1994
K.C.C. OFFICE USE ONLY
F Letter of Confidentiality Attached
C Wireline Log Received
C Geologist Report Received
Distribution
 KCC _____ SWD/Rep _____
_____ KGS _____ Plug _____ Other _____
(Specify)

Operator Name Charter Production Company Lease Name Good "A" Well # 3
 Sec. 20 Twp. 34 Rge. 31 County Seward
 East West

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.)
 List All E.Logs Run:

Log Name	Formation (Top)	Depth	Datum	Sample

PLEASE KEEP ALL INFORMATION CONFIDENTIAL

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
Perforate	4861'-4863'	CEB 4150	3	
Protect Casing	4861'-4863'	Treated with 2000 gal Matrol, 5 bbls diesel & 325 gal. MOC/ONE		
Plug Back TD		5 bbls diesel & displaced with 1300 bbls lease oil.		
Plug Off Zone				

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
	set CIBP @ 4858'	Acidized & Squeezed	4861'-63'
4	Iola Perfs 4839'-4842'-Perforated	250 gal 7.5% DFFE Acid	
Halco spotted 2% KCL water	300 gals 15% FE acid containing LoSurf 300 & treated Iola perfs.	300 & Pen 88 to 4839-42'	Iola perfs w/

TUBING RECORD	Size	Set At	Packer At	Liner Run <input type="checkbox"/> Yes <input type="checkbox"/> No

Date of First, Resumed Production, SWD or Inj.	Producing Method <input type="checkbox"/> Flowing <input checked="" type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)
4/29/94	

Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
	20				

Disposition of Gas: Vented Sold Used on Lease (If vented, submit ACO-18.)

METHOD OF COMPLETION: Open Hole Perf. Dually Comp. Commingled Other (Specify) _____

Production Interval _____