



**WELL COMPLETION FORM**  
**WELL HISTORY - DESCRIPTION OF WELL & LEASE**

OPERATOR: License # \_\_\_\_\_

Name: \_\_\_\_\_

Address 1: \_\_\_\_\_

Address 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ + \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

CONTRACTOR: License # \_\_\_\_\_

Name: \_\_\_\_\_

Wellsite Geologist: \_\_\_\_\_

Purchaser: \_\_\_\_\_

Designate Type of Completion:

- New Well       Re-Entry       Workover
- Oil       WSW       SWD       SIOW
- 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 #: \_\_\_\_\_

Spud Date or Recompletion Date      Date Reached TD      Completion Date or Recompletion Date

API No. 15 - \_\_\_\_\_

Spot Description: \_\_\_\_\_

\_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Sec. \_\_\_\_\_ Twp. \_\_\_\_\_ S. R. \_\_\_\_\_  East  West

\_\_\_\_\_ Feet from  North /  South Line of Section

\_\_\_\_\_ Feet from  East /  West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE       NW       SE       SW

County: \_\_\_\_\_

Lease Name: \_\_\_\_\_ Well #: \_\_\_\_\_

Field Name: \_\_\_\_\_

Producing Formation: \_\_\_\_\_

Elevation: Ground: \_\_\_\_\_ Kelly Bushing: \_\_\_\_\_

Total Depth: \_\_\_\_\_ Plug Back Total Depth: \_\_\_\_\_

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 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 #: \_\_\_\_\_

**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**

- Letter of Confidentiality Received  
Date: \_\_\_\_\_
- Confidential Release Date: \_\_\_\_\_
- Wireline Log Received
- Geologist Report Received
- UIC Distribution
- ALT  I  II  III Approved by: \_\_\_\_\_ Date: \_\_\_\_\_



1057028

Operator Name: \_\_\_\_\_ Lease Name: \_\_\_\_\_ Well #: \_\_\_\_\_

Sec. \_\_\_\_\_ Twp. \_\_\_\_\_ S. R. \_\_\_\_\_  East  West County: \_\_\_\_\_

**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 <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Attach Additional Sheets)</i>  Samples Sent to Geological Survey <input type="checkbox"/> Yes <input type="checkbox"/> No  Cores Taken <input type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Run <input type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Submitted Electronically <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If no, Submit Copy)</i>  List All E. Logs Run: _____	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample  Name Top Datum
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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 _____ Protect Casing _____ Plug Back TD _____ Plug Off Zone				

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>	Depth

TUBING RECORD:      Size: \_\_\_\_\_ Set At: \_\_\_\_\_ Packer At: \_\_\_\_\_ Liner Run:  Yes  No

Date of First, Resumed Production, SWD or ENHR. \_\_\_\_\_ Producing Method:  Flowing  Pumping  Gas Lift  Other *(Explain)* \_\_\_\_\_

Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
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DISPOSITION OF GAS: <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <i>(Submit ACO-5)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____ <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	Cholla Production, LLC
Well Name	Kyte-Jording 3-14
Doc ID	1057028

All Electric Logs Run

Dual Induction
Borehole Compensated Sonic
Microlog
Compensated Neutro Density



**TRILOBITE TESTING, INC.**

# DRILL STEM TEST REPORT

Cholla Production  
 7851 S. Elati St. Ste 201  
 ATTN: Bill Goff

**Kyte-Jording 3-14**  
**14 2s 30w Decatur Ks**  
 Job Ticket: 040758 **DST#: 2**  
 Test Start: 2011.03.25 @ 10:50:00

## GENERAL INFORMATION:

Formation: **LKC-B**  
 Deviated: No Whipstock: ft (KB)  
 Time Tool Opened: 12:39:00  
 Time Test Ended: 17:55:30  
 Interval: **3796.00 ft (KB) To 3840.00 ft (KB) (TVD)**  
 Total Depth: 3840.00 ft (KB) (TVD)  
 Hole Diameter: 7.88 inches Hole Condition: Good  
 Test Type: Conventional Bottom Hole  
 Tester: Chuck Kreuzer Jr.  
 Unit No: 36  
 Reference Elevations: 2804.00 ft (KB)  
 2799.00 ft (CF)  
 KB to GR/CF: 5.00 ft

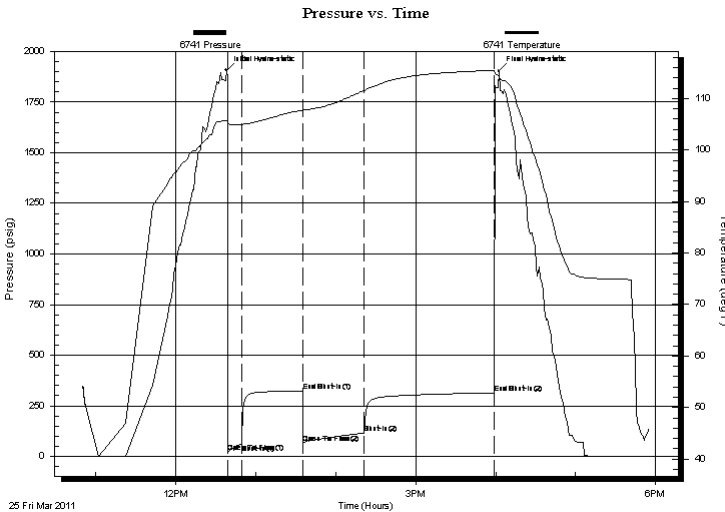
## Serial #: 6741

**Outside**

Press @ Run Depth: 115.43 psig @ 3797.00 ft (KB) Capacity: 8000.00 psig  
 Start Date: 2011.03.25 End Date: 2011.03.25 Last Calib.: 2011.03.25  
 Start Time: 10:50:01 End Time: 17:55:30 Time On Btm: 2011.03.25 @ 12:38:00  
 Time Off Btm: 2011.03.25 @ 16:02:30

**TEST COMMENT:** IF: Weak blow, Built to 3 1/4 in. over 10 mins.  
 IS: No blow back over 45 mins.  
 FF: Weak blow after 10 mins, Built to 5 in. over 45 mins.  
 FS: No blow back over 135 mins.

## PRESSURE SUMMARY



Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	1906.72	105.69	Initial Hydro-static
1	19.65	105.08	Open To Flow (1)
12	61.44	104.91	Shut-In(1)
57	324.00	107.75	End Shut-In(1)
58	65.43	107.66	Open To Flow (2)
103	115.43	111.52	Shut-In(2)
201	313.58	115.44	End Shut-In(2)
205	1904.21	114.20	Final Hydro-static

## Recovery

Length (ft)	Description	Volume (bbl)
120.00	mcw -10% m 90% w	0.59
62.00	w cm-40% w 60% m	0.87
1.00	oil-100%	0.01

## Gas Rates

Choke (inches)	Pressure (psig)	Gas Rate (Mcf/d)



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TESTING, INC.**

# DRILL STEM TEST REPORT

**FLUID SUMMARY**

Cholla Production  
7851 S. Elati St. Ste 201  
ATTN: Bill Goff

**Kyte-Jording 3-14**  
**14 2s 30w Decatur Ks**  
Job Ticket: 040758      **DST#: 2**  
Test Start: 2011.03.25 @ 10:50:00

## Mud and Cushion Information

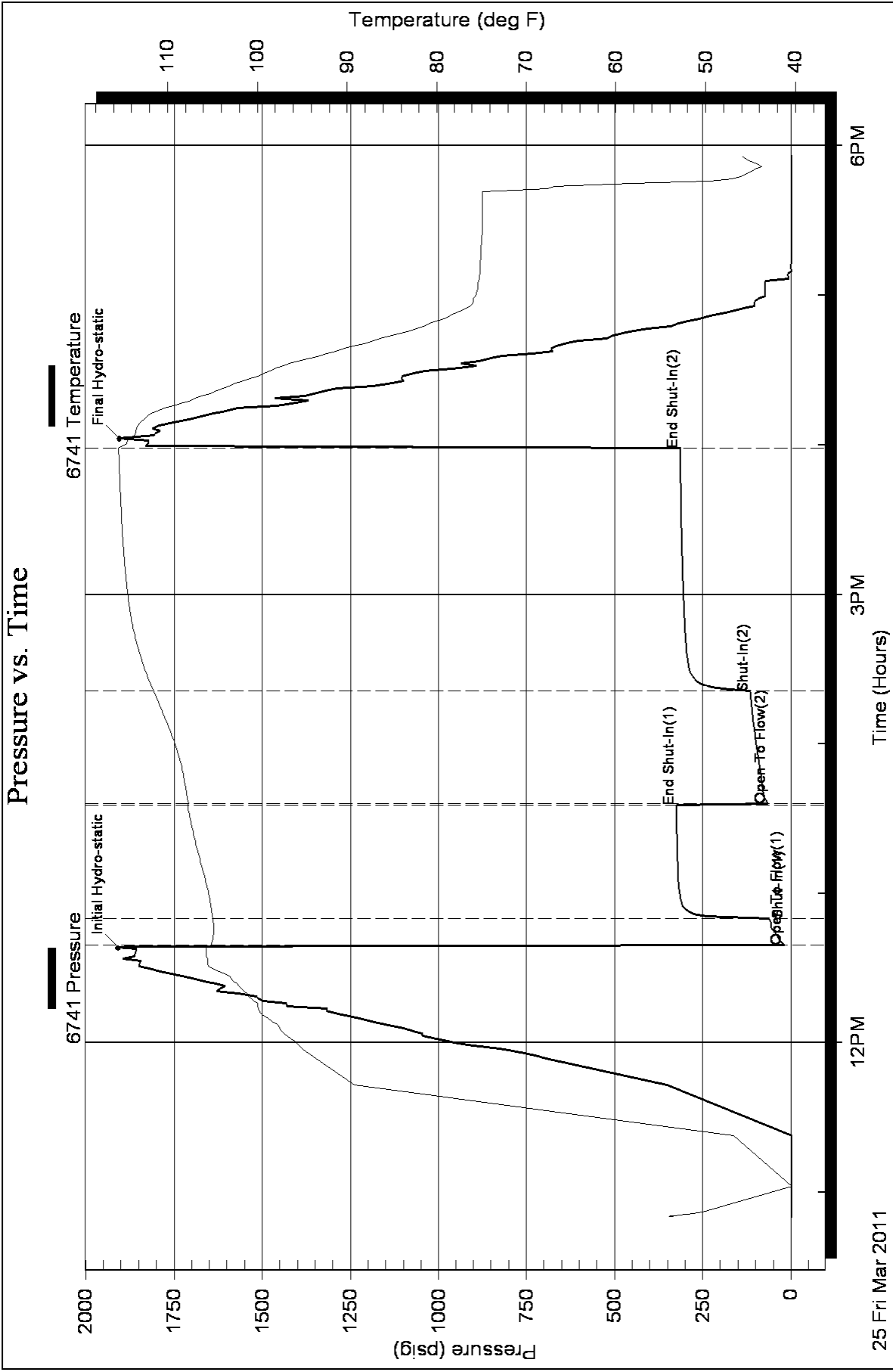
Mud Type: Gel Chem	Cushion Type:	Oil API:	deg API
Mud Weight: 9.00 lb/gal	Cushion Length: ft	Water Salinity:	13000 ppm
Viscosity: 49.00 sec/qt	Cushion Volume: bbl		
Water Loss: 7.20 in <sup>3</sup>	Gas Cushion Type:		
Resistivity: ohm.m	Gas Cushion Pressure: psig		
Salinity: 1100.00 ppm			
Filter Cake: 2.00 inches			

## Recovery Information

Recovery Table

Length ft	Description	Volume bbl
120.00	mcw -10% m90%w	0.590
62.00	w cm-40%w 60%m	0.870
1.00	oil-100%	0.014

Total Length: 183.00 ft      Total Volume: 1.474 bbl  
 Num Fluid Samples: 0      Num Gas Bombs: 0      Serial #:  
 Laboratory Name:      Laboratory Location:  
 Recovery Comments:





**TRILOBITE  
TESTING, INC**

# DRILL STEM TEST REPORT

Cholla Production  
7851 S. Elati St. Ste 201  
ATTN: Bill Goff

**Kyte-Jording 3-14**  
**14 2s 30w Decatur Ks**  
Job Ticket: 040757 **DST#: 1**  
Test Start: 2011.03.24 @ 20:40:00

## GENERAL INFORMATION:

Formation: **LKC-A**  
Deviated: No Whipstock: ft (KB)  
Time Tool Opened: 22:23:30  
Time Test Ended: 03:44:00  
Test Type: Conventional Bottom Hole  
Tester: Chuck Kreuzer Jr.  
Unit No: 36  
Interval: **3738.00 ft (KB) To 3810.00 ft (KB) (TVD)**  
Reference Elevations: 2804.00 ft (KB)  
Total Depth: 3810.00 ft (KB) (TVD) 2799.00 ft (CF)  
Hole Diameter: 7.88 inches Hole Condition: Good KB to GR/CF: 5.00 ft

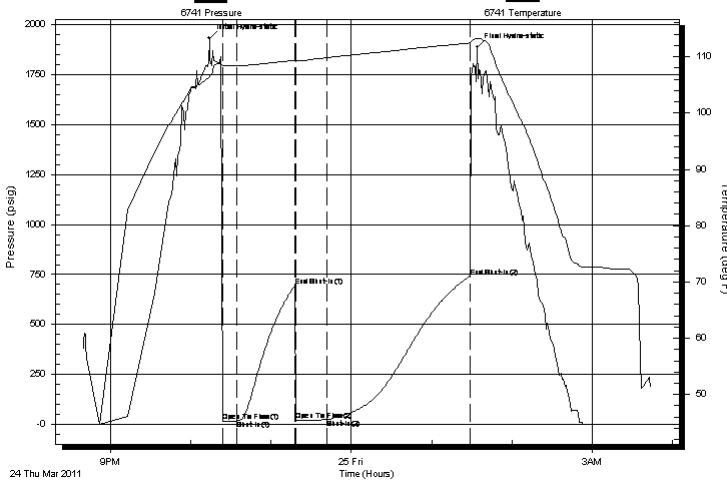
## Serial #: 6741

**Outside**

Press @ Run Depth: 23.42 psig @ 3739.00 ft (KB) Capacity: 8000.00 psig  
Start Date: 2011.03.24 End Date: 2011.03.25 Last Calib.: 2011.03.25  
Start Time: 20:40:01 End Time: 03:44:00 Time On Btm: 2011.03.24 @ 22:14:00  
Time Off Btm: 2011.03.25 @ 01:34:00

**TEST COMMENT:** IF: Weak blow, Died in 8 mins.  
IS: No blow back over 45 mins.  
FF: No blow over 20 mins.  
FS: No blow back over 90 mins.

Pressure vs. Time



## PRESSURE SUMMARY

Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	1931.67	106.46	Initial Hydro-static
10	16.89	108.40	Open To Flow (1)
21	18.90	108.42	Shut-In(1)
64	694.47	109.40	End Shut-In(1)
65	20.41	109.18	Open To Flow (2)
88	23.42	109.83	Shut-In(2)
195	737.82	112.43	End Shut-In(2)
200	1886.21	113.26	Final Hydro-static

## Recovery

Length (ft)	Description	Volume (bbl)
10.00	ocm-10%o90%m	0.05

## Gas Rates

Choke (inches)	Pressure (psig)	Gas Rate (Mcf/d)



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TESTING, INC**

# DRILL STEM TEST REPORT

**FLUID SUMMARY**

Cholla Production  
7851 S. Elati St. Ste 201  
ATTN: Bill Goff

**Kyte-Jording 3-14**  
**14 2s 30w Decatur Ks**  
Job Ticket: 040757      **DST#: 1**  
Test Start: 2011.03.24 @ 20:40:00

## Mud and Cushion Information

Mud Type: Gel Chem	Cushion Type:	Oil API:	deg API
Mud Weight: 9.00 lb/gal	Cushion Length: ft	Water Salinity:	ppm
Viscosity: 54.00 sec/qt	Cushion Volume: bbl		
Water Loss: 6.80 in <sup>3</sup>	Gas Cushion Type:		
Resistivity: ohm.m	Gas Cushion Pressure: psig		
Salinity: 700.00 ppm			
Filter Cake: 2.00 inches			

## Recovery Information

Recovery Table

Length ft	Description	Volume bbl
10.00	ocm-10%o90%m	0.049

Total Length: 10.00 ft      Total Volume: 0.049 bbl

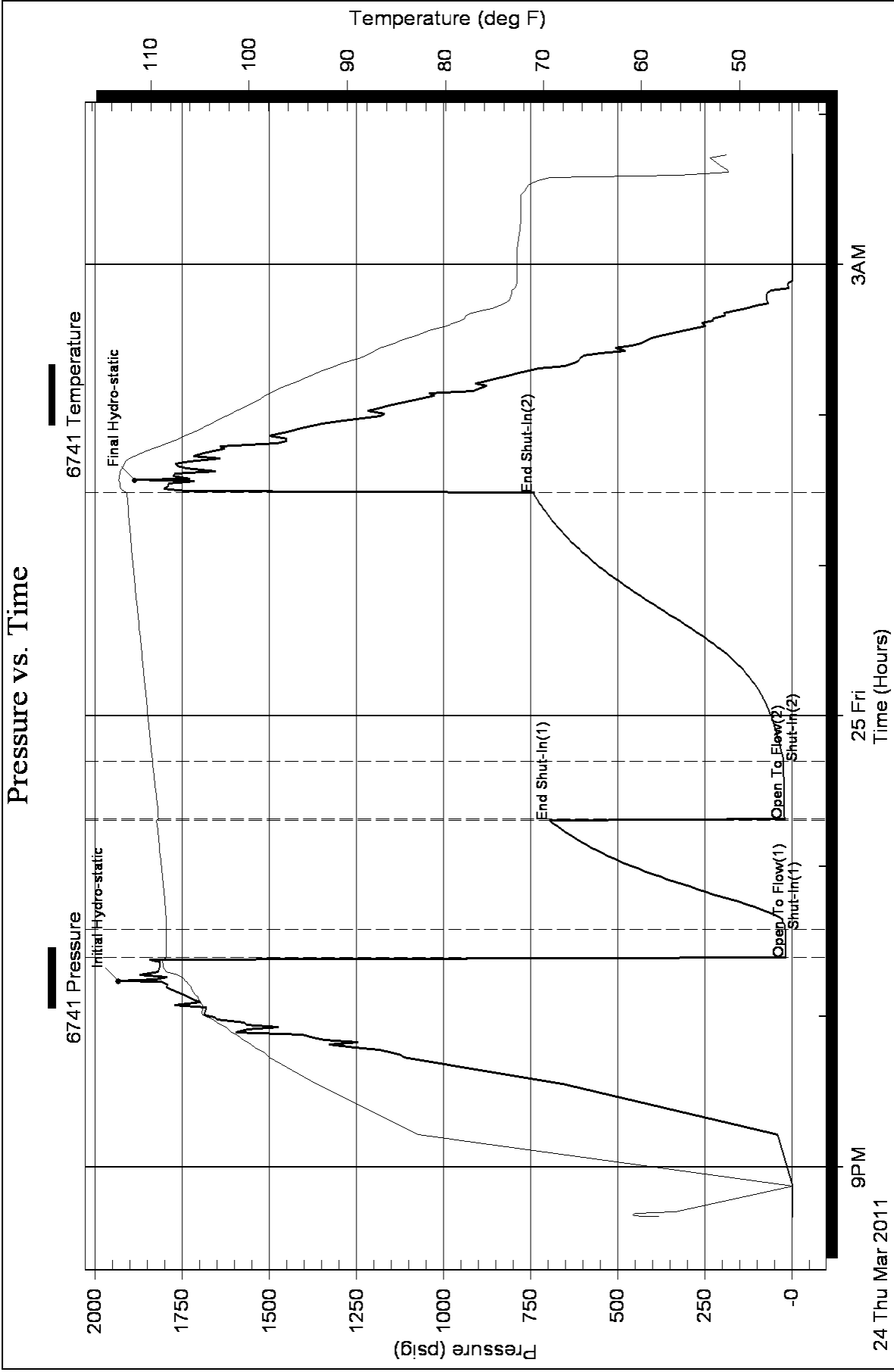
Num Fluid Samples: 0      Num Gas Bombs: 0      Serial #:

Laboratory Name:      Laboratory Location:

Recovery Comments: Sampler----- Pressure 60, oil 1000ml. mud-2000 ml.



### Pressure vs. Time





**CONSOLIDATED**  
Oil Well Services, LLC

W.D. C.H.P.  
JHW

TICKET NUMBER 30794  
LOCATION Oakley Ks  
FOREMAN Walt Dinkel

PO Box 884, Chanute, KS 66720  
620-431-9210 or 800-467-8676

**FIELD TICKET & TREATMENT REPORT**  
**CEMENT**

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
3-21-11	2582	Kyte-Jordling 3-14	14	2 <sup>S</sup>	30 <sup>W</sup>	Decatur
CUSTOMER Cholla Production, LLC			TRUCK #		DRIVER	
MAILING ADDRESS 7851 S. Flat St, Suite 201			463		Miles Shaw	
CITY Littleton			439		Tim Wareham	
STATE Colo					Cecil Parker	
ZIP CODE 80120						

Obelin  
5W  
3N  
1 1/2 W  
1/4 N

JOB TYPE Surface-0 HOLE SIZE 12 1/4 HOLE DEPTH 259' CASING SIZE & WEIGHT 8 5/8 - 23#  
CASING DEPTH 258' DRILL PIPE \_\_\_\_\_ TUBING \_\_\_\_\_ OTHER \_\_\_\_\_  
SLURRY WEIGHT 15.2 SLURRY VOL \_\_\_\_\_ WATER gal/sk \_\_\_\_\_ CEMENT LEFT in CASING 15-20'  
DISPLACEMENT 15 1/2 DISPLACEMENT PSI \_\_\_\_\_ MIX PSI \_\_\_\_\_ RATE 5 BPM

REMARKS: Safety Meeting, Rig up to circ  
mixed 190 sks Cem, 3% CC - 2% CC  
Displaced 15 1/4 BBL H2O. Shut in

Cement Did Circ

Done @ 3:15

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
54015	1	PUMP CHARGE		
5406	50	MILEAGE		
11045	190 sks	Class A Cement		
1102	534 #	Calcium Chloride		
1118B	356 #	Bentonite		
5407A	8.93	Ten Mileage Delivery		
<u>240133</u>				
<u>Less 20% Disc</u>				
			SALES TAX	
			ESTIMATED	
			TOTAL	

Flavin 3737  
AUTHORIZATION [Signature] TITLE Tool Pusher DATE 3-21-2011

I acknowledge that the payment terms, unless specifically amended in writing on the front of the form or in the customer's account records, at our office, and conditions of service on the back of this form are in effect for services identified on this form





**CONSOLIDATED**  
Oil Well Services, LLC

TICKET NUMBER 30721  
LOCATION Oakley KS  
FOREMAN Walt Dinkel

PO Box 884, Chanute, KS 66720  
620-431-9210 or 800-467-8676

### FIELD TICKET & TREATMENT REPORT CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
3-27-11	2582	Kyte-Jeading 3-14	14	2 <sup>s</sup>	30 <sup>w</sup>	Decatur

CUSTOMER	TRUCK #	DRIVER	TRUCK #	DRIVER
Cholla Productions LLC MAILING ADDRESS 7851 S. Flatist, Suite 201 CITY Littleton STATE Colo ZIP CODE 80120	463	miles skow		
	439	Josh Kuddle		
	528-127	Cecil Parker		

JOB TYPE Prod-DV-0 HOLE SIZE 7 7/8" HOLE DEPTH 4030' CASING SIZE & WEIGHT 4 1/2 - 11.5#  
 CASING DEPTH 4029' DRILL PIPE \_\_\_\_\_ TUBING \_\_\_\_\_ OTHER DV-255'  
 SLURRY WEIGHT 13.8-125 SLURRY VOL \_\_\_\_\_ WATER gal/sk \_\_\_\_\_ CEMENT LEFT in CASING 22.31'  
 DISPLACEMENT 6 1/2 DISPLACEMENT PSI \_\_\_\_\_ MIX PSI \_\_\_\_\_ RATE 6 BPM

REMARKS: Safety Meeting, Run Float Equip, Centralizers on 1-3-5-7-9  
-37, Basket on 38, DV Tool on top of 38. Cure 45 min in bath.  
Pumped 500 gal Mud Flush, mixed 120 sks OWC, cleared Pump + Lines  
Displaced 25 BBL H<sub>2</sub>O + 41 BBL mud @ 550 #, Landed Plug @ 1200 #  
Release Pressure, Float Hndl  
Open DV Tool Cure 45 min.  
Mixed 30 sks in R<sub>h</sub>, mixed 520 - sks @ 40 per, 8% gel, U<sub>4</sub> Flo-Seal  
released Plug & Displaced 40 BBL H<sub>2</sub>O @ 850 # Landed Plug @ 2000 #  
Cement Did Cure

Thank yous Walt & Crew

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401P	1	PUMP CHARGE		100
5406	50	MILEAGE		50
1126	120 sks	OWC		
1131	550 - sks	6% gel per		
1118B	3784 #	Bentonite		
1107	1.38 #	Flo-Seal		10
1144G	500 gal	mud flush		
5407A	29.29	Ten Mileage Delivery		
4161	1	4 1/2 Float shoe		
4129	6	4 1/2 Centralizers		
4103	1	4 1/2 - Basket		
4314	8	4 1/2 - Reciprocating Scrubbers		
4276	1	4 1/2 - DV Tool		
4453	1	patch down Plug Assy		
		240259	Less 20% Disc	
			SALES TAX	
			ESTIMATED	
			TOTAL	

Ravin 3737

AUTHORIZATION John Mondoro TITLE \_\_\_\_\_ DATE \_\_\_\_\_

I acknowledge that the payment terms, unless specifically amended in writing on the front of the form or in the customer's account records, at our office, and conditions of service on the back of this form are in effect for services identified on this fo

Conservation Division  
Finney State Office Building  
130 S. Market, Rm. 2078  
Wichita, KS 67202-3802



Phone: 316-337-6200  
Fax: 316-337-6211  
<http://kcc.ks.gov/>

Mark Sievers, Chairman  
Ward Loyd, Commissioner  
Thomas E. Wright, Commissioner

Sam Brownback, Governor

July 19, 2011

Emily Hundley-Goff  
Cholla Production, LLC  
7851 S ELATI ST STE 201  
LITTLETON, CO 80120-8081

Re: ACO1  
API 15-039-21129-00-00  
Kyte-Jording 3-14  
NE/4 Sec.14-02S-30W  
Decatur County, Kansas

Dear Production Department:

We are herewith requesting that the Well Completion Form ACO-1 and attached information for the subject well be held confidential for a period of two years.

Should you have any questions or need additional information regarding subject well, please contact our office.

Respectfully,  
Emily Hundley-Goff