



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
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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: \_\_\_\_\_



1062876

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	Vulgamore 1-21
Doc ID	1062876

All Electric Logs Run

DIL
FDC/CNL
MICRORESISTIVITY
SONIC
CBL

Form	ACO1 - Well Completion
Operator	Cholla Production, LLC
Well Name	Vulgamore 1-21
Doc ID	1062876

Perforations

Shots Per Foot	Perforation Record	Material Record	Depth
4		815 gal diesel w/73 gal HCL;100gal	4622-28; 4630-32
		acetic acid;10 gal surfactant; 2 gal	
		inhibitor w/50 ball sealers	
		Frac w/400 bbls gel wtr (74 bbls);	
		15000# sd.	
4	RBP@4525	Acidize w/300 gal MCA HCL	4456-60
		600 gal NE FE 15% HCL	
4	RBP@4408	Acidize w/300 gal MCA 15% HCL	4375-79
		2400 gal NE FE 15% HCL	

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

September 08, 2011

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

Re: ACO1  
API 15-171-20805-00-00  
Vulgamore 1-21  
NE/4 Sec.21-19S-33W  
Scott 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

# ALLIED CEMENTING CO., LLC. 039945

Federal Tax I.D.# 20-5975804

REMIT TO P.O. BOX 31  
RUSSELL, KANSAS 67665

SERVICE POINT: Oakley, Ks

DATE <u>5/24/14</u>	SEC. <u>21</u>	TWP. <u>18</u>	RANGE <u>33</u>	CALLED OUT	ON LOCATION <u>10:30am</u>	JOB START <u>11:30am</u>	JOB FINISH <u>12:00pm</u>
LEASE <u>Vulgamore</u>	WELL # <u>1-21</u>	LOCATION <u>Scott City 65 to Rd 90</u>	COUNTY <u>Scott</u>	STATE <u>Ks</u>			
OLD OR NEW (Circle one) <u>NEW</u>			<u>3W 14 S West</u>				

CONTRACTOR WW-2

TYPE OF JOB Surface

HOLE SIZE 12 1/4 T.D. 264'

CASING SIZE 8 5/8 DEPTH 264.6

TUBING SIZE DEPTH

DRILL PIPE DEPTH

TOOL DEPTH

PRES. MAX MINIMUM

MEAS. LINE SHOE JOINT

CEMENT LEFT IN CSG. 15'

PERFS.

DISPLACEMENT 16.0

OWNER Same

CEMENT AMOUNT ORDERED 175 Com 370cc 290 gel

EQUIPMENT

PUMP TRUCK CEMENTER Alan

# 422 HELPER Wayne

BULK TRUCK DRIVER Greg - C.B.

# 341 DRIVER

BULK TRUCK DRIVER

COMMON 175 @

POZMIX @

GEL 3 @

CHLORIDE 6 @

ASC @

HANDLING 184 SK @

MILEAGE 11.5 SK/mile @

REMARKS:

Run 8 5/8 log, Circulate, Mix Cement,

Displace Cement, Wash out cellar

Cement did Circulate

Thank You

Alan, Wayne,

CHARGE TO Cholla Production LLC

STREET \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

TOTAL \_\_\_\_\_

SERVICE

DEPTH OF JOB 264.6

PUMP TRUCK CHARGE \_\_\_\_\_

EXTRA FOOTAGE @ \_\_\_\_\_

MILEAGE 55 x 2 @ \_\_\_\_\_

MANIFOLD @ \_\_\_\_\_

Lite vehicle 55 x 2 @ \_\_\_\_\_

TOTAL \_\_\_\_\_

PLUG & FLOAT EQUIPMENT

\_\_\_\_\_ @ \_\_\_\_\_

\_\_\_\_\_ @ \_\_\_\_\_

\_\_\_\_\_ @ \_\_\_\_\_

\_\_\_\_\_ @ \_\_\_\_\_

\_\_\_\_\_ @ \_\_\_\_\_

TOTAL \_\_\_\_\_

To Allied Cementing Co., LLC.

You are hereby requested to rent cementing equipment and furnish cementer and helper(s) to assist owner or contractor to do work as is listed. The above work was done to satisfaction and supervision of owner agent or contractor. I have read and understand the "GENERAL TERMS AND CONDITIONS" listed on the reverse side.

PRINTED NAME Lorrie Lang

SIGNATURE Lorrie Lang

SALES TAX (If Any) \_\_\_\_\_

TOTAL CHARGES \_\_\_\_\_

DISCOUNT \_\_\_\_\_ IF PAID IN 30 DAYS



# ALLIED CEMENTING CO., LLC. 039952

Federal Tax I.D.# 20-5975804

SHIP TO P.O. BOX 31  
RUSSELL, KANSAS 67665

SERVICE POINT:

Bottom 10:00 - 11:30 am *Daklyn Ks*  
Job time

DATE <i>6/1/11</i>	SEC. <i>21</i>	TWP. <i>19</i>	RANGE <i>33</i>	CALLED OUT	ON LOCATION <i>4:00am</i>	JOB START <i>3:00</i>	JOB FINISH <i>4:30pm</i>
LEASE <i>Valgamore</i>	WELL # <i>1-24</i>	LOCATION <i>Scott City S to Rd 90</i>		COUNTY <i>Scott</i>	STATE <i>Ks</i>		
OLD OR NEW (Circle one) <i>NEW</i>				<i>3W 50 Winto</i>			

CONTRACTOR *WW &* OWNER *Same*

TYPE OF JOB *Production "2 stage"*

HOLE SIZE \_\_\_\_\_ T.D. \_\_\_\_\_ CEMENT

CASING SIZE *4 1/2* *11.6 lb* DEPTH *4737* AMOUNT ORDERED *160 SKs ASC 1070 salt*

TUBING SIZE \_\_\_\_\_ DEPTH \_\_\_\_\_ *5# Gilsonite 290 gal 650 SKs ALW*

DRILL PIPE \_\_\_\_\_ DEPTH \_\_\_\_\_ *44 lb Flo Seal 500 gal WFR II*

TOOL *DU* DEPTH *2208' - KB*

PRES. MAX \_\_\_\_\_ MINIMUM \_\_\_\_\_ COMMON \_\_\_\_\_ @ \_\_\_\_\_

MEAS. LINE \_\_\_\_\_ SHOE JOINT *44'* POZMIX \_\_\_\_\_ @ \_\_\_\_\_

CEMENT LEFT IN CSG. *44'* GEL *3* @ \_\_\_\_\_

PERFS. \_\_\_\_\_ CHLORIDE \_\_\_\_\_ @ \_\_\_\_\_

DISPLACEMENT *36 H<sub>2</sub>O 36 1/2 mud / 33 BBL H<sub>2</sub>O* ASC *150 SKs* @ \_\_\_\_\_

EQUIPMENT \_\_\_\_\_ ALW Type 2 Churn A- \_\_\_\_\_ @ \_\_\_\_\_

\_\_\_\_\_ Salt *17 SKs* @ \_\_\_\_\_

PUMP TRUCK CEMENTER *Alan* \_\_\_\_\_ @ \_\_\_\_\_

# *422* HELPER *Wayne* \_\_\_\_\_ @ \_\_\_\_\_

BULK TRUCK \_\_\_\_\_ @ \_\_\_\_\_

# *404* DRIVER *Mike* \_\_\_\_\_ @ \_\_\_\_\_

BULK TRUCK \_\_\_\_\_ @ \_\_\_\_\_

# *394* DRIVER *Ethan - Terry* \_\_\_\_\_ @ \_\_\_\_\_

\_\_\_\_\_ Flo Seal *163 lb* @ \_\_\_\_\_

\_\_\_\_\_ WFR II *500 gal* @ \_\_\_\_\_

\_\_\_\_\_ HANDLING *904* @ \_\_\_\_\_

\_\_\_\_\_ MILEAGE *11 x 5K / mile* @ \_\_\_\_\_

REMARKS:

*Run Log Circulate 30 min, Mix 500 Gal WFR II  
 May 150 SKs ASC 1070 salt 290 gal 5# Gilsonite, wash  
 Truck + Churn. Displace plug to latch down w/ 36 BBL H<sub>2</sub>O,  
 36 1/2 BBL Rig Mud w/ 800 PSI LIFT Land Plug @ 1600.  
 Float Head. Drop opening Tool open Tool @ 1350 PSI Circulate  
 3 hrs, Mix 20 SKs MH, 30 SKs Bit Hole, Mix 5 BK  
 Flag, Pump 25 BBL Mud Belt and down 4 1/2. Mix  
 450 SKs ALW, Wash Truck + Churn. Displace Plug  
 w/ 700 PSI LIFT Land @ 1800 PSI. Tool closed.*

SERVICE

DEPTH OF JOB *4737'*

DUMP TRUCK CHARGE \_\_\_\_\_

EXTRA FOOTAGE \_\_\_\_\_ @ \_\_\_\_\_

MILEAGE *55 x 2* @ \_\_\_\_\_

MANIFOLD *Head* @ \_\_\_\_\_

City Vehicle *55 x 2* @ \_\_\_\_\_

CHARGE TO: *Cholla Productions*

STREET \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

*Cement did Circulate. Thank You  
 Alan, Wayne, Terry  
 Mike, Ethan*

To Allied Cementing Co., LLC.  
 You are hereby requested to rent cementing equipment  
 and furnish cementer and helper(s) to assist owner or  
 contractor to do work as is listed. The above work was  
 done to satisfaction and supervision of owner agent or  
 contractor. I have read and understand the "GENERAL  
 TERMS AND CONDITIONS" listed on the reverse side.

PRINTED NAME *Roger Pearson*

SIGNATURE *Roger Pearson*

PLUG & FLOAT EQUIPMENT

*Latch Down Assembly* \_\_\_\_\_ @ \_\_\_\_\_

*IR - DV Tool* *1* @ \_\_\_\_\_

*W - Baskets* *-2* @ \_\_\_\_\_

*AFU Float shoe* *-1* @ \_\_\_\_\_

*Centralizers* *10* @ \_\_\_\_\_

*Limit Clamp* *-1* @ \_\_\_\_\_

TOTAL \_\_\_\_\_

SALES TAX (If Any) \_\_\_\_\_

TOTAL CHARGES \_\_\_\_\_

DISCOUNT \_\_\_\_\_ IF PAID IN 30 DAYS



**TRILOBITE TESTING, INC**

# DRILL STEM TEST REPORT

Cholla Production, LLC  
 7851 S Elati ST STE 201  
 Littleton CO, 80120-8081  
 ATTN: Tom Pronold

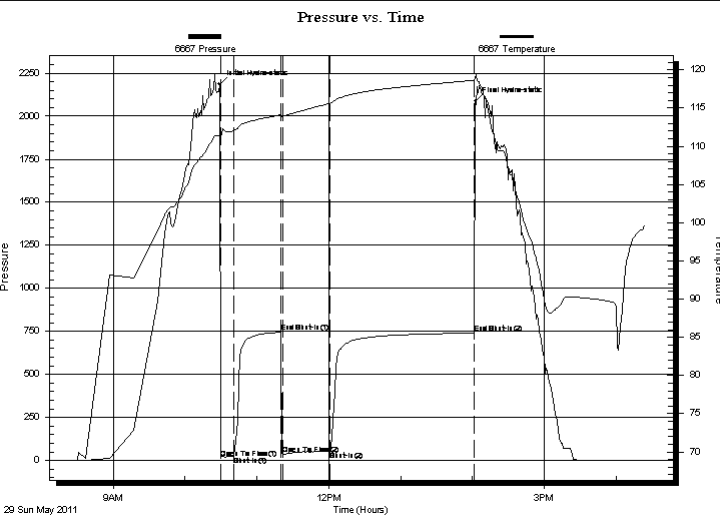
**Vulgamore 1-21**  
**21-19-33**  
 Job Ticket: 43321 **DST#: 1**  
 Test Start: 2011.05.29 @ 08:30:00

## GENERAL INFORMATION:

Formation: **Marmaton**  
 Deviated: No Whipstock: ft (KB)  
 Time Tool Opened: 10:29:30  
 Time Test Ended: 16:24:15  
**Interval: 4377.00 ft (KB) To 4402.00 ft (KB) (TVD)**  
 Total Depth: 4402.00 ft (KB) (TVD)  
 Hole Diameter: 7.88 inches Hole Condition: Good  
 Test Type: Conventional Bottom Hole  
 Tester: Jace McKinney - Shan  
 Unit No: 55  
 Reference Elevations: 2968.00 ft (KB)  
 2963.00 ft (CF)  
 KB to GR/CF: 5.00 ft

**Serial #: 6667 Inside**  
 Press @ Run Depth: 56.05 psig @ 4378.00 ft (KB) Capacity: 8000.00 psig  
 Start Date: 2011.05.29 End Date: 2011.05.29 Last Calib.: 2011.05.29  
 Start Time: 08:30:15 End Time: 16:24:15 Time On Btm: 2011.05.29 @ 10:28:45  
 Time Off Btm: 2011.05.29 @ 14:02:15

**TEST COMMENT:** IF: Built to 6.5" blow  
 IS: No Return Blow  
 FF: B.O.B. in 14 min  
 FS: No Return Blow



## PRESSURE SUMMARY

Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	2185.04	111.47	Initial Hydro-static
1	14.08	110.25	Open To Flow (1)
12	26.57	112.02	Shut-In(1)
52	745.48	114.12	End Shut-In(1)
53	33.63	113.97	Open To Flow (2)
92	56.05	115.62	Shut-In(2)
213	740.08	118.64	End Shut-In(2)
214	2085.49	119.06	Final Hydro-static

## Recovery

Length (ft)	Description	Volume (bbl)
30.00	mco 10% m 30% g 60% o	0.15
120.00	100% o	0.86
434.00	gas in pipe	6.09

## Gas Rates

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





**TRILOBITE  
TESTING, INC**

# DRILL STEM TEST REPORT

**FLUID SUMMARY**

Cholla Production, LLC

**Vulgamore 1-21**

7851 S Elati ST STE 201  
Littleton CO, 80120-8081

**21-19-33**

Job Ticket: 43321

**DST#: 1**

ATTN: Tom Pronold

Test Start: 2011.05.29 @ 08:30:00

## Mud and Cushion Information

Mud Type: Gel Chem

Cushion Type:

Oil API:

30 deg API

Mud Weight: 9.00 lb/gal

Cushion Length:

ft

Water Salinity:

ppm

Viscosity: 53.00 sec/qt

Cushion Volume:

bbbl

Water Loss: 7.98 in<sup>3</sup>

Gas Cushion Type:

Resistivity: 0.00 ohm.m

Gas Cushion Pressure:

psig

Salinity: 3600.00 ppm

Filter Cake: 1.00 inches

## Recovery Information

Recovery Table

Length ft	Description	Volume bbl
30.00	mcgo 10%m 30%g 60%o	0.148
120.00	100%o	0.863
434.00	gas in pipe	6.088

Total Length: 584.00 ft      Total Volume: 7.099 bbl

Num Fluid Samples: 0

Num Gas Bombs: 0

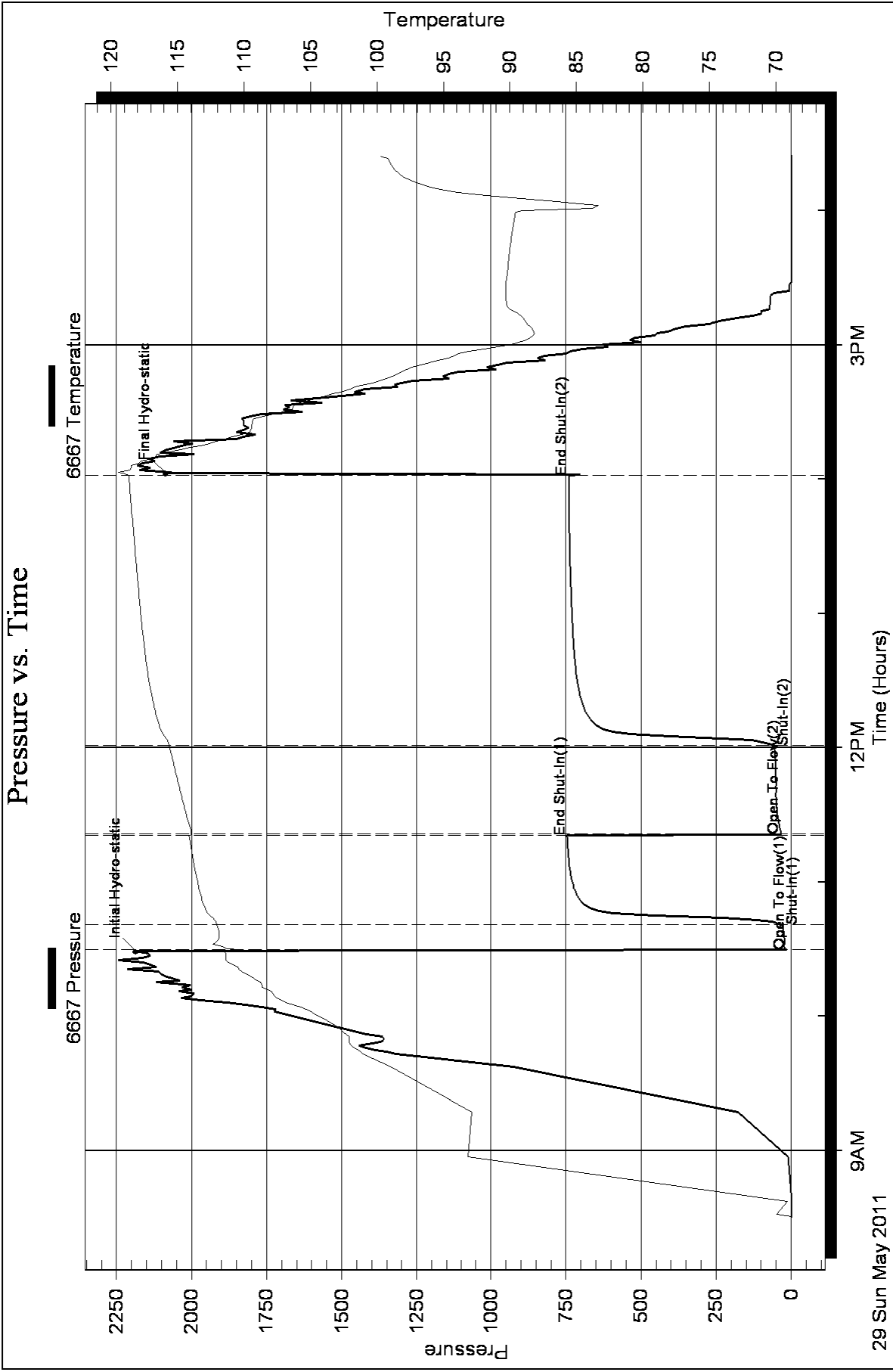
Serial #:

Laboratory Name:

Laboratory Location:

Recovery Comments: Sampler 290 PSI, 1900ml oil 1/2 cf gas

### Pressure vs. Time







**TRILOBITE  
TESTING, INC**

**DRILL STEM TEST REPORT**

**FLUID SUMMARY**

Cholla Production, LLC  
7851 S Elati ST STE 201  
Littleton CO, 80120-8081  
ATTN: Tom Pronold

**Vulgamore 1-21**  
**21-19-33**  
Job Ticket: 43322      **DST#: 2**  
Test Start: 2011.05.30 @ 06:50:00

**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:	ppm
Viscosity: 60.00 sec/qt	Cushion Volume: bbl		
Water Loss: 8.79 in <sup>3</sup>	Gas Cushion Type:		
Resistivity: 0.00 ohm.m	Gas Cushion Pressure: psig		
Salinity: 4000.00 ppm			
Filter Cake: 1.00 inches			

**Recovery Information**

Recovery Table

Length ft	Description	Volume bbl
10.00	osw m 40%w 60%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: API: @      F =



### Pressure vs. Time

