



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: _____



1077491

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 (Specify) _____ <i>(Submit ACO-4)</i>	PRODUCTION INTERVAL: _____ _____
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ALLIED CEMENTING CO., LLC. 035280

Federal Tax I.D.# 20-5975804

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

SERVICE POINT:

Oakley

DATE <u>11-6-11</u>	SEC <u>9</u>	TWP. <u>11s</u>	RANGE <u>40W</u>	CALLED OUT	ON LOCATION	JOB START <u>10:30 pm</u>	JOB FINISH <u>11:30 pm</u>
LEASE <u>Bellamy</u>	WELL # <u>1-9</u>	LOCATION <u>Sharon springs 13N</u>	COUNTY <u>Wallace</u>	STATE <u>KS</u>			
OLD OR NEW (Circle one) <u>NEW</u>			<u>1/2w 2N 1E s into</u>				

CONTRACTOR Wtw #8

TYPE OF JOB PTA

HOLE SIZE 7 7/8 T.D. 5190'

CASING SIZE _____ DEPTH _____

TUBING SIZE _____ DEPTH _____

DRILL PIPE 4 1/2 DEPTH 3000

TOOL _____ DEPTH _____

PRES. MAX _____ MINIMUM _____

MEAS. LINE _____ SHOE JOINT _____

CEMENT LEFT IN CSG. _____

PERFS. _____

DISPLACEMENT _____

OWNER same

CEMENT

AMOUNT ORDERED 205 sks 60/40

4% gel 1/4 Flo-seal

COMMON	<u>123 sks</u>	@	<u>16.25</u>	<u>2613.75</u>
POZMIX	<u>82 sks</u>	@	<u>8.50</u>	<u>697.00</u>
GEL	<u>7 sks</u>	@	<u>21.25</u>	<u>148.75</u>
CHLORIDE	_____	@	_____	_____
ASC	_____	@	_____	_____
	<u>Flo-seal #51</u>	@	<u>2.70</u>	<u>137.70</u>
	_____	@	_____	_____
	_____	@	_____	_____
	_____	@	_____	_____
	_____	@	_____	_____
	_____	@	_____	_____
HANDLING	<u>214 sks</u>	@	<u>2.25</u>	<u>481.50</u>
MILEAGE	<u>114 sk/mile</u>			<u>1642.80</u>
				TOTAL <u>5726.50</u>

EQUIPMENT

PUMP TRUCK CEMENTER Andrew

#423-281 HELPER Jerry

BULK TRUCK

#347 DRIVER Ethan

BULK TRUCK

_____ DRIVER _____

REMARKS:

25 sks @ 3000'

100 sks @ 2200'

40 sks @ 300'

10 sks @ 40'

30 sks Rathole

Thank you

CHARGE TO: Cholla Production

STREET _____

CITY _____ STATE _____ ZIP _____

SERVICE

DEPTH OF JOB 3000'

PUMP TRUCK CHARGE _____ 1250.00

EXTRA FOOTAGE _____ @ _____

MILEAGE 20 miles x 2 @ 7.00 980.00

MANIFOLD _____ @ _____

Light vehicle @ 4.00 560.00

_____ @ _____

TOTAL 2790.00

PLUG & FLOAT EQUIPMENT

8 5/8

1 Dry hole plug @ _____ 92.00

_____ @ _____

_____ @ _____

_____ @ _____

_____ @ _____

To Allied Cementing Co., LLC.
You are hereby requested to rent cementing equipment and furnish cementer and helper(s) to assist owner or



**TRILOBITE
TESTING, INC**

DRILL STEM TEST REPORT

Cholla Production, LLC

9/11s/40w Wallace KS

7851 S Elati St. STE 201
Littleton, CO 80120

Bellamy #1-9

Job Ticket: 45527

DST#: 2

ATTN: Bill Goff

Test Start: 2011.11.06 @ 07:40:00

GENERAL INFORMATION:

Formation: **Base LKC**

Deviated: No Whipstock: ft (KB)

Time Tool Opened: 09:59:00

Time Test Ended: 14:05:30

Test Type: Conventional Straddle (Reset)

Tester: James Winder

Unit No: 57

Interval: 4598.00 ft (KB) To 4626.00 ft (KB) (TVD)

Reference Elevations: 3664.00 ft (KB)

Total Depth: 5190.00 ft (KB) (TVD)

3659.00 ft (CF)

Hole Diameter: 7.88 inches Hole Condition: Fair

KB to GR/CF: 5.00 ft

Serial #: 8366

Inside

Press @ RunDepth: 30.45 psig @ 4599.00 ft (KB)

Capacity: 8000.00 psig

Start Date: 2011.11.06

End Date:

2011.11.06

Last Calib.:

2011.11.06

Start Time: 07:40:05

End Time:

14:05:29

Time On Btm:

2011.11.06 @ 09:56:30

Time Off Btm:

2011.11.06 @ 11:45:30

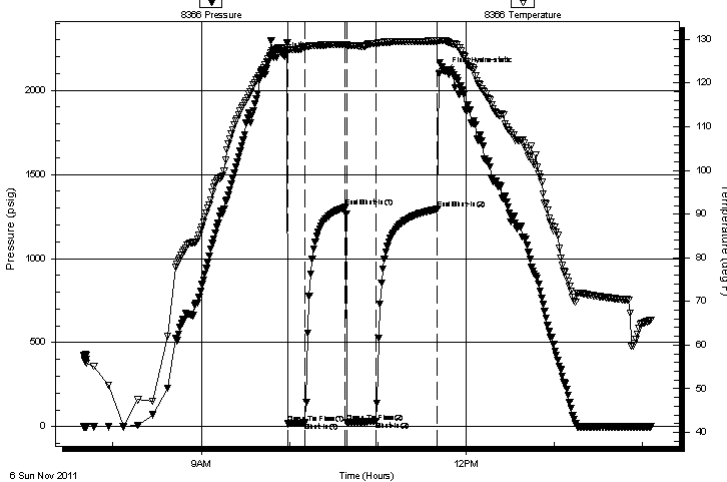
TEST COMMENT: 10 - IF: Blow built to 1/4"

30 - IS: No blow back

20 - FF: No blow

40 - FS: No blow back

Pressure vs. Time



PRESSURE SUMMARY

Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	2203.79	128.18	Initial Hydro-static
3	17.72	127.68	Open To Flow (1)
14	22.76	128.15	Shut-In(1)
42	1304.45	128.83	End Shut-In(1)
43	24.33	128.56	Open To Flow (2)
62	30.45	129.06	Shut-In(2)
104	1293.83	129.66	End Shut-In(2)
109	2114.24	129.70	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
20.00	Mud 100%	0.10

Gas Rates

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

* Recovery from multiple tests



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DRILL STEM TEST REPORT

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Total Depth: 5190.00 ft (KB) (TVD)

Hole Diameter: 7.88 inches Hole Condition: Fair

Reference Elevations: 3664.00 ft (KB)

3659.00 ft (CF)

KB to GR/CF: 5.00 ft

Serial #: 8671 Inside

Press @ Run Depth: psig @ 4627.00 ft (KB)

Start Date: 2011.11.06

End Date: 2011.11.06

Capacity: 8000.00 psig

Last Calib.: 2011.11.06

Start Time: 07:40:05

End Time: 14:05:59

Time On Btm:

Time Off Btm:

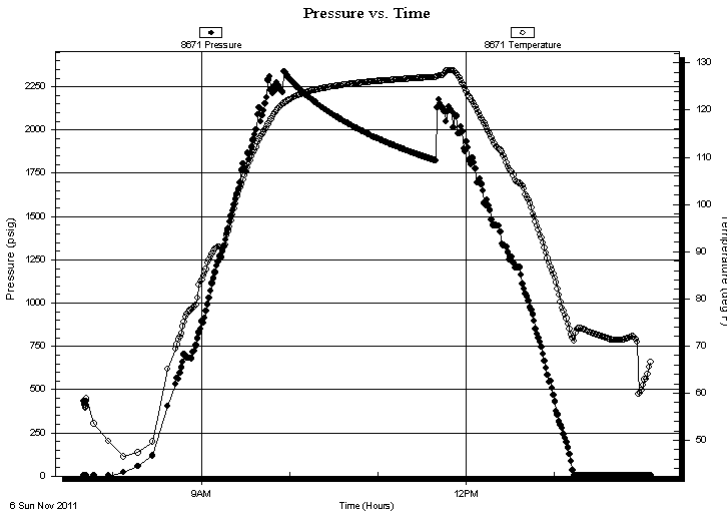
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PRESSURE SUMMARY



Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation

Recovery

Length (ft)	Description	Volume (bbl)
20.00	Mud 100%	0.10

Gas Rates

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

* Recovery from multiple tests



**TRILOBITE
TESTING, INC**

DRILL STEM TEST REPORT

FLUID SUMMARY

Cholla Production, LLC

9/11s/40w Wallace KS

7851 S Elati St. STE 201
Littleton, CO 80120

Bellamy #1-9

Job Ticket: 45527

DST#: 2

ATTN: Bill Goff

Test Start: 2011.11.06 @ 07:40:00

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: 46.00 sec/qt

Cushion Volume:

bbbl

Water Loss: 7.20 in³

Gas Cushion Type:

Resistivity: ohm.m

Gas Cushion Pressure:

psig

Salinity: 3000.00 ppm

Filter Cake: 1.00 inches

Recovery Information

Recovery Table

Length ft	Description	Volume bbl
20.00	Mud 100%	0.098

Total Length: 20.00 ft Total Volume: 0.098 bbl

Num Fluid Samples: 0

Num Gas Bombs: 0

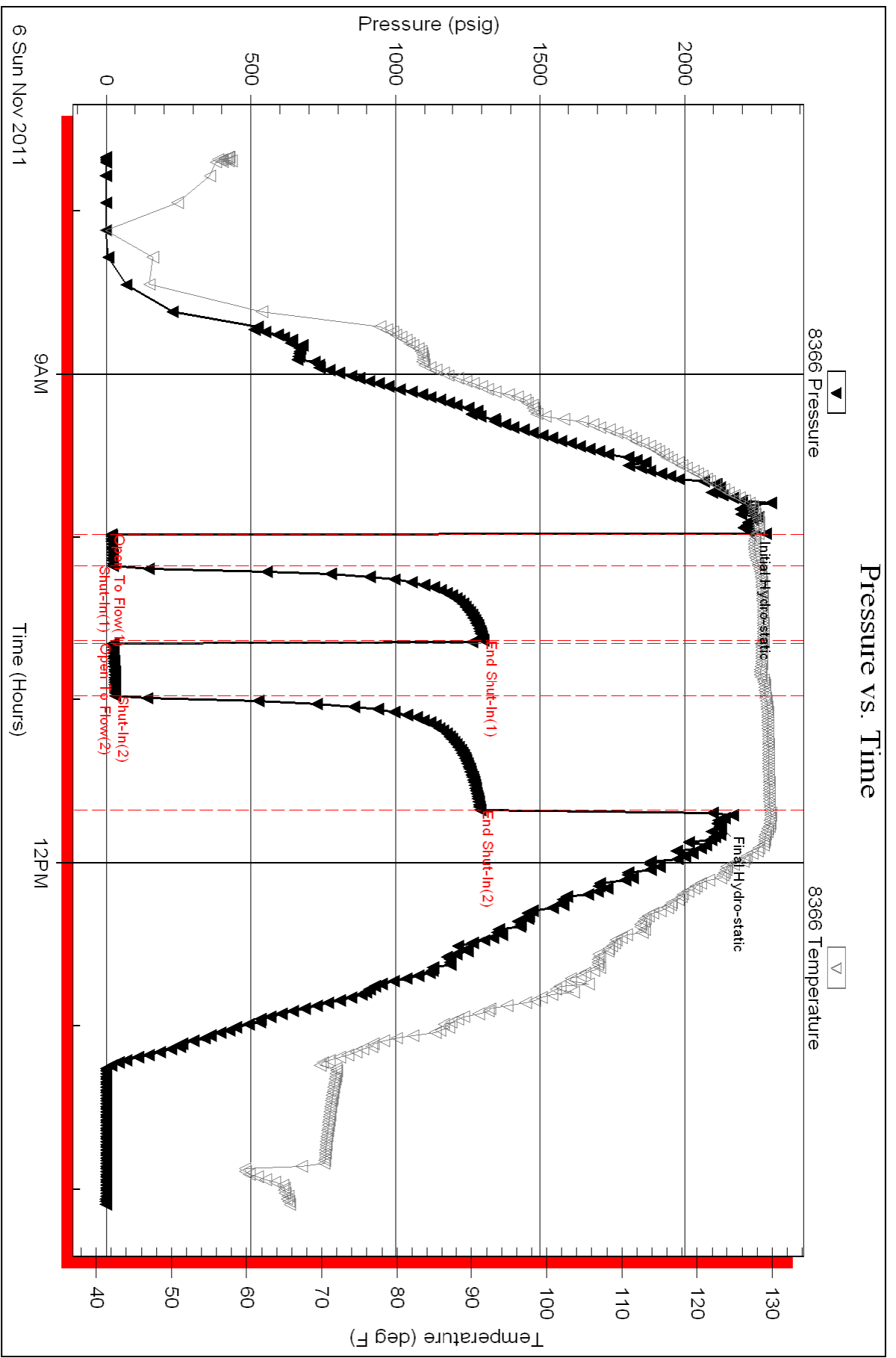
Serial #:

Laboratory Name:

Laboratory Location:

Recovery Comments: Sampler : 25 psi before plugging off

2000 mL Mud w /trace of Oil 100% m



Serial #: 8671

Inside

Cholla Production, LLC

Bellamy #1-9

DST Test Number: 2

