



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1077109
OIL & GAS CONSERVATION DIVISION

Form ACO-1
August 2013

Form must be Typed
Form must be Signed
All blanks must be Filled

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
- Plug Back Conv. to GSW Conv. to Producer
- 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

GPS Location: Lat: _____, Long: _____
(e.g. xx.xxxxx) (e.g. -xxx.xxxxx)

Datum: NAD27 NAD83 WGS84

County: _____

Lease Name: _____ Well #: _____

Field Name: _____

Producing Formation: _____

Elevation: Ground: _____ Kelly Bushing: _____

Total Vertical 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

- Confidentiality Requested
Date: _____
- Confidential Release Date: _____
- Wireline Log Received
- Geologist Report Received
- UIC Distribution
- ALT I II III Approved by: _____ Date: _____

1077109

Operator Name: _____ Lease Name: _____ Well #: _____

Sec. _____ Twp. _____ S. R. _____ East West County: _____

INSTRUCTIONS: Show important tops 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.

Final Radioactivity Log, Final Logs run to obtain Geophysical Data and Final Electric Logs must be emailed to kcc-well-logs@kcc.ks.gov. Digital electronic log files must be submitted in LAS version 2.0 or newer AND an image file (TIFF or PDF).

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 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
<input type="checkbox"/> Perforate <input type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> Plug Off Zone				

Did you perform a hydraulic fracturing treatment on this well? Yes No *(If No, skip questions 2 and 3)*

Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons? Yes No *(If No, skip question 3)*

Was the hydraulic fracturing treatment information submitted to the chemical disclosure registry? Yes No *(If No, fill out Page Three of the ACO-1)*

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: <input type="checkbox"/> Yes <input type="checkbox"/> No
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Date of First, Resumed Production, SWD or ENHR.	Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other <i>(Explain)</i> _____
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Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity

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> _____	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	Cholla Production, LLC
Well Name	Stallman 1-25
Doc ID	1077109

All Electric Logs Run

DST
MICRO
SONIC
DIL

ALLIED CEMENTING CO., LLC. 036069

Federal Tax I.D.# 20-5975804

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

SERVICE POINT: Oakley, Ks

DATE <u>11/10/12</u>	SEC. <u>25</u>	TWP. <u>2</u>	RANGE <u>30</u>	CALLED OUT	ON LOCATION	JOB START <u>11:30a</u>	JOB FINISH <u>11:00p</u>	
LEASE <u>Stallman</u>	WELL # <u>1-25</u>	LOCATION <u>Oberlin SW 1/2 N</u>			COUNTY <u>Decatur</u>	STATE <u>Ks</u>		
OLD OR NEW (Circle one)			<u>Wesinto</u>					

CONTRACTOR WW 4

TYPE OF JOB Surface

HOLE SIZE 12 1/4 T.D. 260.0

CASING SIZE 8 5/8 DEPTH 260.03

TUBING SIZE DEPTH

DRILL PIPE DEPTH

TOOL DEPTH

PRES. MAX MINIMUM

MEAS. LINE SHOE JOINT

CEMENT LEFT IN CSG. 15'

PERFS.

DISPLACEMENT 15.6065

OWNER Same

CEMENT AMOUNT ORDERED 165 cum 300 cc
2070 gal

COMMON	<u>165</u>	@	<u>1625</u>	<u>2681.25</u>
POZMIX		@		
GEL	<u>3</u>	@		<u>63.25</u>
CHLORIDE	<u>6</u>	@		<u>349.20</u>
ASC		@		
		@		
		@		
		@		
		@		
		@		
		@		
HANDLING	<u>174 SK</u>	@	<u>2.25</u>	<u>391.50</u>
MILEAGE	<u>114 SK/mile</u>			<u>1282.38</u>
TOTAL				<u>4768.00</u>

EQUIPMENT

PUMP TRUCK # 422 CEMENTER Alan
HELPER Wayne

BULK TRUCK # 404 DRIVER Billy

BULK TRUCK # DRIVER

REMARKS:

Run Log, Circulate, Mix Cement, Displace Cement.

Cement did Circulate

Thank You
Alan, Wayne, Billy

CHARGE TO: Cholla Productions Inc

STREET _____

CITY _____ STATE _____ ZIP _____

SERVICE

DEPTH OF JOB	<u>260'</u>			
PUMP TRUCK CHARGE			<u>1125.00</u>	
EXTRA FOOTAGE		@		
MILEAGE	<u>67 miles</u>	@	<u>7.00</u> <u>469.00</u>	
MANIFOLD		@		
<u>Lit Vehicle 67 miles</u>		@	<u>4.00</u> <u>268.00</u>	
		@		
TOTAL				<u>1862.00</u>

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 John Mondero

SIGNATURE John Mondero

SALES TAX (If Any) _____

TOTAL CHARGES _____

DISCOUNT _____ IF PAID IN 30 DAYS

CUSTOMER Cholla Production L.L.C. WELL NO. 1-25 LEASE Stallman JOB TYPE Cement 2 stage L.S. TICKET NO. 21239

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		TD 4110' DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	2030					11.6 #	4 1/2	On location with F.E. - Rig changing over start 4 1/2" casing to 4189'
	2100							
								Insert Float Steel / Auto RTI
								D.U. LD. Baffle - 5J-22' = 4087 = 63.4
								Cent. 1-3-5-7-9-36 Basket #37'
								D.U. #37 @ 2569' = 39.8
								10-Recip Scratchers JTs (3-4-8-9)
								Drop Ball up ball 6.5 ft out
	2230							Fin run casing - Tag Bottom
								Start circ & Recip casing
								Mix in Desc in mud
	2330							Fin circ - Hook up for 1st stage
		5	12			350		Pump 500 gal Mud flush
		4	20			400		Pump 20 BBL KCL flush
		4 1/2	30			300		Mix 125 SKS EM-2 cont
	2400		30			0		Fin cont - Washout Pump & Hoses
	0005	9 1/2				400		Start Displ - 30 BBL H ₂ O first
		8 1/2	30			570		Start 20 BBL mud
		8 1/2	50			500		Fin mud cont start KCL flush
	0015	6	63 1/2			750 500		Plug Down - lost press pump 2 BBL
			45 1/2			350 400		Holding 350# - Release Dry
								Drop D.U. opening tool -
		5						Plug RT - 25 SKS SKID
		6				1350 450		Open D.U. clean out mud - Fin KCL flush
		5						Start 325 SKS SKID
		5	195					Fin SKID - cut circ
								Drop D.U. Closing Plug
		6 1/2				1100 450		Start Displ
	0200		70			250 100		Plug Down - Hold - Release & Hold
								Job complete
								Washup & Packup
	0230							100 SKS SKID @ 11.2 #/gal circ H ₂ O



**TRILOBITE
TESTING, INC.**

DRILL STEM TEST REPORT

Cholla Production, LLC
7851 S. Elati St. STE 201
Littleton, CO 80120
ATTN: Bill Goff

25/2s/30w Decatur KS

Stallman #1-25

Job Ticket: 45555

DST#: 1

Test Start: 2012.01.14 @ 02:00:00

GENERAL INFORMATION:

Formation: **Toronto - LKC "A"**
 Deviated: No Whipstock: ft (KB)
 Time Tool Opened: 04:36:30
 Time Test Ended: 10:00:30
 Interval: **3760.00 ft (KB) To 3820.00 ft (KB) (TVD)**
 Total Depth: 3820.00 ft (KB) (TVD)
 Hole Diameter: 7.88 inches Hole Condition: Fair
 Test Type: Conventional Bottom Hole (Initial)
 Tester: James Winder
 Unit No: 57
 Reference Elevations: 2796.00 ft (KB)
 2791.00 ft (CF)
 KB to GR/CF: 5.00 ft

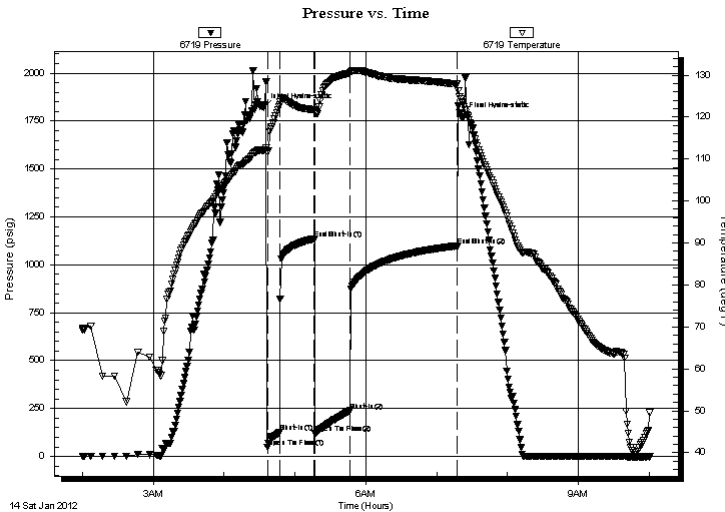
Serial #: 6719

Inside

Press@RunDepth: 238.61 psig @ 3761.00 ft (KB) Capacity: 8000.00 psig
 Start Date: 2012.01.14 End Date: 2012.01.14 Last Calib.: 2012.01.14
 Start Time: 02:00:05 End Time: 10:00:29 Time On Btm: 2012.01.14 @ 04:33:30
 Time Off Btm: 2012.01.14 @ 07:22:00

TEST COMMENT: 10 - IF: Blow built to BOB (11") in 8 1/4 min.
 30 - IS: Bled off, Blow back built to 1/4" in 15 min., then died off
 30 - FF: Blow built to BOB in 9 min.
 90 - FS: Bled off, No blow back

PRESSURE SUMMARY



Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	1822.35	112.07	Initial Hydro-static
3	49.41	111.95	Open To Flow (1)
14	125.62	122.82	Shut-In(1)
43	1135.55	121.74	End Shut-In(1)
44	119.90	121.12	Open To Flow (2)
73	238.61	130.49	Shut-In(2)
164	1098.53	127.86	End Shut-In(2)
169	1773.06	123.45	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
62.00	GMCO 63%o, 25%m, 12%g	0.30
62.00	SMCO 92%o, 5%g, 3%m	0.30
63.00	GMO 44%o, 43%m, 13%g	0.88
388.00	CGO 69%o, 31%g	5.44
0.00	GIP = 45'	0.00

Gas Rates

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



**TRILOBITE
TESTING, INC.**

DRILL STEM TEST REPORT

FLUID SUMMARY

Cholla Production, LLC

25/2s/30w Decatur KS

7851 S. Elati St. STE 201
Littleton, CO 80120

Stallman #1-25

Job Ticket: 45555

DST#: 1

ATTN: Bill Goff

Test Start: 2012.01.14 @ 02:00:00

Mud and Cushion Information

Mud Type: Gel Chem

Cushion Type:

Oil API:

32.6 deg API

Mud Weight: 9.00 lb/gal

Cushion Length:

ft

Water Salinity:

ppm

Viscosity: 58.00 sec/qt

Cushion Volume:

bbbl

Water Loss: 5.60 in³

Gas Cushion Type:

Resistivity: ohm.m

Gas Cushion Pressure:

psig

Salinity: 700.00 ppm

Filter Cake: 1.00 inches

Recovery Information

Recovery Table

Length ft	Description	Volume bbl
62.00	GMCO 63%o, 25%m, 12%g	0.305
62.00	SMCO 92%o, 5%g, 3%m	0.305
63.00	GMO 44%o, 43%m, 13%g	0.884
388.00	CGO 69%o, 31%g	5.443
0.00	GIP = 45'	0.000

Total Length: 575.00 ft Total Volume: 6.937 bbl

Num Fluid Samples: 0

Num Gas Bombs: 0

Serial #:

Laboratory Name:

Laboratory Location:

Recovery Comments: Gravity = 31 api @ 44 deg F Corrected Gravity = 32.6 api

Sampler : 45 psi / Chamber sample w as spilled: estimated recovery 1800 ML

Oil w trace of mud - did a grind out to check for w ater : 99%o, 1%m

Serial #: 6719

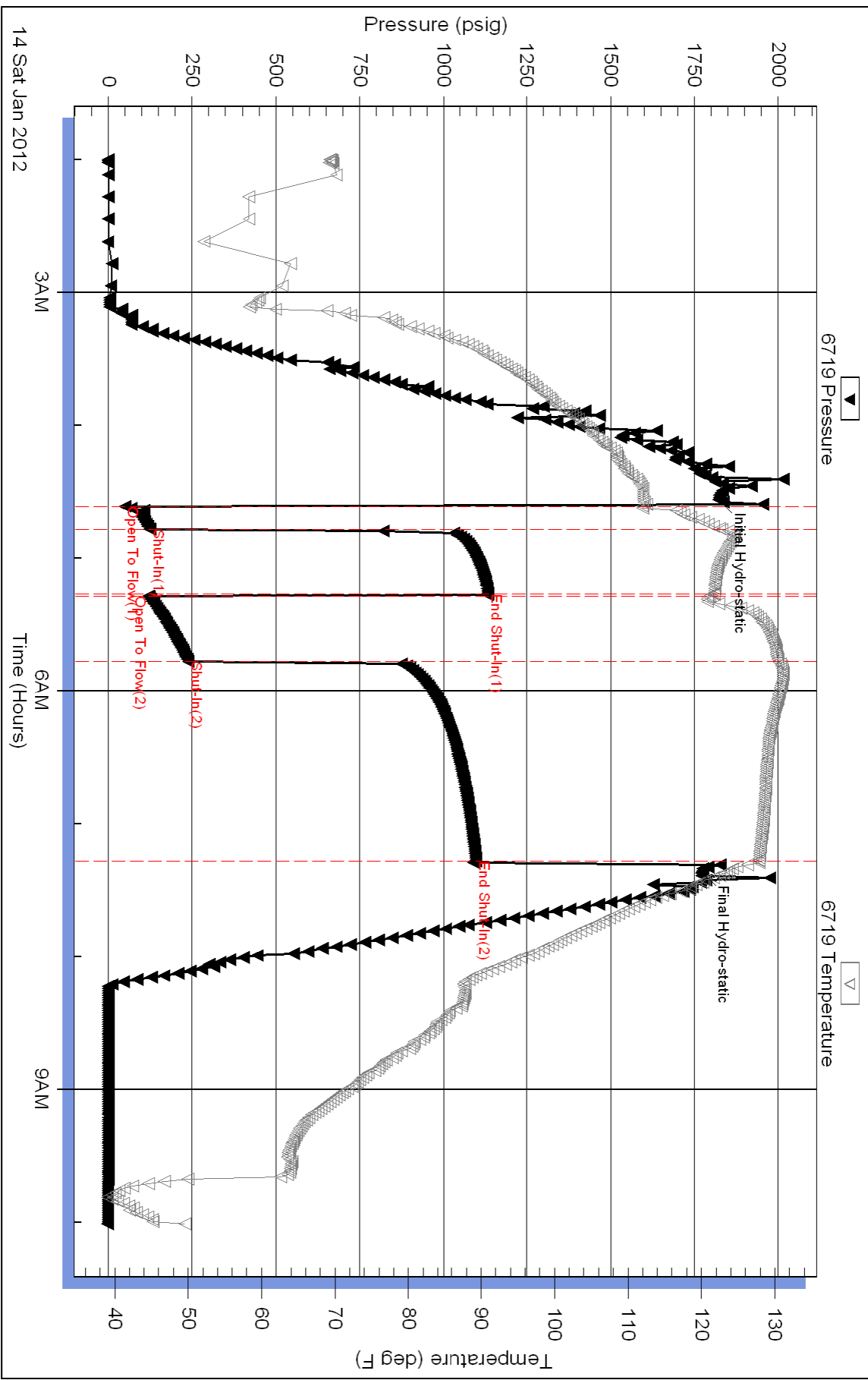
Inside

Cholla Production, LLC

Stallman #1-25

DST Test Number: 1

Pressure vs. Time



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

March 22, 2012

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

Re: ACO1
API 15-039-21144-00-00
Stallman 1-25
SE/4 Sec.25-02S-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