



**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: \_\_\_\_\_



1102192

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> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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# ALLIED CEMENTING CO., LLC. 036040

Federal Tax I.D.# 20-5975804

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

SERVICE POINT:

*Dakley Ky*

DATE <i>1/26/11</i>	SEC. <i>25</i>	TWP. <i>23</i>	RANGE <i>20</i>	CALLED OUT	ON LOCATION <i>3:30 PM</i>	JOB START <i>8:30</i>	JOB FINISH <i>10:30</i>
WELL # <i>2-23</i>	LOCATION <i>Oberlin W to RLS 3W</i>		COUNTY <i>Butcher</i>	STATE <i>KY</i>			
OLD OR NEW (Circle one) <i>NEW</i>							

CONTRACTOR *wn y*  
 TYPE OF JOB *Production - 2 stage*  
 HOLE SIZE *7 7/8* T.D.  
 CASING SIZE *4 1/2* DEPTH *4089.43*  
 TUBING SIZE DEPTH  
 DRILL PIPE *4 1/2* DEPTH  
 TOOL *AV* DEPTH *2614 KB*  
 PRES. MAX MINIMUM  
 MEAS. LINE SHOE JOINT *20.86*  
 CEMENT LEFT IN CSG. *20.86*  
 PERFS.  
 DISPLACEMENT

OWNER *Sm*  
 CEMENT  
 AMOUNT ORDERED *120 ASC 1070 SALT 29 gal*  
*5P Gilsonite*  
*5700 gal WFR II*  
*ALW*  
*480 SK* @ *14.50* *6525.00*  
 POZMIX @  
 GEL *2* @ *21.25* *42.50*  
 CHLORIDE @  
 ASC *(20 SK)* @ *19.00* *2280.00*  
*Gilsonite 600 lb* @ *89.00* *534.00*  
*Salt 11 SK* @ *23.00* *253.00*  
*FloSul 113* @ *2.20* *305.70*  
*WFR II 500 gal* @ *635.00*

EQUIPMENT  
 PUMP TRUCK CEMENTER *Alan*  
 # *400* HELPER *Terry*  
 BULK TRUCK  
 # *396* DRIVER *Chris*  
 BULK TRUCK  
 # *347* DRIVER *Taylor*

HANDLING *38.00* @ *2.25* *1425.00*  
 MILEAGE *14 SK/mile* *4970.00*  
 TOTAL *16932.05*

REMARKS:

*Run in from bottom MAX WFR II, MAX ASC Displacement to Catchdown  
 w/ 600 PSI GPT and Plug @ 1400 PSI. Float Dis. used,  
 Dropping Tool, open Tool, mix 20 SK, R Hole,  
 Mix 430 SKs Down 4 1/2 Cas, Displace  
 Plug to Tool w/ 800 PSI GPT, Land Plug  
 @ 2000 PSI, Tool Closed  
 Cement Dis Circulate.  
 T. Parker  
 Alan, Terry, Taylor, Chris*

SERVICE

DEPTH OF JOB *4098*  
 PUMP TRUCK CHARGE *8225.00*  
 EXTRA FOOTAGE @  
 MILEAGE *20* @ *7.00* *490.00*  
 MANIFOLD @  
*Citelchide 20* @ *4.00* *280.00*

TOTAL *3175.00*

CHARGE TO: *Cholera*  
 STREET \_\_\_\_\_  
 CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PLUG & FLOAT EQUIPMENT

*DV* @ *3187.00*  
*AFU Float shoe* @ *327.00*  
*Centralizers 6* @ *48.00* *288.00*  
*Recip. Sizers 10* @ *70.00* *700.00*  
*Brush* @ *270.00* *270.00*  
*Latch Down Assembly* *233.00*  
 TOTAL *5005.00*

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.

SALES TAX (If Any) \_\_\_\_\_  
 TOTAL CHARGES \_\_\_\_\_  
 DISCOUNT \_\_\_\_\_ IF PAID IN 30 DAYS

PRINTED NAME *John Mondero*  
 SIGNATURE *John Mondero*



**TRILOBITE  
TESTING, INC.**

# DRILL STEM TEST REPORT

Cholla Production, LLC

**23/2s/30w Decatur KS**

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

**May - Jording #2-23**

Job Ticket: 45535

**DST#: 1**

ATTN: Clayton, Erickson

Test Start: 2011.11.24 @ 21:08:00

## GENERAL INFORMATION:

Formation: **LKC "A"**

Deviated: No Whipstock: ft (KB)

Time Tool Opened: 22:51:30

Time Test Ended: 03:45:00

Test Type: Conventional Bottom Hole (Initial)

Tester: James Winder

Unit No: 57

**Interval: 3788.00 ft (KB) To 3840.00 ft (KB) (TVD)**

Reference Elevations: 2848.00 ft (KB)

Total Depth: 3840.00 ft (KB) (TVD)

2843.00 ft (CF)

Hole Diameter: 7.88 inches Hole Condition: Fair

KB to GR/CF: 5.00 ft

**Serial #: 8366**

**Inside**

Press @ Run Depth: 19.45 psig @ 3789.00 ft (KB)

Capacity: 8000.00 psig

Start Date: 2011.11.24

End Date:

2011.11.25

Last Calib.:

2011.11.25

Start Time: 21:08:05

End Time:

03:44:59

Time On Btm:

2011.11.24 @ 22:48:30

Time Off Btm:

2011.11.25 @ 01:36:00

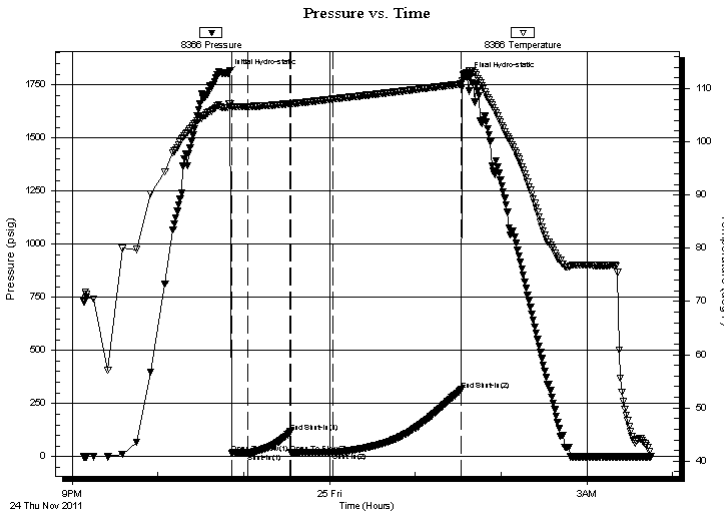
**TEST COMMENT:** 10 - IF: Blow built to 1/8"

30 - IS: No blow back

30 - FF: No blow

90 - FS: No blow back

## PRESSURE SUMMARY



Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	1802.01	106.43	Initial Hydro-static
3	15.92	106.56	Open To Flow (1)
15	17.97	106.62	Shut-In(1)
44	117.02	107.17	End Shut-In(1)
45	18.37	107.12	Open To Flow (2)
74	19.45	108.01	Shut-In(2)
164	314.86	110.84	End Shut-In(2)
168	1788.13	112.94	Final Hydro-static

## Recovery

Length (ft)	Description	Volume (bbl)
5.00	Mud 100%	0.02

## Gas Rates

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





**TRILOBITE  
TESTING, INC.**

# DRILL STEM TEST REPORT

**FLUID SUMMARY**

Cholla Production, LLC

**23/2s/30w Decatur KS**

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

**May - Jording #2-23**

Job Ticket: 45535

**DST#: 1**

ATTN: Clayton, Erickson

Test Start: 2011.11.24 @ 21:08:00

## 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: 49.00 sec/qt

Cushion Volume:

bbf

Water Loss: 5.80 in<sup>3</sup>

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 bbf
5.00	Mud 100%	0.025

Total Length: 5.00 ft      Total Volume: 0.025 bbf

Num Fluid Samples: 0

Num Gas Bombs: 0

Serial #:

Laboratory Name:

Laboratory Location:

Recovery Comments: Sampler : 53 PSI, 2000 mL mud

Serial #: 8366

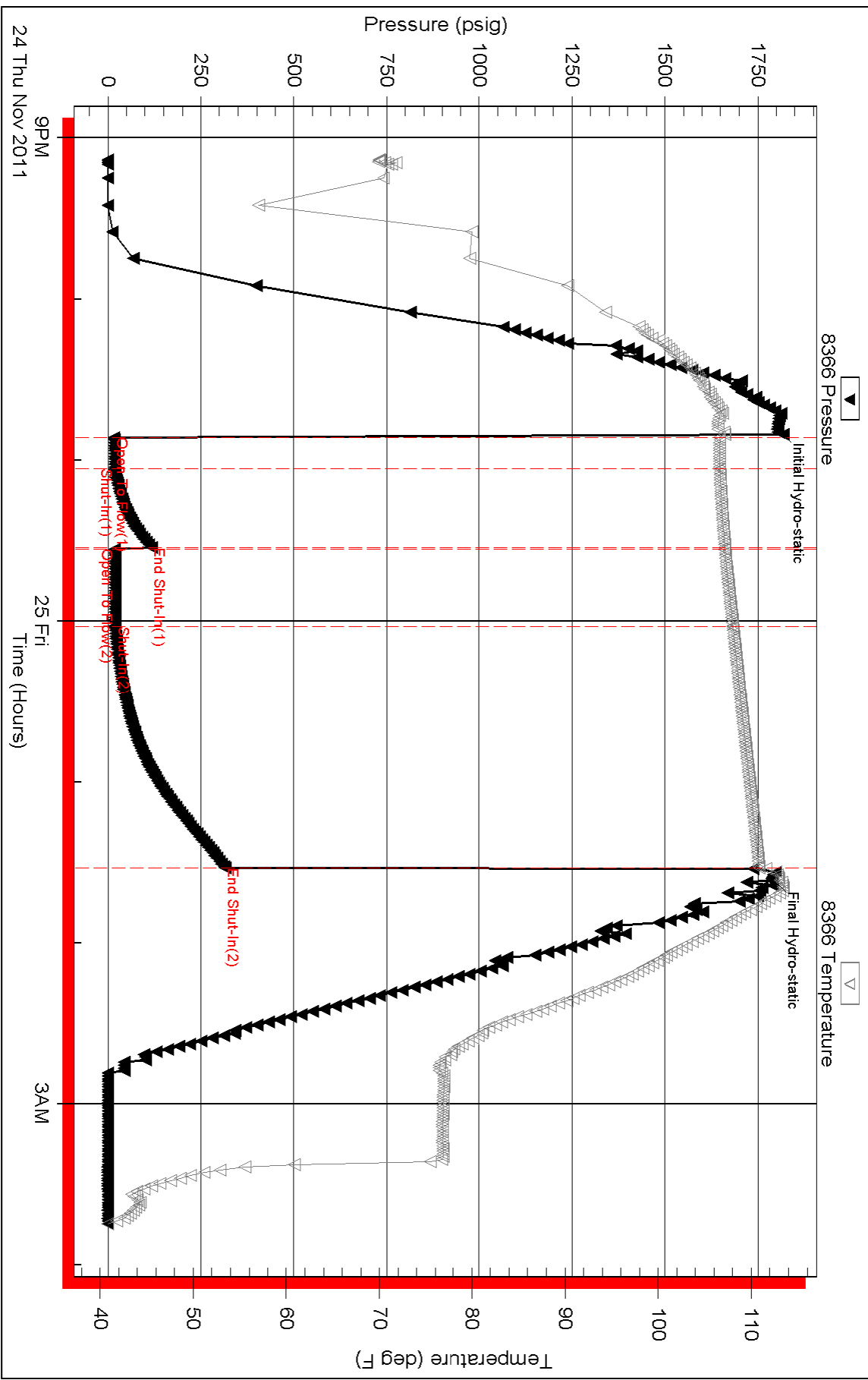
Inside

Cholla Production, LLC

May - Jording #2-23

DST Test Number: 1

# Pressure vs. Time



Triobite Testing, Inc

Ref. No: 45535

Printed: 2011.11.25 @ 14:06:43



