



1100384

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

TICKET NUMBER 37063
LOCATION Oakley, KS
FOREMAN Kelley Gabel

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY	
8-13-12	2582	Niogas 1-20	20	11	22	^{KS} Trego	
CUSTOMER		Mailing Address		TRUCK #	DRIVER	TRUCK #	DRIVER
Cholla Production		Wakeenoy North Edge Rd H E to Rd 300 4N E 4 SE into		399	Damon M		
CITY		STATE	ZIP CODE	566	Jordan L		

JOB TYPE Surface HOLE SIZE 12 1/4 HOLE DEPTH 263' CASING SIZE & WEIGHT 8 5/8 24 #
 CASING DEPTH 263 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 148 SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 20'
 DISPLACEMENT 15 1/2 DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: safety meeting, Rigged up on W&W drilling Rig # 13, hooked up to circulate, mixed 175 sks com 390cc 290 gal, displaced with 15 1/2 bbl water, shut in, washed out pumps & lines, rigged down.

Cement did circulate
Approx 6 bbl top it

*Thank You
Kelley & crew*

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
54015	1	PUMP CHARGE	1085.00	1085.00
5406	40 mi	MILEAGE	5.00	200.00
1045	175 sks	class A cement	17.65	3088.75
1102	494 #	Calcium Chloride	.89	439.66
1183	320 #	Bentonite	.25	82.25
5407A	8.23	Ton mileage	1.67	549.60
				5445.26
		<u>Lead 10970</u>		544.53
				4900.73
		SALES TAX		220.98
		ESTIMATED TOTAL		5121.71

Rev'd 3/7/7
10:30 PM [Signature]
AUTHORIZATION _____ TITLE [Signature] DATE 8-13-12

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

252023.



TICKET NUMBER 37132
 LOCATION Oakley KS
 FOREMAN Miles Shaw
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
8-20-12	2582	Wilkes #1-20	20	11S	22W	Trego
CUSTOMER <u>Challa Production</u>						
MAILING ADDRESS						
CITY						
STATE						
ZIP CODE						
TRUCK #	DRIVER	TRUCK #	DRIVER			
4507118	Serry Y					
526	Wosf					
527227	Jordan L					

JOB TYPE DV production HOLE SIZE 7 7/8 HOLE DEPTH 3961' CASING SIZE & WEIGHT 5 1/2" 17#
 CASING DEPTH 3960.02 DRILL PIPE _____ TUBING _____ OTHER DU Tool @ 1739'
 SLURRY WEIGHT 14.2/12.5 SLURRY VOL 1166/181 WATER gal/sk _____ CEMENT LEFT in CASING 11.53'
 DISPLACEMENT 92665/41 DISPLACEMENT PSI 507 MIX PSI 8000/150 RATE _____

REMARKS: Safety markings and rig up on Wldrilling rig #12 Run casing & float equipment Turbo combiner @ 1, 3, 5, 7, 9, 11, 13, 55 basket on bottom of 56 DU Tool top of 56. Run rest of casing to bottom. Circulate casing on bottom 1hr. Pump 500 gal/mud flush mix (20 sks OWC with 5# Kalsol) cleared pump & lines released plug displaced 50 bbls water & 42 bbls mud scoops lift plug landed @ 1000psi and held. Drapped burst and opened tool. Circulate for 2hrs, mix 300sks Rd + 370 sks down hole of 60/40 P&S 14# Kalsol cleaned pump & lines displaced 41 bbls water plug landed @ 1500psi and held
Cement did circulate Thank Miles & crew

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401C	1	PUMP CHARGE	3020. ⁰⁰	3020. ⁰⁰
5406	40	MILEAGE	5. ⁰⁰	200. ⁰⁰
5407A	25 Tons	Ton mileage delivery	1.67	1670. ⁰⁰
1126	150 sks	OWC	22.55	3382.50
1110A	750 #	Kalsol	.54	405. ⁰⁰
1131	400 sks	60/40 puz mix cement	15.10	6040. ⁰⁰
118B	2750 #	Berkute gel	.25	687.50
1107	100 #	Phys cal	2.82	282. ⁰⁰
4136	8	Turbulizer 5 1/2"	72. ⁰⁰	576. ⁰⁰
4104	1	5 1/2" Basket	276. ⁰⁰	276. ⁰⁰
4159	1	5 1/2" Candy shoe float / AFU	413. ⁰⁰	413. ⁰⁰
4283	1	5 1/2" DV / Latchdown	5850. ⁰⁰	5850. ⁰⁰
		Subtotal		20817.50
		loss/discount		2081.75
		Subtotal		18735.75
		SALES TAX		974.76
		ESTIMATED TOTAL		19710.51

Revin 3737

AUTHORIZATION [Signature] TITLE Agent DATE 8-20-12

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.

252219

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
Thomas E. Wright, Commissioner
Shari Feist Albrecht, Commissioner

Sam Brownback, Governor

November 08, 2012

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

Re: ACO1
API 15-195-22801-00-00
Nilhas 1-20
NW/4 Sec.20-11S-22W
Trego 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