Confidentiality Requested: Yes No

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

1100384

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 #	API No. 15
Name:	Spot Description:
Address 1:	
Address 2:	Feet from Dorth / South Line of Section
City: State: Zip:+	Feet from Deast / West Line of Section
Contact Person:	Footages Calculated from Nearest Outside Section Corner:
Phone: ()	
CONTRACTOR: License #	GPS Location: Lat:, Long:
Name:	(e.g. xx.xxxxx) (e.gxxx.xxxxx)
Wellsite Geologist:	Datum: NAD27 NAD83 WGS84
Purchaser:	County:
Designate Type of Completion:	Lease Name: Well #:
New Well Re-Entry Workover	Field Name:
	Producing Formation:
	Elevation: Ground: Kelly Bushing:
Gas D&A ENHR SIGW	Total Vertical Depth: Plug Back Total Depth:
OG GSW Temp. Abd. CM (Coal Bed Methane)	Amount of Surface Pipe Set and Cemented at: Feet
Cathodic Other (Core, Expl., etc.):	Multiple Stage Cementing Collar Used? Yes No
If Workover/Re-entry: Old Well Info as follows:	If yes, show depth set: Feet
Operator:	If Alternate II completion, cement circulated from:
Well Name:	feet depth to:w/sx cmt.
Original Comp. Date: Original Total Depth:	
Deepening Re-perf. Conv. to ENHR Conv. to SWD	Drilling Fluid Management Plan
Plug Back Conv. to GSW Conv. to Producer	(Data must be collected from the Reserve Pit)
	Chloride content: ppm Fluid volume: bbls
Commingled Permit #:	Dewatering method used:
Dual Completion Permit #: SWD Permit #:	Location of fluid disposal if bould offsite.
ENHR Permit #:	Location of fluid disposal if hauled offsite:
GSW Permit #:	Operator Name:
	Lease Name: License #:
Spud Date or Date Reached TD Completion Date or	Quarter Sec Twp S. R East _ West
Recompletion Date Reached TD Recompletion Date Recompletion Date	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:

	Page Two	1100384
Operator Name:	Lease Name:	Well #:
Sec TwpS. 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 (Attach Additional Sh		Yes No	L	og Formatio	on (Top), Depth and	d Datum	Sample
Samples Sent to Geolog	,	Yes No	Nam	е		Тор	Datum
Cores Taken Electric Log Run		☐ Yes ☐ No ☐ Yes ☐ No					
List All E. Logs Run:							
		CASING Report all strings set-c	RECORD Ne		on, 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 / SQL	JEEZE RECORD			
Purpose: Perforate	Depth Top Bottom	Type of Cement	# Sacks Used		Type and Pe	ercent Additives	
Protect Casing							
Plug Off Zone							
Did you perform a hydraulio	0			Yes		o questions 2 an	d 3)
		raulic fracturing treatment ex n submitted to the chemical of				o question 3) out Page Three	of the ACO-1)
	252502 47		0.17				

Shots Per Foot				RD - Bridge Plug Each Interval Per		e		Acid, Fracture, Shot, Co (Amount and Kind	of Material Used)	Depth
TUBING RECORD:	Siz	26:	Set At	:	Packer	r At:	Liner R		No	
Date of First, Resumed	Producti	on, SWD or ENHF	ł.	Producing Meth	iod:	oing	Gas Lift	Other (Explain)		
Estimated Production Per 24 Hours		Oil Bb	ls.	Gas	Mcf	Wate	er	Bbls.	Gas-Oil Ratio	Gravity
DISPOSIT	ON OF G	AS:			_				PRODUCTION IN	TERVAL:
Vented Sole		Jsed on Lease - <i>18.)</i>		Open Hole	Perf.	Uually (Submit A	,	Commingled (Submit ACO-4)		



APPPOX 6001 topit

LOCATION Oakley K

FOREMAN Kelly Gabel

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

CEMENT COUNTY DATE CUSTOMER # WELL NAME & NUMBER SECTION TOWNSHIP RANGE 8-13-12 2582 20 has 1-20 21 22 [rear CUSTOMER Wakegne holla Product Ra H 300 DRIVER TRUCK # DRIVER MAILING ADDRESS 399 Damon 39. EtoRa 566 Jordon L 300 CITY STATE ZIP CODE 4N Et SEint 1214 JOB TYPE Suiface HOLE SIZE HOLE DEPTH 26.3 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 15/2 DISPLACEMENT PSI MIX PSI RATE meeting. Rigged up on wak drilling Right REMARKS: 505 up to circulat xed 1 15 sks com 320 CC 290 151/2 bb way -in, Woshed shut nut Dum hes, rigge down

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252023.

- H.			Thank to	gion
ACCOUNT	QUANITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
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5406	40 mi	MILEAGE	500	2000
1045	175.566	closs A cement	1765	338875
1102	x1941#	Calcium c'hloride	189	43960
11183	320#	Bentonite	.25	8235
5407 A	8.23	Ton mileage	1.67	549.0
×	-			
				54452
		Less/	090	54453
				4900,73
whn 3737	0.010		SALES TAX	220.98
10:30 P	M/ MA	TITLE I douden	ESTIMATED TOTAL	5121.71

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

C C	DNSOLIDATED	<u> </u>		LOCATION	Chil	132
	II Well Bervices, LLC 9			FOREMAN	missi	as
Box 884 Ch	anute, KS 66720 FI	ELD TICKET & TRE	ATMENT REP		Walt Di	rkel
	r 800-467-8676	CEME		JILL	which of	1/5
DATE		ELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
8-20-12	2582 Wilhes	#1-20	20	115	220	Treso
STOMER					State Barris	02011
LING ADDRES	olla Production		TRUCK #	DRIVER	TRUCK #	DRIVER
LING ADDRES	30		450 7118	Serry Y	-	-
Y	STATE	ZIP CODE	546	West 1		
	o rais		54747	Jerden L	-	
B TYPE DI	1 And the HOLE OFF	7 1/1 HOLE DEE	PTH 3961'	040000		11 1-16
	2940, G2 DRILL PIPE	TUBING	-in_3/0/	CASING SIZE &	Contraction of the second second	
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PLACEMENT	Anill I.		al/sk	CEMENT LEFT I	n CASING_/L	23
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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