



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: _____



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 |
|---|---|

| 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 |
|-----------------------------------|-----------|---------|-------------|---------------|---------|

| | | |
|---|--|--|
| 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> _____ <input type="checkbox"/> Other <i>(Specify)</i> _____ | PRODUCTION INTERVAL: _____ _____ |
|---|--|--|

| | |
|-----------|------------------------|
| Form | ACO1 - Well Completion |
| Operator | Cholla Production, LLC |
| Well Name | Seltmann 1-24 |
| Doc ID | 1124337 |

All Electric Logs Run

| |
|---------------------|
| |
| DUAL INDUCTION |
| DUAL COMP POROSITY |
| MICRO |
| BOREHOLE COMP SONIC |



CONSOLIDATED
Oil Well Services, LLC

TICKET NUMBER 33966
LOCATION O-Hay
FOREMAN Fuzzy

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

FIELD TICKET & TREATMENT REPORT
CEMENT

KS

| DATE | CUSTOMER # | WELL NAME & NUMBER | SECTION | TOWNSHIP | RANGE | COUNTY |
|--------------------------------|------------|--------------------|---------------|----------|----------|--------|
| 6-4-12 | 2582 | Seltman 1-24 | 24 | 19 | 20 | Rush |
| CUSTOMER Cholla Productions | | | NeKoma | | | |
| MAILING ADDRESS | | | TRUCK # | DRIVER | TRUCK # | DRIVER |
| CITY | | | 2w- R2 160 | 463 | Cory D | |
| STATE | | | 5-R2W | 528-T127 | Thomas B | |
| ZIP CODE | | | 3/4 W | | | |
| | | | 1/2 W | | | |
| | | | 2-1/2 | | | |

JOB TYPE Surface HOLE SIZE 12 1/4 HOLE DEPTH 604 CASING SIZE & WEIGHT 8 5/8
CASING DEPTH 604 DRILL PIPE _____ TUBING _____ OTHER _____
SLURRY WEIGHT 12.5-14.7 SLURRY VOL 1.87-1.36 WATER gal/sk _____ CEMENT LEFT in CASING 42 1/2
DISPLACEMENT 35.7 DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety meeting on W-W #12 run up and circulate
Cont - middle of shoe JT Top JT #6. Mix 200 sacks 65/35 690 gal
390cc 1/4" Flo-seal Tail with 150 Com 390cc, 290 gal. Drop plug
and displace 35 3/4 to Baffle Plate. 300' lift land @ 500' Cement
did circulate approx 25 BBL to pit.

| ACCOUNT CODE | QUANTITY or UNITS | DESCRIPTION of SERVICES or PRODUCT | UNIT PRICE | TOTAL |
|--------------|-------------------|------------------------------------|------------|---------|
| 5401 | 1 | PUMP CHARGE | 1325.00 | 1325.00 |
| 5406 | 30 | MILEAGE | 5.00 | 150.00 |
| 5407 | 15.7 ton | Ton mileage Delivery | 167 | 786.57 |
| 11045 | 150 | Class A cement | 17.65 | 2647.50 |
| 1127A | 200 | 65/35 pos | 15.20 | 3040.00 |
| 1102 | 945# | Calcium chloride | 1.89 | 841.05 |
| 1118B | 1326# | Bentonite | 1.25 | 331.50 |
| 1107 | 50# | Flo-seal | 2.82 | 141.00 |
| 4432 | 1 | 8 5/8 plus | 96.00 | 96.00 |
| 4132 | 2 | 8 5/8 - Centralizers | 82.00 | 164.00 |
| 4232 | 1 | 8 5/8 - Baffle Plate | 110.00 | 110.00 |
| | | Subtotal | | 9632.62 |
| | | less 1090 | | 963.27 |
| | | Subtotal | | 8669.35 |
| | | SALES TAX | | 417.93 |

COMPLETED

Revin 3737

AUTHORIZATION [Signature] TITLE 250306 DATE 6-6-12
ESTIMATED TOTAL 9087.28

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.



TRILOBITE TESTING, INC.

DRILL STEM TEST REPORT

Cholla Productions, LLC

24-19-20

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

Seltman 1-24

Job Ticket: 47144

DST#: 1

ATTN: Clayton Erickson

Test Start: 2012.06.10 @ 11:05:27

GENERAL INFORMATION:

Formation: **Cherokee Sand**

Deviated: No Whipstock: ft (KB)

Time Tool Opened: 13:22:57

Time Test Ended: 17:21:27

Test Type: Conventional Bottom Hole (Initial)

Tester: Brian Fairbank

Unit No: 41

Interval: **4182.00 ft (KB) To 4229.00 ft (KB) (TVD)**

Reference Elevations: 2180.00 ft (KB)

Total Depth: 4299.00 ft (KB) (TVD)

2172.00 ft (CF)

Hole Diameter: 7.88 inches Hole Condition: Good

KB to GR/CF: 8.00 ft

Serial #: 6752

Inside

Press @ Run Depth: 278.25 psig @ 4221.00 ft (KB)

Capacity: 8000.00 psig

Start Date: 2012.06.10

End Date:

2012.06.10

Last Calib.:

2012.06.10

Start Time: 11:05:28

End Time:

17:21:27

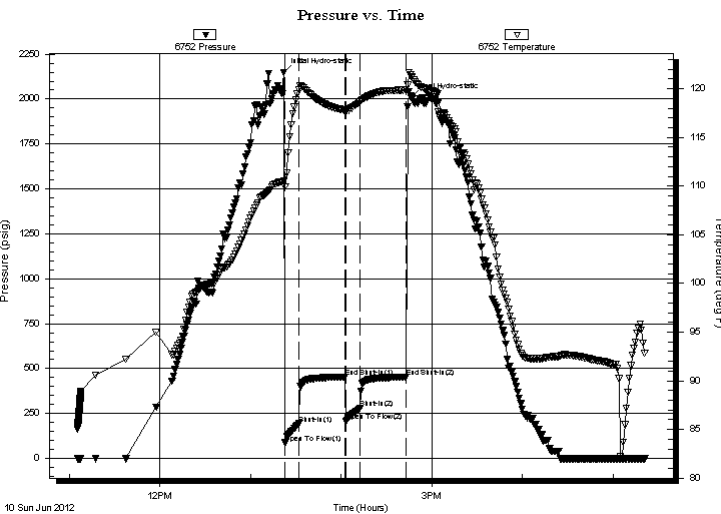
Time On Btm:

2012.06.10 @ 13:21:57

Time Off Btm:

2012.06.10 @ 14:46:27

TEST COMMENT: IFP - BOB 3 min
ISI - no blow back
FFP - BOB 4 1/2 min
FSI - no blow back



PRESSURE SUMMARY

| Time (Min.) | Pressure (psig) | Temp (deg F) | Annotation |
|-------------|-----------------|--------------|----------------------|
| 0 | 2148.34 | 110.49 | Initial Hydro-static |
| 1 | 86.58 | 109.93 | Open To Flow (1) |
| 10 | 193.16 | 119.91 | Shut-In(1) |
| 41 | 453.73 | 117.77 | End Shut-In(1) |
| 41 | 205.22 | 117.64 | Open To Flow (2) |
| 51 | 278.25 | 118.66 | Shut-In(2) |
| 81 | 452.99 | 119.88 | End Shut-In(2) |
| 85 | 2007.91 | 121.28 | Final Hydro-static |

Recovery

| Length (ft) | Description | Volume (bbl) |
|-------------|---------------|--------------|
| 185.00 | MW 80%W, 20%M | 1.48 |
| 155.00 | WM 40%W, 60%M | 2.17 |
| 210.00 | MUD 100% | 2.95 |
| | | |
| | | |

Gas Rates

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



**TRILOBITE
TESTING, INC.**

DRILL STEM TEST REPORT

FLUID SUMMARY

Cholla Productions, LLC

24-19-20

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

Seltman 1-24

Job Ticket: 47144

DST#: 1

ATTN: Clayton Erickson

Test Start: 2012.06.10 @ 11:05:27

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:

32000 ppm

Viscosity: 60.00 sec/qt

Cushion Volume:

bbbl

Water Loss: 7.80 in³

Gas Cushion Type:

Resistivity: ohm.m

Gas Cushion Pressure:

psig

Salinity: 5300.00 ppm

Filter Cake: inches

Recovery Information

Recovery Table

| Length ft | Description | Volume bbbl |
|--------------|---------------|----------------|
| 185.00 | MW 80%W, 20%M | 1.484 |
| 155.00 | WM 40%W, 60%M | 2.174 |
| 210.00 | MUD 100% | 2.946 |

Total Length: 550.00 ft

Total Volume: 6.604 bbl

Num Fluid Samples: 0

Num Gas Bombs: 0

Serial #:

Laboratory Name:

Laboratory Location:

Recovery Comments:

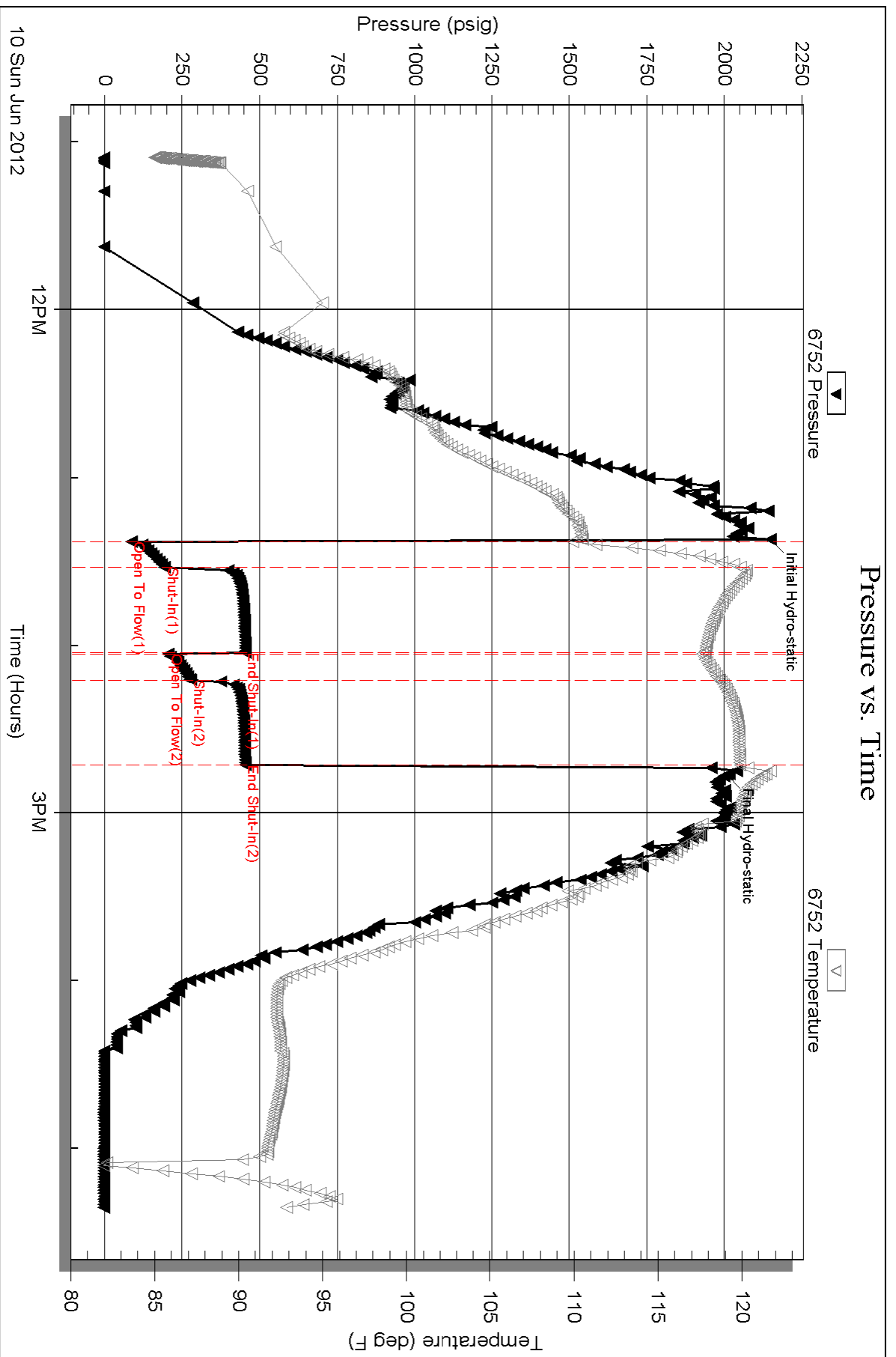
Serial #: 6752

Inside

Cholla Productions, LLC

Sellman 1-24

DST Test Number: 1



Serial #: 6741

Outside Cholla Productions, LLC

Sellman 1-24

DST Test Number: 1

