



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1129418
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: _____



1129418

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: 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> _____ <i>(Submit ACO-4)</i>	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	Cholla Production, LLC
Well Name	Patterson 1-8
Doc ID	1129418

All Electric Logs Run

MICRO
Sonic Cement Bond
Dual Induction
Dual Comp Porosity



CONSOLIDATED
Oil Well Services, LLC

TICKET NUMBER 39177
LOCATION Oakley, KS
FOREMAN Kelly Gabel

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
11-27-12	2592	Patterson 1-8	8	115	22W	Trego KS
CUSTOMER			TRUCK #	DRIVER	TRUCK #	DRIVER
Mailing Address			599	Timko		
CITY			2160	Travis W		
STATE						
ZIP CODE						

Jokone
N to Rd
H east
to Rd 300
N to Rd
C 25 N
1170

JOB TYPE Surface HOLE SIZE 12 1/4 HOLE DEPTH 260 CASING SIZE & WEIGHT 8 5/8 24 #
 CASING DEPTH 265 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 148 SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT 15 1/2 DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: safety meeting, rigged upon W to W Rig 8, hooked up to circulate mixed 175 SKS Com 3% CC 2% gel. Displaced with 15 1/2 bbl water, shut in

Cement did circulate

Approx 5 bbl to pit

*Thank You
Kelly Gabel*

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
11045	175 SKS	class 4 cement	17.65	3088.75
1102	49.3 #	calcium chloride	1.89	439.77
11183	329 #	Bentonite	1.25	823.5
5407A	8.22	Ton mileage delivery	167	549.20
1111	100 #	3914		NC

completed

5443.92
Less 1000 disc
5444.0
41899.57

SALES TAX 220.92
ESTIMATED TOTAL 5120.49

Revin 3737

10:00 PM

AUTHORIZATION _____ TITLE _____ DATE 11-27-12

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.

254901



CONSOLIDATED
Oil Well Services, LLC

TICKET NUMBER 39180
LOCATION Oakley, KS
FOREMAN Kelly Gabe
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
12-4-12	2582	Patterson 1-8	8	115	220	rego KS
CUSTOMER <u>Cholla Prod</u>			TRUCK # DRIVER TRUCK # DRIVER			
MAILING ADDRESS			TRUCK # DRIVER TRUCK # DRIVER			
CITY STATE ZIP CODE			TRUCK # DRIVER TRUCK # DRIVER			

JOB TYPE 2-stage HOLE SIZE 7 7/8 HOLE DEPTH 3863' CASING SIZE & WEIGHT 5 1/2 15.5#
CASING DEPTH 3861 DRILL PIPE _____ TUBING DV Top #55 OTHER DV @ 1613
SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 31' (shoe)
DISPLACEMENT _____ DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety meeting ran float equip on 1, 3, 5, 7, 9, 11, 13, 54, Basket bottom #55, DV top #55 ran 9415 to bottom, hooked up & circulated 1 hr, pumped 5 bbl water, mud flush 5 bbl water, 150 sks OWC 5# Kal-seal, washed out pump lines, released plug & displaced with 50 bbl water 40 bbl mud with lift of 500# plug landed @ 1300ft, dropped DV Bomb, opened tool & circulated for 2 hrs, mixed 30 sks BH, mixed 320 sks 60/40 Poz 8 3/4 1/2# Flo-seal, washed out pump lines, released plug & displaced with 37 bbl water, lift 500# plug landed @ 1500ft, released pressure float held cement did circulate Approx 200 bbl top it. Thank you Kelly & crew

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401C	1	PUMP CHARGE	3020.00	3020.00
5406	40 mi	MILEAGE	5.00	200.00
1126	150	OWC	22.55	3382.50
1110A	750 #	Kal-seal	.56	420.00
1131	400	60/40 Poz	15.10	6040.00
1118B	2752 #	Bentonite	.25	688.00
1107	100 #	Flo-seal	2.82	282.00
5407A	24.25	Ten mileage delivery	1.67	1620.00
11446	500 gal	mud-flush	1.00	500.00
41136	8	5 1/2 turbolizer (I)	72.00	576.00
41104	1	5 1/2 Basket (I)	276.00	276.00
41159	1	5 1/2 AFU float shoe (I)	413.00	413.00
4283	1	5 1/2 DV / latch down	3850.00	3850.00
1111	160 #	soil		NC
				21,267.50
		2-10920 disc		2,126.75
				1940.25
		SALES TAX		1005.36

Rawin 3737
3:30 AM 12-5-12
AUTHORIZATION [Signature] TITLE Agent
ESTIMATED TOTAL 20146.11
DATE 12-5-12

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.

255077



Well Enhancement Services, LLC

K 21506 # K1600
9330

Invoice # 434

December 31, 2012

Cholla Productions, LLC
7851 S. Elati St., Ste. 201
Littleton, CO 80120

Re: Patterson 1-8
8-11S-22W

1 lateral jetted 500' W @ 3788' w/ 500 gallons acid
1 lateral jetted 500' SW @ 3793' w/ 500 gallons acid
1 lateral jetted 500' NW @ 3793' w/ 500 gallons acid

Lateral Bid Price

Please remit payment within 30 days. Thank you.



**TRILOBITE
TESTING, INC.**

DRILL STEM TEST REPORT

Cholla Production LLC
7851 S. Elatin ST STE 201
Littleton CO, 80120
ATTN: Bill Guff

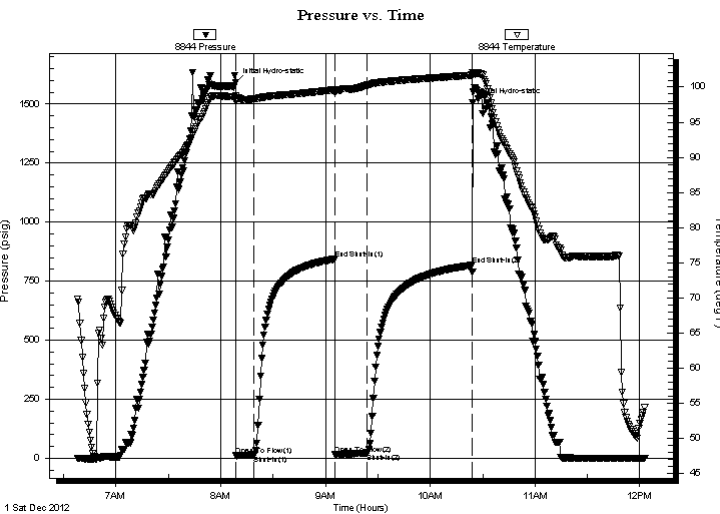
8-11s-22w Trego KS
Patterson 1-8
Job Ticket: 51560 **DST#: 1**
Test Start: 2012.12.01 @ 06:38:00

GENERAL INFORMATION:

Formation: **Topeka**
Deviated: No Whipstock: ft (KB)
Time Tool Opened: 08:08:40
Time Test Ended: 12:03:20
Interval: **3298.00 ft (KB) To 3330.00 ft (KB) (TVD)**
Total Depth: 3330.00 ft (KB) (TVD)
Hole Diameter: 7.88 inches Hole Condition: Fair
Test Type: Conventional Bottom Hole (Initial)
Tester: Cody Bloedorn
Unit No: 39
Reference Elevations: 2203.00 ft (KB)
2198.00 ft (CF)
KB to GR/CF: 5.00 ft

Serial #: 8844 Outside
Press @ Run Depth: 20.78 psig @ 3299.00 ft (KB) Capacity: 8000.00 psig
Start Date: 2012.12.01 End Date: 2012.12.01 Last Calib.: 2012.12.01
Start Time: 06:38:05 End Time: 12:03:20 Time On Btm: 2012.12.01 @ 08:08:35
Time Off Btm: 2012.12.01 @ 10:24:15

TEST COMMENT: 10 - IF- Surface blow
45 - IS- No blow back
20 - FF- No blow
60 - FS- No blow back



PRESSURE SUMMARY

Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	1590.81	98.72	Initial Hydro-static
1	10.89	97.88	Open To Flow (1)
11	14.27	98.32	Shut-In(1)
57	843.52	99.60	End Shut-In(1)
57	16.77	99.13	Open To Flow (2)
76	20.78	100.25	Shut-In(2)
136	817.72	101.69	End Shut-In(2)
136	1505.95	102.09	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
10.00	Mud, With Oil spots, 100%M	0.05

Gas Rates

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



**TRILOBITE
TESTING, INC.**

DRILL STEM TEST REPORT

FLUID SUMMARY

Cholla Production LLC

8-11s-22w Trego KS

7851 S. Elatin ST STE 201
Littleton CO, 80120

Patterson 1-8

Job Ticket: 51560

DST#: 1

ATTN: Bill Guff

Test Start: 2012.12.01 @ 06:38:00

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: 58.00 sec/qt

Cushion Volume:

bbbl

Water Loss: 7.20 in³

Gas Cushion Type:

Resistivity: ohm.m

Gas Cushion Pressure:

psig

Salinity: 2500.00 ppm

Filter Cake: inches

Recovery Information

Recovery Table

Length ft	Description	Volume bbl
10.00	Mud, With Oil spots, 100%M	0.049

Total Length: 10.00 ft Total Volume: 0.049 bbl

Num Fluid Samples: 0

Num Gas Bombs: 0

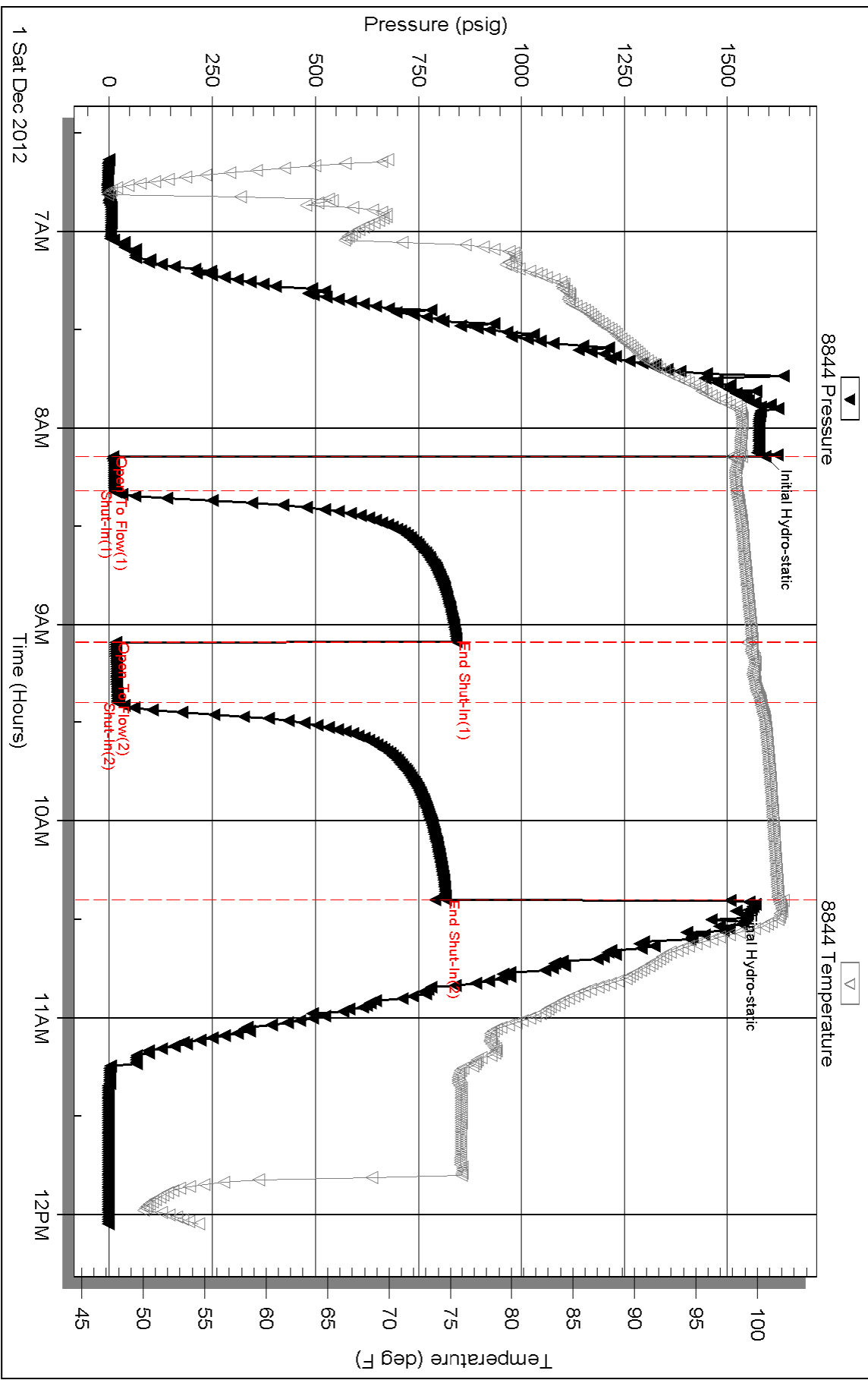
Serial #:

Laboratory Name:

Laboratory Location:

Recovery Comments: Sampler:

Pressure vs. Time



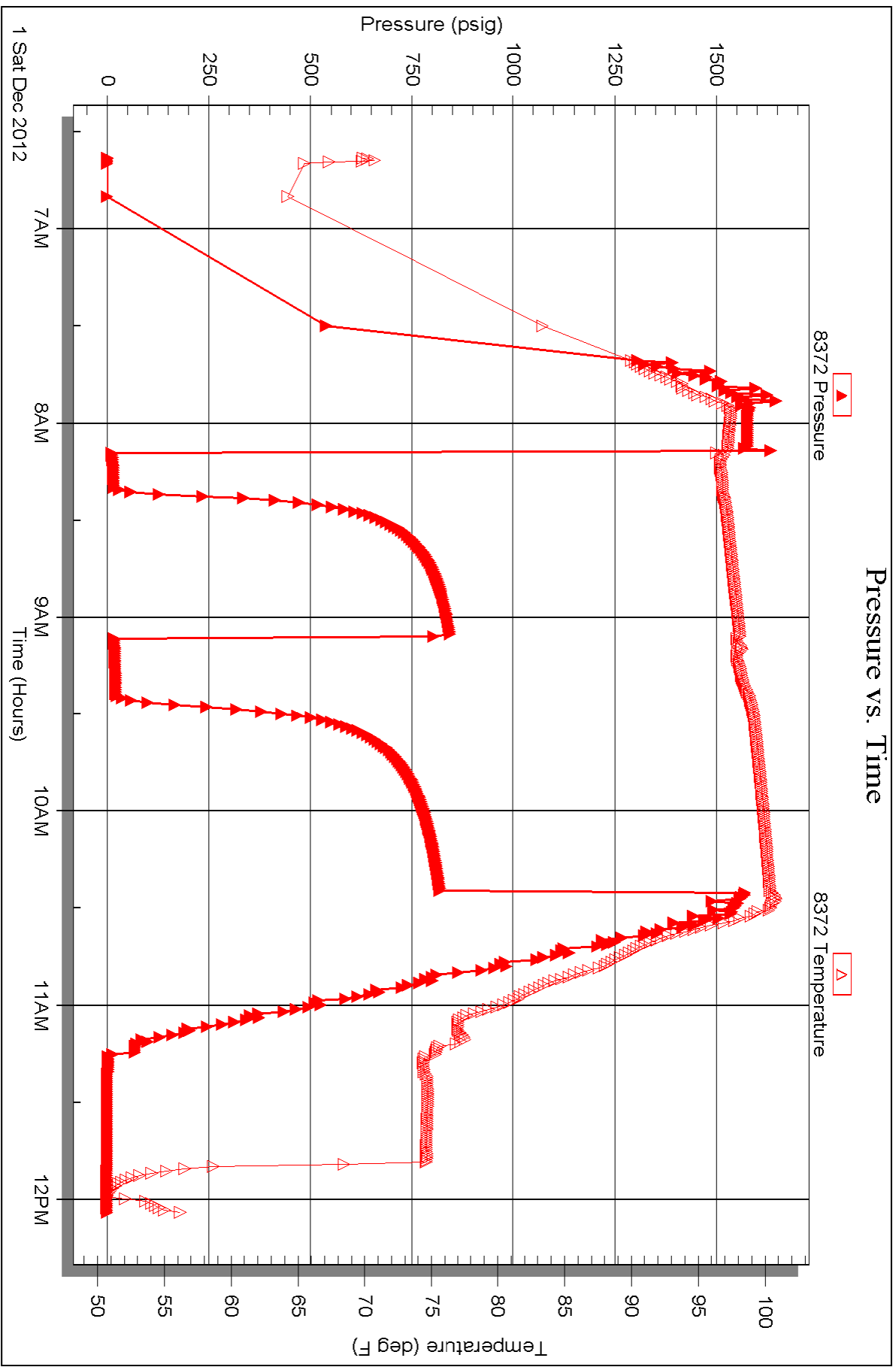
Serial #: 8372

Inside

Cholla Production LLC

Patterson 1-8

DST Test Number: 1





TRILOBITE TESTING, INC.

DRILL STEM TEST REPORT

Cholla Production LLC
 7851 S. Elatin ST STE 201
 Littleton CO, 80120
 ATTN: Bill Guff

8-11s-22w Trego KS
Patterson 1-8
 Job Ticket: 51561 **DST#: 2**
 Test Start: 2012.12.02 @ 03:06:00

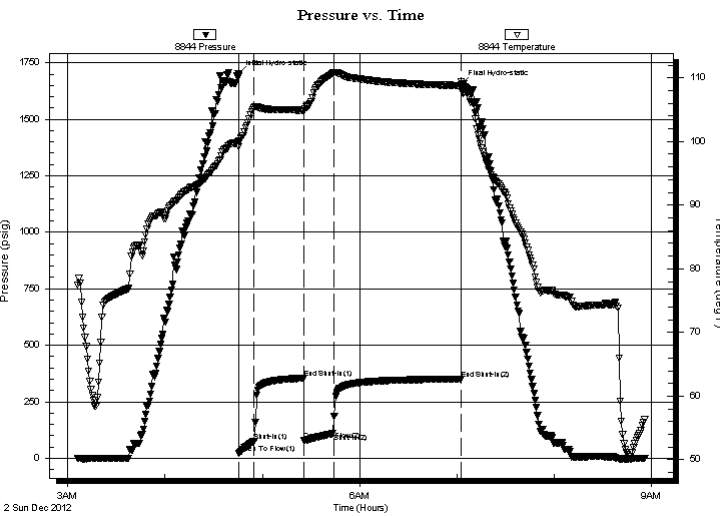
GENERAL INFORMATION:

Formation: **Lansing "C"**
 Deviated: No Whipstock: ft (KB)
 Time Tool Opened: 04:45:15
 Time Test Ended: 08:55:39
 Interval: **3475.00 ft (KB) To 3500.00 ft (KB) (TVD)**
 Total Depth: 3500.00 ft (KB) (TVD)
 Hole Diameter: 7.88 inches Hole Condition: Fair
 Test Type: Conventional Bottom Hole (Reset)
 Tester: Cody Bloedorn
 Unit No: 39
 Reference Elevations: 2203.00 ft (KB)
 2198.00 ft (CF)
 KB to GR/CF: 5.00 ft

Serial #: 8844 Outside

Press @ Run Depth: 109.70 psig @ 3476.00 ft (KB)
 Start Date: 2012.12.02 End Date: 2012.12.02
 Start Time: 03:06:05 End Time: 08:55:39
 Capacity: 8000.00 psig
 Last Calib.: 2012.12.02
 Time On Btm: 2012.12.02 @ 04:45:10
 Time Off Btm: 2012.12.02 @ 07:02:30

TEST COMMENT: 10 - IF- B.O.B. in 2 Minutes
 30 - IS- No blow back
 20 - FF- B.O.B. in 5 Minutes
 60 - FS- No blow back



PRESSURE SUMMARY

Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	1699.90	99.99	Initial Hydro-static
1	22.75	99.13	Open To Flow (1)
10	75.39	105.26	Shut-In(1)
41	354.03	104.86	End Shut-In(1)
41	77.68	104.73	Open To Flow (2)
59	109.70	110.77	Shut-In(2)
138	351.31	108.79	End Shut-In(2)
138	1651.59	109.35	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
186.00	WM, 40%W, 60%M	1.48
10.00	Mud, 100%M	0.14

* Recovery from multiple tests

Gas Rates

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



**TRILOBITE
TESTING, INC.**

DRILL STEM TEST REPORT

FLUID SUMMARY

Cholla Production LLC

8-11s-22w Trego KS

7851 S. Elatin ST STE 201
Littleton CO, 80120

Patterson 1-8

Job Ticket: 51561

DST#: 2

ATTN: Bill Guff

Test Start: 2012.12.02 @ 03:06:00

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: 58.00 sec/qt

Cushion Volume:

bbbl

Water Loss: 7.19 in³

Gas Cushion Type:

Resistivity: ohm.m

Gas Cushion Pressure:

psig

Salinity: 2500.00 ppm

Filter Cake: inches

Recovery Information

Recovery Table

Length ft	Description	Volume bbbl
186.00	WM, 40%W, 60%M	1.480
10.00	Mud, 100%M	0.140

Total Length: 196.00 ft

Total Volume: 1.620 bbl

Num Fluid Samples: 0

Num Gas Bombs: 0

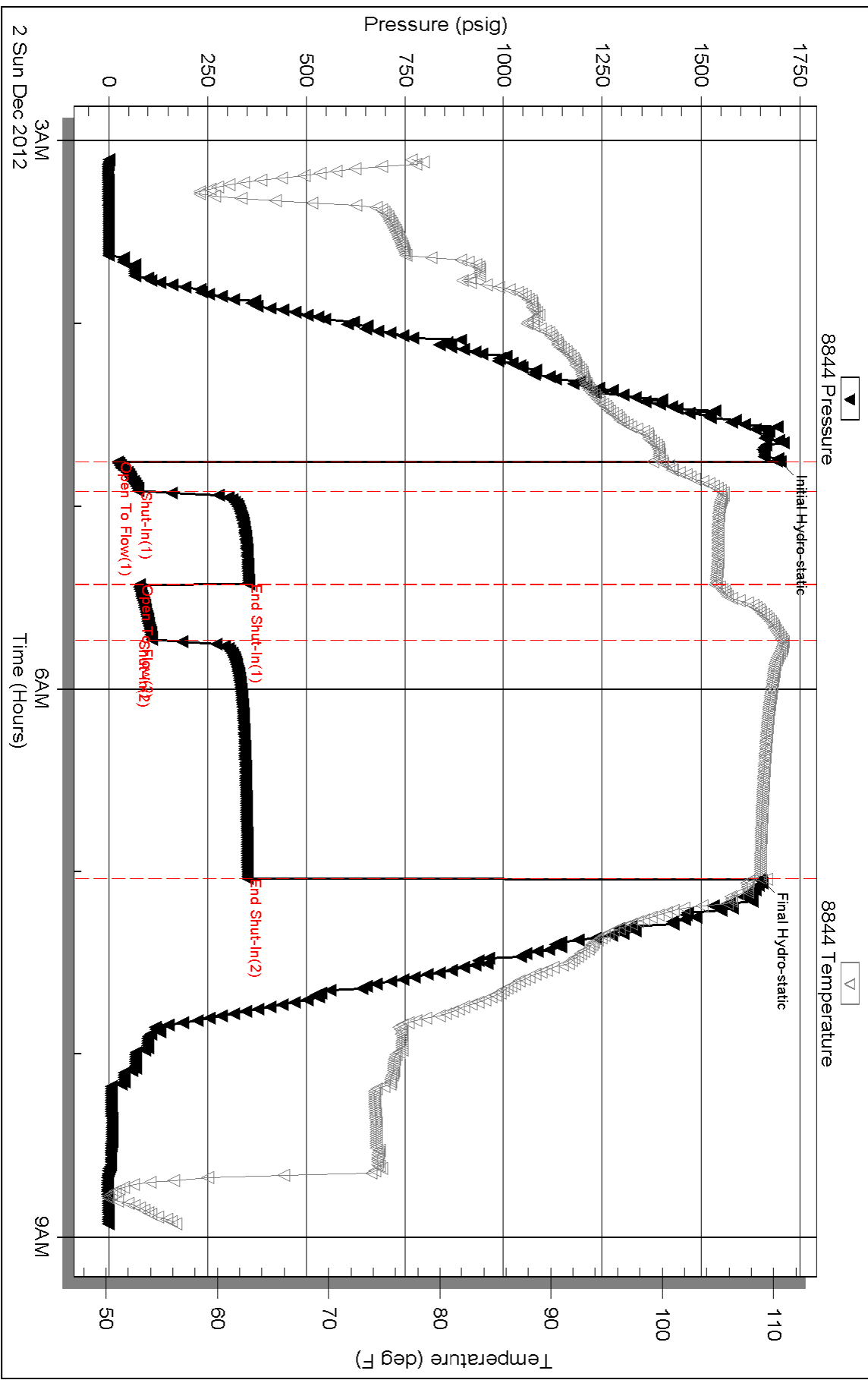
Serial #:

Laboratory Name:

Laboratory Location:

Recovery Comments:

Pressure vs. Time





TRILOBITE TESTING, INC

DRILL STEM TEST REPORT

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

8-11s-22w Trego KS
Patterson 1-8
 Job Ticket: 51562 **DST#: 3**
 Test Start: 2012.12.03 @ 12:16:00

GENERAL INFORMATION:

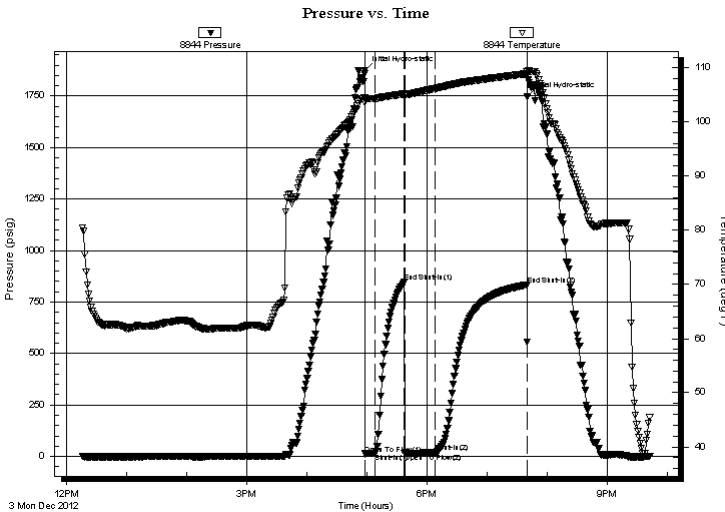
Formation: **Marmaton**
 Deviated: No Whipstock: ft (KB)
 Time Tool Opened: 16:57:54
 Time Test Ended: 21:42:04
 Interval: **3778.00 ft (KB) To 3815.00 ft (KB) (TVD)**
 Total Depth: 3815.00 ft (KB) (TVD)
 Hole Diameter: 7.88 inches Hole Condition: Fair
 Test Type: Conventional Bottom Hole (Reset)
 Tester: Cody Bloedorn
 Unit No: 39
 Reference Elevations: 2203.00 ft (KB)
 2198.00 ft (CF)
 KB to GR/CF: 5.00 ft

Serial #: 8844 Outside

Press @ Run Depth: 17.88 psig @ 3779.00 ft (KB) Capacity: 8000.00 psig
 Start Date: 2012.12.03 End Date: 2012.12.03 Last Calib.: 2012.12.03
 Start Time: 12:16:05 End Time: 21:42:05 Time On Btm: 2012.12.03 @ 16:57:50
 Time Off Btm: 2012.12.03 @ 19:39:30

TEST COMMENT: 10 - IF- 1/4" blow
 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	1875.05	104.56	Initial Hydro-static
1	12.31	103.55	Open To Flow (1)
10	15.02	104.34	Shut-In(1)
40	845.50	105.22	End Shut-In(1)
40	16.14	104.78	Open To Flow (2)
71	17.88	106.19	Shut-In(2)
162	831.54	108.93	End Shut-In(2)
162	1745.78	109.38	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
2.00	HOCM, 40%O, 60%M	0.01
10.00	Mud, w ith oil spots, 100%M	0.05

* Recovery from multiple tests

Gas Rates

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



**TRILOBITE
TESTING, INC**

DRILL STEM TEST REPORT

FLUID SUMMARY

Cholla Production LLC

8-11s-22w Trego KS

7851 S. Elatin ST STE 201
Littleton CO, 80120

Patterson 1-8

Job Ticket: 51562

DST#: 3

ATTN: Bill Goff

Test Start: 2012.12.03 @ 12:16:00

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: 48.00 sec/qt	Cushion Volume: bbl		
Water Loss: 7.99 in ³	Gas Cushion Type:		
Resistivity: ohm.m	Gas Cushion Pressure: psig		
Salinity: 2600.00 ppm			
Filter Cake: inches			

Recovery Information

Recovery Table

Length ft	Description	Volume bbl
2.00	HOCM, 40%O, 60%M	0.010
10.00	Mud, w ith oil spots, 100%M	0.049

Total Length: 12.00 ft Total Volume: 0.059 bbl

Num Fluid Samples: 0

Num Gas Bombs: 0

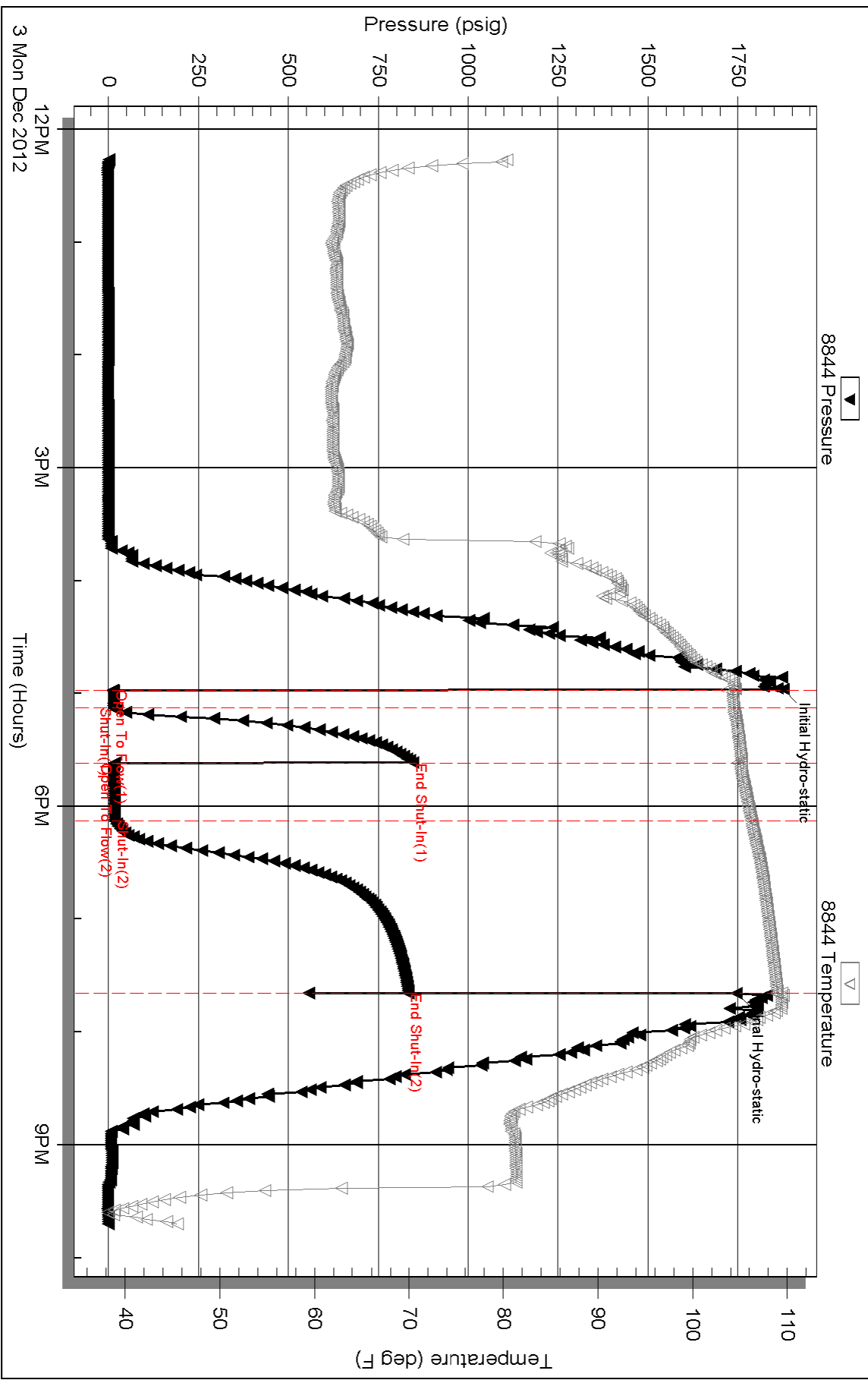
Serial #:

Laboratory Name:

Laboratory Location:

Recovery Comments:

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
Thomas E. Wright, Commissioner
Shari Feist Albrecht, Commissioner

Sam Brownback, Governor

March 28, 2013

Emily Hundley-Goff
Cholla Production, LLC
10390 BRADFORD RD.
SUITE 201
LITTLETON, CO 80127

Re: ACO1
API 15-195-22832-00-00
Patterson 1-8
SE/4 Sec.08-11S-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