



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1156743
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: _____



1156743

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
--	---

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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CONSOLIDATED
Oil Well Services, LLC

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

261835

TICKET NUMBER 44322
LOCATION OAKLEY KS.
FOREMAN WALT DINKEL
DAMON M. TRAINING

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
8-28-13	2582	SCHAMBERGER 1-3	3	11	23	TREGO
CUSTOMER CHOLLA PROD			WAKEENY N 7MI			
MAILING ADDRESS			E 1 MI			
CITY			N INTO			
STATE			TRUCK #	DRIVER	TRUCK #	DRIVER
ZIP CODE			399	DANE		
			397	JORDAN		
			RYDER	DJ		

JOB TYPE SURFACE HOLE SIZE 12 1/4 HOLE DEPTH 265 CASING SIZE & WEIGHT 8 5/8 24"
 CASING DEPTH 264 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 14.7 SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT IN CASING 20'
 DISPLACEMENT 15.5 DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: ~~SAFETY~~ SAFETY MEETING RIG UP ON WW12 CIRCULATE MIX 175 SKS
 380 CALCIUM 290 GEL DISPLACED W/ WATER 15 1/2 BAR SHUT IN WASHED
 UP @ RIGGED DOWN CEMENT DID CIRCULATE APPROX 2 BAR TO THE PIT

THANK YOU DAMON WALT CREW

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
54015	1	PUMP CHARGE		
5406	32	MILEAGE		
5407A	8.23	TON MILEAGE DELIVERY		
11045	175 SKS	CLASS A CEMENT		
1102	494 [#]	CALCIUM CHLORIDE		
1118B	329 [#]	BETONITE		

 completed

Revin 3737 AUTHORIZATION *[Signature]* TITLE Toil Fisher DATE 8-28-13

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.



PO Box 884, Chanute, KS 66720
820-431-9210 or 800-467-8878

TICKET NUMBER 38028
LOCATION Oakley, KS
FOREMAN Fuzz

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY												
9-4-13	2582	Schambercock 1-3	3	115	23W	Trego												
CUSTOMER Cholla Productions LLC			<table border="1"> <thead> <tr> <th>TRUCK #</th> <th>DRIVER</th> <th>TRUCK #</th> <th>DRIVER</th> </tr> </thead> <tbody> <tr> <td>463</td> <td>Cory D</td> <td></td> <td></td> </tr> <tr> <td>693</td> <td>Cody R</td> <td></td> <td></td> </tr> </tbody> </table>				TRUCK #	DRIVER	TRUCK #	DRIVER	463	Cory D			693	Cody R		
TRUCK #	DRIVER	TRUCK #	DRIVER															
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693	Cody R																	
MAILING ADDRESS			<table border="1"> <thead> <tr> <th>CITY</th> <th>STATE</th> <th>ZIP CODE</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>				CITY	STATE	ZIP CODE									
CITY	STATE	ZIP CODE																

JOB TYPE PTA HOLE SIZE 7 7/8 HOLE DEPTH 3960 CASING SIZE & WEIGHT _____
 CASING DEPTH _____ DRILL PIPE 4 1/2 TUBING _____ OTHER _____
 SLURRY WEIGHT 13.8 SLURRY VOL 1.42 WATER gal/sk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT _____ DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety meeting on w-w #12. Risup and plugs ordered

255 lbs @ 1830' 205 lbs 60/40 w/aged 11 1/2 lbs slurry
100 lbs @ 925'
40 lbs @ 300'
10 lbs @ 40' w/wiper plug
30 lbs RH

Thanks Fuzz & crew

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5405W	1	PUMP CHARGE		
5406	45	MILEAGE		
5407A	8.8 tow	Tow mileage Delivery		
1131	205 lbs	60/40 pos		
1118B	705 #	Bentonite		
1107	51 #	Slurry		
4432	1	8 5/8 wood cup plug		
		subtotal		
		less 10.90		
		subtotal		

Rev 9/3/13

AUTHORIZATION [Signature]

TITLE Toolpusher

ESTIMATED TOTAL DATE 9-9-13

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 Production, LLC
10390 Bradford Rd
Suite 201 Littleton CO 80127
ATTN: Bill Goff

3-11-23, Trego, KS
Schamberger #1-3
Job Ticket: 54764 **DST#: 1**
Test Start: 2013.09.01 @ 07:20:00

GENERAL INFORMATION:

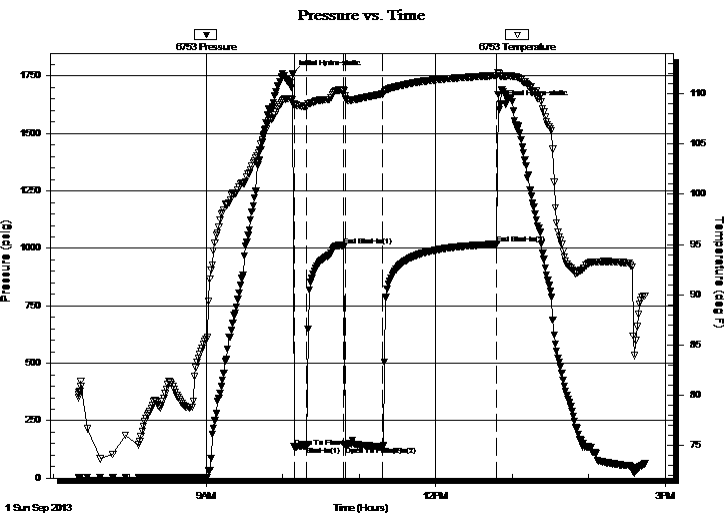
Formation: **KC "A-C"**
Deviated: No Whipstock: ft (KB)
Time Tool Opened: 10:09:30
Time Test Ended: 14:44:00
Interval: **3559.00 ft (KB) To 3610.00 ft (KB) (TVD)**
Total Depth: 3610.00 ft (KB) (TVD)
Hole Diameter: 7.88 inches Hole Condition: Fair
Test Type: Conventional Bottom Hole (Initial)
Tester: Brett Dickinson
Unit No: 59
Reference Elevations: 2307.00 ft (KB)
2300.00 ft (CF)
KB to GR/CF: 7.00 ft

Serial #: 6753

Inside

Press @ Run Depth: 138.91 psig @ 3564.00 ft (KB) Capacity: 8000.00 psig
Start Date: 2013.09.01 End Date: 2013.09.01 Last Calib.: 2013.09.01
Start Time: 07:20:05 End Time: 14:43:59 Time On Btm: 2013.09.01 @ 10:08:00
Time Off Btm: 2013.09.01 @ 12:51:00

TEST COMMENT: IF-2in blow
ISI-No blow
FF-3in blow
FSI-No blow



PRESSURE SUMMARY

Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	1758.75	109.41	Initial Hydro-static
2	135.00	108.98	Open To Flow (1)
11	137.65	108.77	Shut-In(1)
40	1012.15	110.35	End Shut-In(1)
42	140.34	109.54	Open To Flow (2)
71	138.91	109.99	Shut-In(2)
160	1018.40	111.81	End Shut-In(2)
163	1627.31	111.70	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
120.00	MCW 75%W 25%M	0.59
45.00	OS Mud	0.63

Gas Rates

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



**TRILOBITE
TESTING, INC.**

DRILL STEM TEST REPORT

FLUID SUMMARY

Cholla Production, LLC

3-11-23, Trego, KS

10390 Bradford Rd
Suite 201 Littleton CO 80127

Schamberger #1-3

Job Ticket: 54764

DST#: 1

ATTN: Bill Goff

Test Start: 2013.09.01 @ 07:20:00

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:

30000 ppm

Viscosity: 47.00 sec/qt

Cushion Volume:

bbbl

Water Loss: 7.60 in³

Gas Cushion Type:

Resistivity: ohm.m

Gas Cushion Pressure:

psig

Salinity: 3200.00 ppm

Filter Cake: inches

Recovery Information

Recovery Table

Length ft	Description	Volume bbbl
120.00	MCW 75%W 25%M	0.590
45.00	OS Mud	0.631

Total Length: 165.00 ft Total Volume: 1.221 bbl

Num Fluid Samples: 0

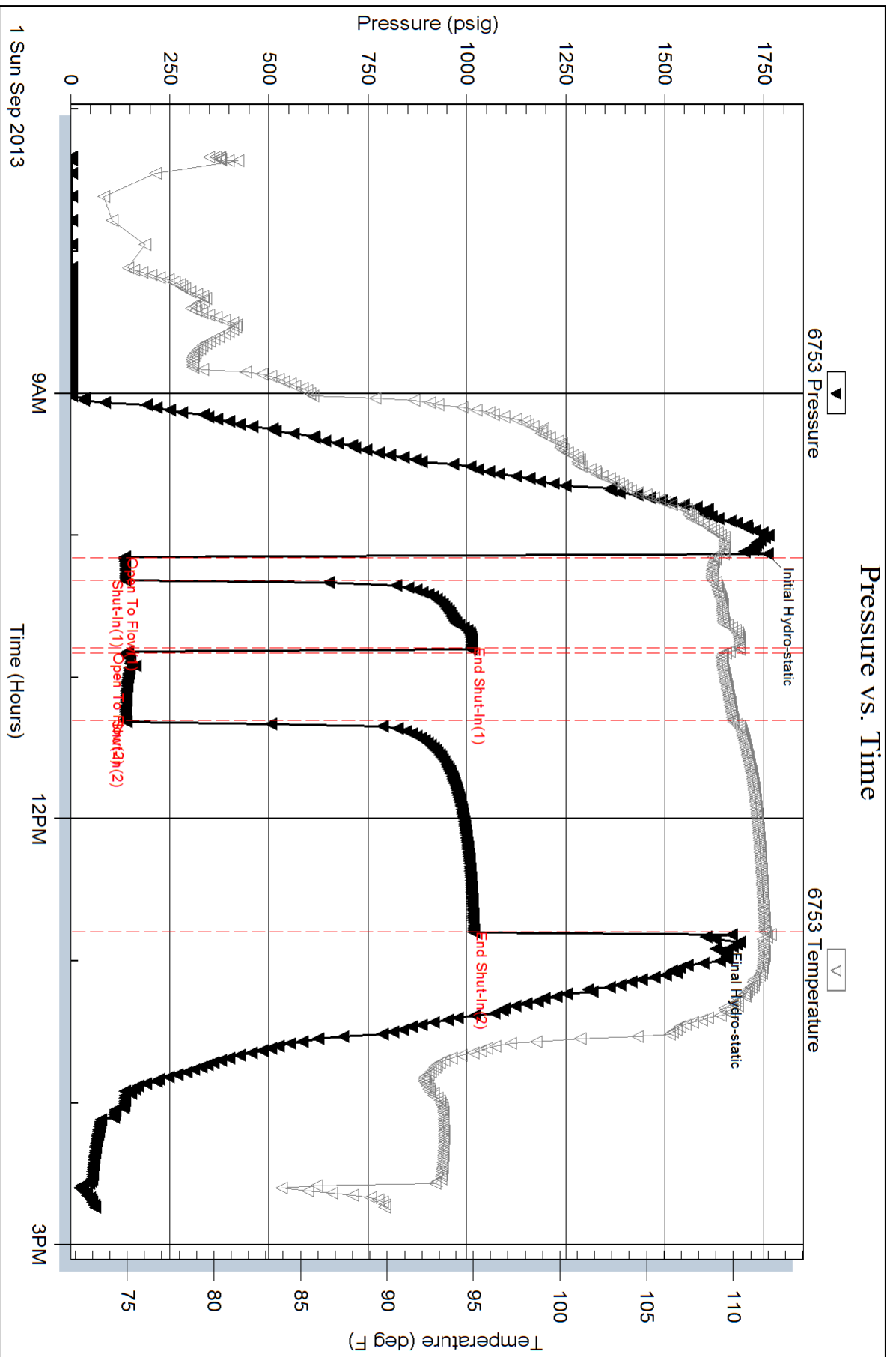
Num Gas Bombs: 0

Serial #:

Laboratory Name:

Laboratory Location:

Recovery Comments: Sampler Data 1750 Water 250 Mud 190 PSI





TRILOBITE TESTING, INC.

DRILL STEM TEST REPORT

Cholla Production, LLC
 10390 Bradford Rd
 Suite 201 Littleton CO 80127
 ATTN: Bill Goff

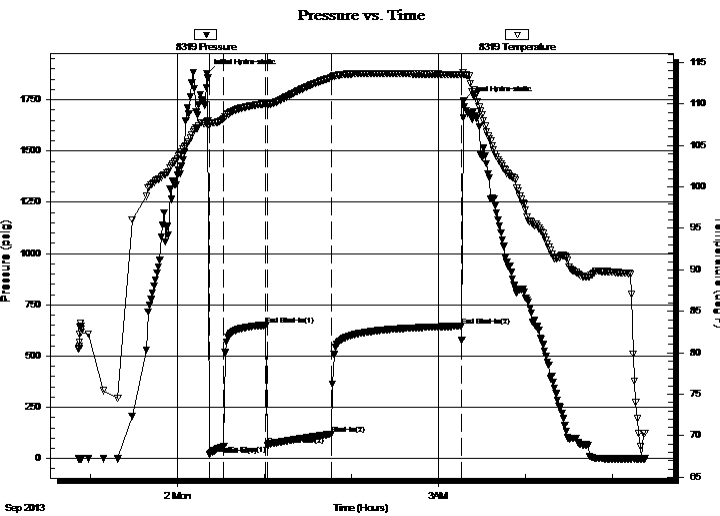
3-11-23, Trego, KS
Schamberger #1-3
 Job Ticket: 54765 **DST#: 2**
 Test Start: 2013.09.01 @ 22:52:00

GENERAL INFORMATION:

Formation: **KC "E"**
 Deviated: No Whipstock: ft (KB)
 Test Type: Conventional Bottom Hole (Reset)
 Time Tool Opened: 00:22:00 Tester: Brett Dickinson
 Time Test Ended: 05:22:30 Unit No: 59
 Interval: **3620.00 ft (KB) To 3646.00 ft (KB) (TVD)** Reference Elevations: 2307.00 ft (KB)
 Total Depth: 3646.00 ft (KB) (TVD) 2300.00 ft (CF)
 Hole Diameter: 7.88 inches Hole Condition: Fair KB to GR/CF: 7.00 ft

Serial #: 8319 Outside
 Press @ Run Depth: 119.61 psig @ 3625.00 ft (KB) Capacity: 8000.00 psig
 Start Date: 2013.09.01 End Date: 2013.09.02 Last Calib.: 2013.09.02
 Start Time: 22:52:05 End Time: 05:22:29 Time On Btm: 2013.09.02 @ 00:20:30
 Time Off Btm: 2013.09.02 @ 03:17:30

TEST COMMENT: IF-3 1/2in blow
 IS- No blow
 FF- 6in blow
 FS- No blow



PRESSURE SUMMARY

Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	1875.78	107.78	Initial Hydro-static
2	19.59	107.34	Open To Flow (1)
12	59.78	108.23	Shut-In(1)
41	650.50	110.02	End Shut-In(1)
42	63.34	109.89	Open To Flow (2)
86	119.61	113.14	Shut-In(2)
175	645.80	113.57	End Shut-In(2)
177	1744.84	113.56	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
195.00	MCW 30%M 70%W	1.64

* Recovery from multiple tests

Gas Rates

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



**TRILOBITE
TESTING, INC.**

DRILL STEM TEST REPORT

FLUID SUMMARY

Cholla Production, LLC

3-11-23, Trego, KS

10390 Bradford Rd
Suite 201 Littleton CO 80127

Schamberger #1-3

Job Ticket: 54765

DST#: 2

ATTN: Bill Goff

Test Start: 2013.09.01 @ 22:52:00

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:

35000 ppm

Viscosity: 47.00 sec/qt

Cushion Volume:

bbbl

Water Loss: 7.59 in³

Gas Cushion Type:

Resistivity: ohm.m

Gas Cushion Pressure:

psig

Salinity: 3200.00 ppm

Filter Cake: inches

Recovery Information

Recovery Table

Length ft	Description	Volume bbbl
195.00	MCW 30%M 70%W	1.642

Total Length: 195.00 ft Total Volume: 1.642 bbl

Num Fluid Samples: 0

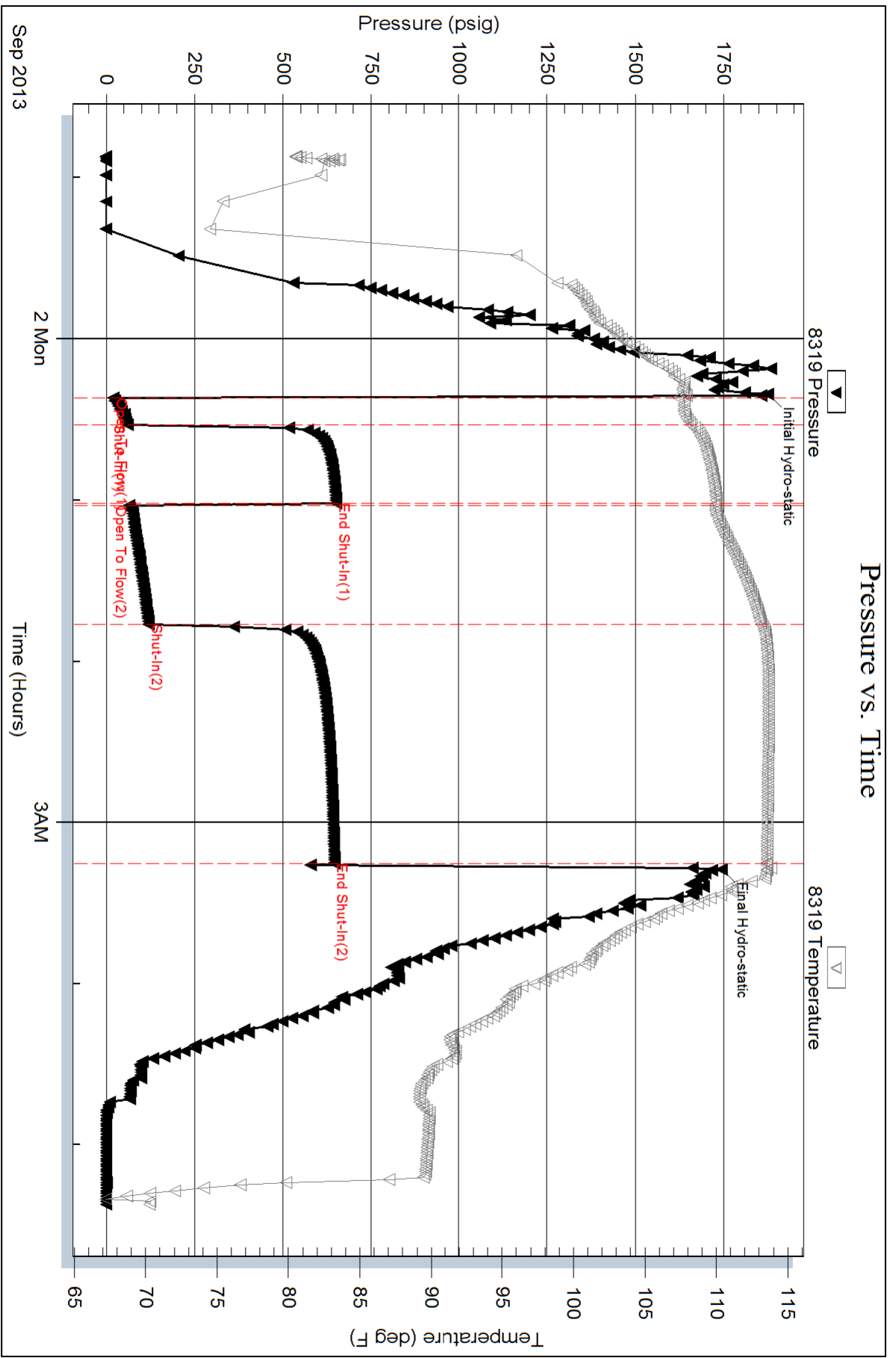
Num Gas Bombs: 0

Serial #:

Laboratory Name:

Laboratory Location:

Recovery Comments: Sampler Data 1800ml Water 100Ml Mud 195 PSI





TRILOBITE TESTING, INC.

DRILL STEM TEST REPORT

Cholla Production, LLC
 10390 Bradford Rd
 Suite 201 Littleton CO 80127
 ATTN: Bill Goff

3-11-23, Trego, KS
Schamberger #1-3
 Job Ticket: 54767 **DST#: 4**
 Test Start: 2013.09.03 @ 03:25:00

GENERAL INFORMATION:

Formation: **KC "H-J"**
 Deviated: No Whipstock: ft (KB)
 Time Tool Opened: 05:40:30
 Time Test Ended: 10:16:30
 Interval: **3688.00 ft (KB) To 3761.00 ft (KB) (TVD)**
 Total Depth: 3761.00 ft (KB) (TVD)
 Hole Diameter: 7.88 inches Hole Condition: Fair
 Test Type: Conventional Bottom Hole (Reset)
 Tester: Brett Dickinson
 Unit No: 59
 Reference Elevations: 2307.00 ft (KB)
 2300.00 ft (CF)
 KB to GR/CF: 7.00 ft

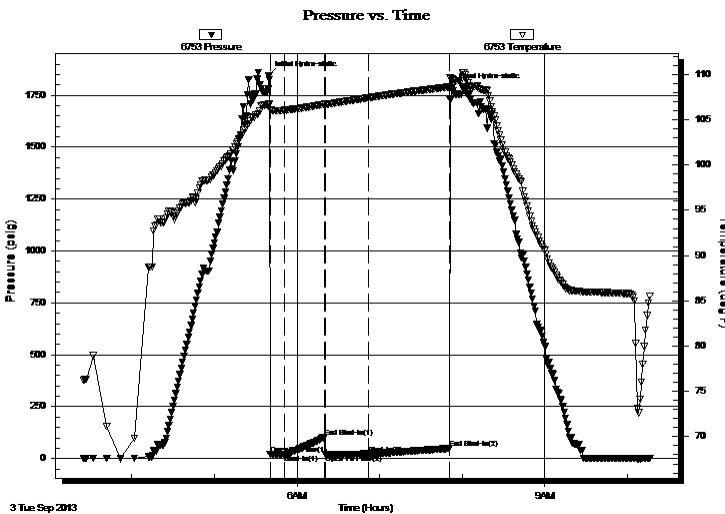
Serial #: 6753

Inside

Press @ Run Depth: 22.34 psig @ 3693.00 ft (KB) Capacity: 8000.00 psig
 Start Date: 2013.09.03 End Date: 2013.09.03 Last Calib.: 2013.09.03
 Start Time: 03:25:05 End Time: 10:16:29 Time On Btm: 2013.09.03 @ 05:39:30
 Time Off Btm: 2013.09.03 @ 07:52:30

TEST COMMENT: IF-Weak surface blow
 IS-No blow
 FF-No blow
 FS-No blow

PRESSURE SUMMARY



Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	1844.68	106.73	Initial Hydro-static
1	19.55	106.13	Open To Flow (1)
12	20.93	106.05	Shut-In(1)
41	103.58	106.71	End Shut-In(1)
42	19.69	106.70	Open To Flow (2)
73	22.34	107.43	Shut-In(2)
131	48.60	108.63	End Shut-In(2)
133	1787.65	109.54	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
1.00	Mud	0.00

* Recovery from multiple tests

Gas Rates

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



**TRILOBITE
TESTING, INC.**

DRILL STEM TEST REPORT

FLUID SUMMARY

Cholla Production, LLC

3-11-23, Trego, KS

10390 Bradford Rd
Suite 201 Littleton CO 80127

Schamberger #1-3

Job Ticket: 54767

DST#: 4

ATTN: Bill Goff

Test Start: 2013.09.03 @ 03:25:00

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: 7.99 in³

Gas Cushion Type:

Resistivity: ohm.m

Gas Cushion Pressure:

psig

Salinity: 3200.00 ppm

Filter Cake: inches

Recovery Information

Recovery Table

Length ft	Description	Volume bbbl
1.00	Mud	0.005

Total Length: 1.00 ft Total Volume: 0.005 bbl

Num Fluid Samples: 0

Num Gas Bombs: 0

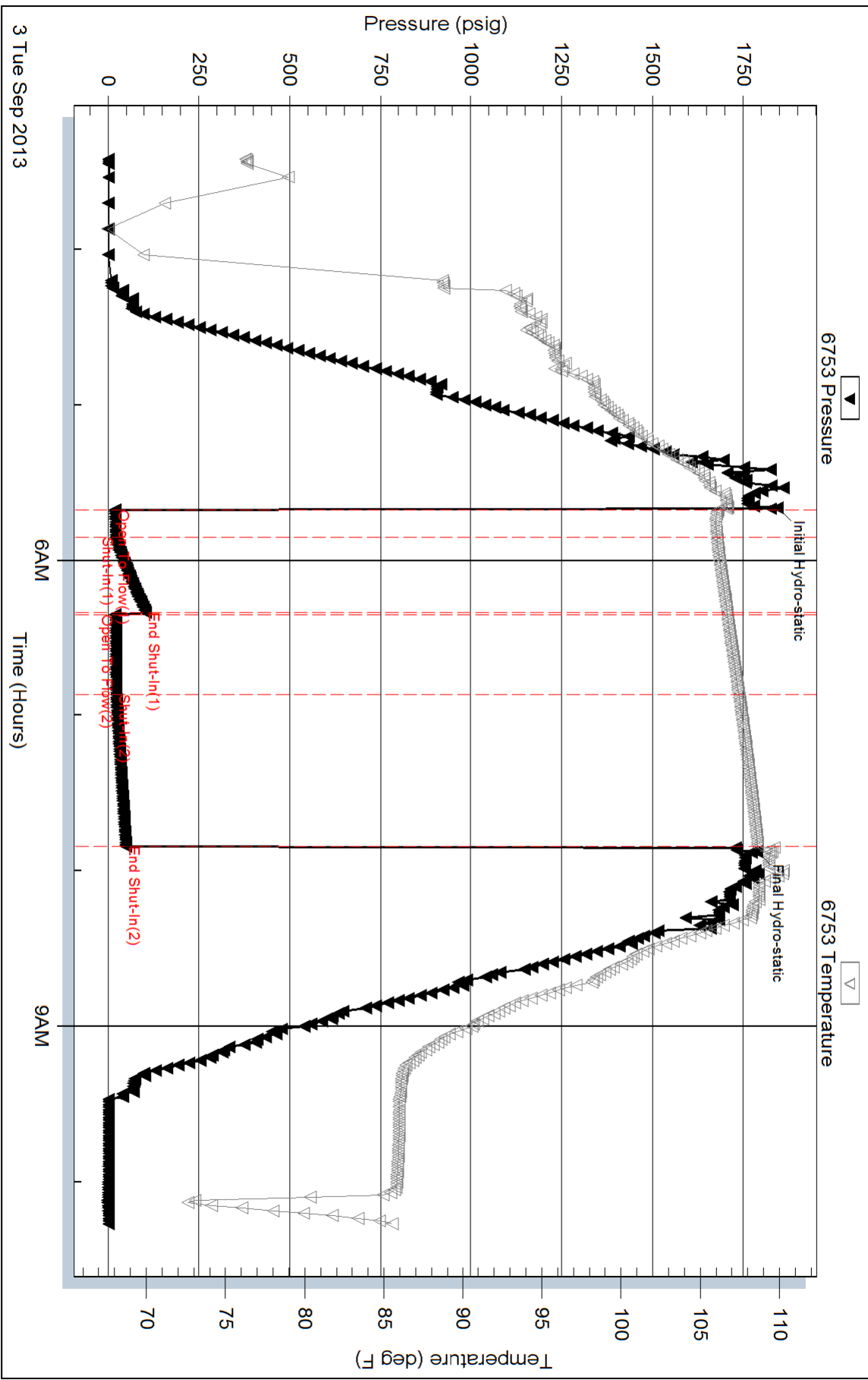
Serial #:

Laboratory Name:

Laboratory Location:

Recovery Comments: Sampler Data 500ml Mud 25 PSI

Pressure vs. Time





TRILOBITE TESTING, INC.

DRILL STEM TEST REPORT

Cholla Production, LLC
 10390 Bradford Rd
 Suite 201 Littleton CO 80127
 ATTN: Bill Goff

3-11-23, Trego, KS
Schamberger #1-3
 Job Ticket: 54766 **DST#: 3**
 Test Start: 2013.09.02 @ 11:30:00

GENERAL INFORMATION:

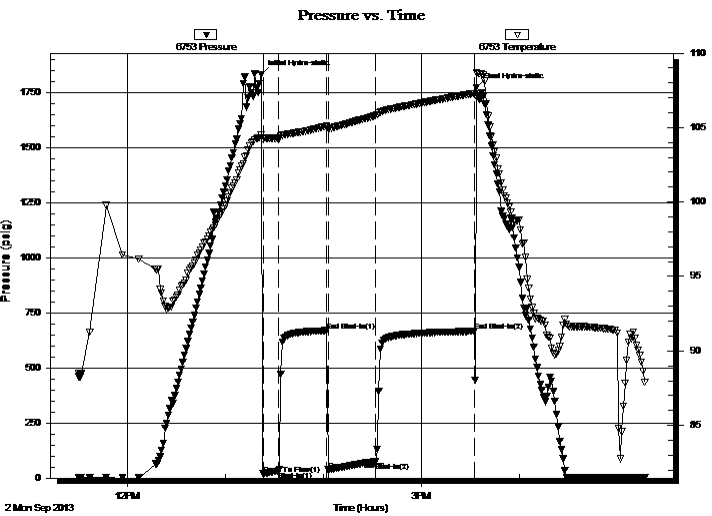
Formation: **KC "F"**
 Deviated: No Whipstock: ft (KB)
 Time Tool Opened: 13:23:00
 Time Test Ended: 17:17:00
 Interval: **3646.00 ft (KB) To 3667.00 ft (KB) (TVD)**
 Total Depth: 3667.00 ft (KB) (TVD)
 Hole Diameter: 7.88 inches Hole Condition: Fair
 Test Type: Conventional Bottom Hole (Reset)
 Tester: Brett Dickinson
 Unit No: 59
 Reference Elevations: 2307.00 ft (KB)
 2300.00 ft (CF)
 KB to GR/CF: 7.00 ft

Serial #: 6753

Inside

Press @ Run Depth: 73.64 psig @ 3650.00 ft (KB) Capacity: 8000.00 psig
 Start Date: 2013.09.02 End Date: 2013.09.02 Last Calib.: 2013.09.02
 Start Time: 11:30:05 End Time: 17:16:59 Time On Btm: 2013.09.02 @ 13:22:00
 Time Off Btm: 2013.09.02 @ 15:34:00

TEST COMMENT: IF-2in blow
 IS- No blow
 FF-1in blow
 FS- No blow



PRESSURE SUMMARY

Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	1831.21	104.52	Initial Hydro-static
1	19.07	104.24	Open To Flow (1)
11	32.58	104.28	Shut-In(1)
40	669.45	105.09	End Shut-In(1)
41	37.91	104.93	Open To Flow (2)
70	73.64	105.79	Shut-In(2)
131	666.62	107.30	End Shut-In(2)
132	1773.54	108.70	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
120.00	SMCW 10%M 90%W	0.59

* Recovery from multiple tests

Gas Rates

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



**TRILOBITE
TESTING, INC.**

DRILL STEM TEST REPORT

FLUID SUMMARY

Cholla Production, LLC
10390 Bradford Rd
Suite 201 Littleton CO 80127
ATTN: Bill Goff

3-11-23, Trego, KS
Schamberger #1-3
Job Ticket: 54766 **DST#: 3**
Test Start: 2013.09.02 @ 11:30:00

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:	35000 ppm
Viscosity: 58.00 sec/qt	Cushion Volume: bbl		
Water Loss: 7.99 in ³	Gas Cushion Type:		
Resistivity: ohm.m	Gas Cushion Pressure: psig		
Salinity: 3200.00 ppm			
Filter Cake: inches			

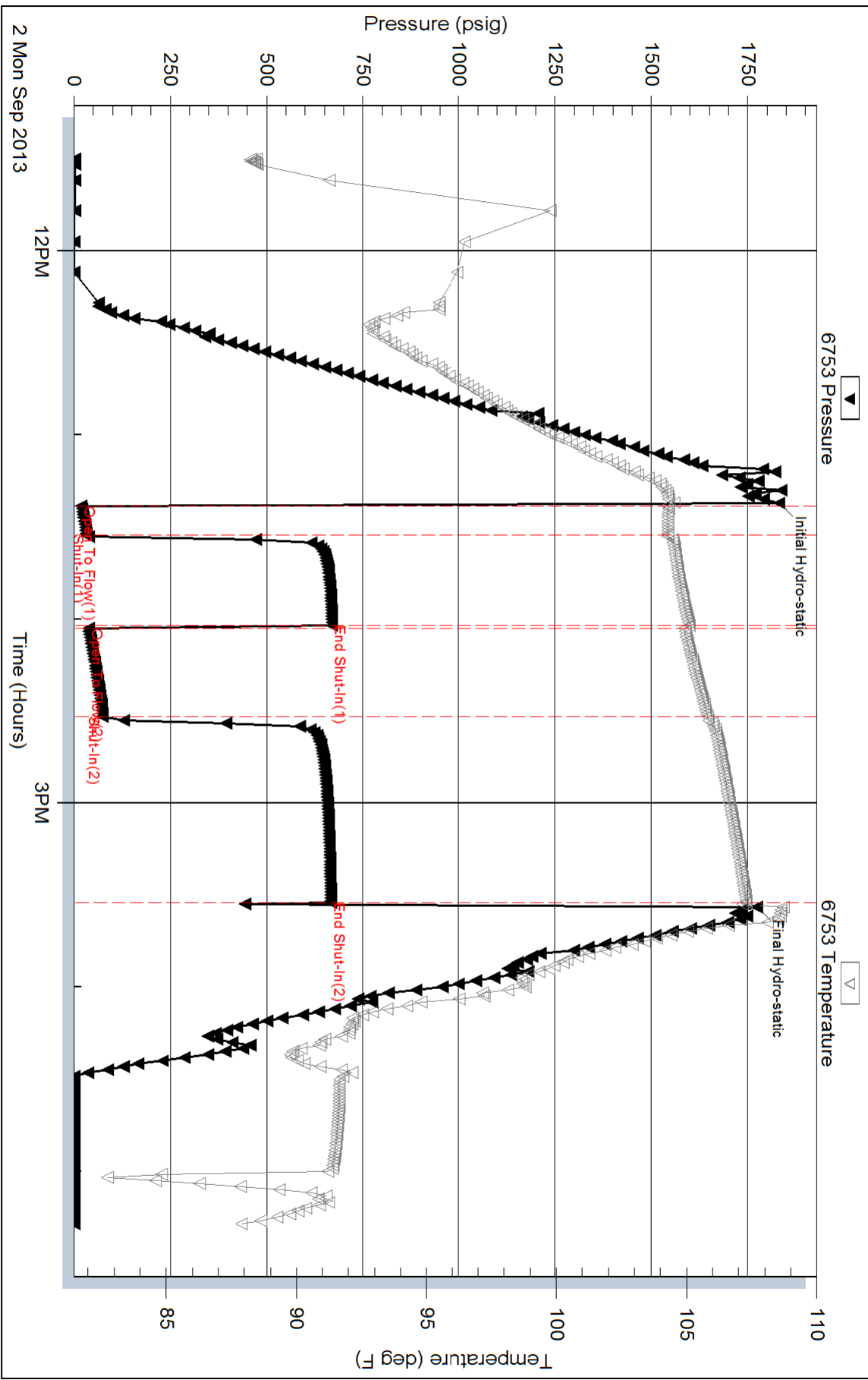
Recovery Information

Recovery Table

Length ft	Description	Volume bbl
120.00	SMCW 10%M90%W	0.590

Total Length: 120.00 ft Total Volume: 0.590 bbl
Num Fluid Samples: 0 Num Gas Bombs: 0 Serial #:
Laboratory Name: Laboratory Location:
Recovery Comments: Sampler Data 2000ml Water 210PSI

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

September 11, 2013

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

Re: ACO1
API 15-195-22883-00-00
Schamberger 1-3
NW/4 Sec.03-11S-23W
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