



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1157786
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: _____



1157786

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> _____ <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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TRILOBITE TESTING, INC.

DRILL STEM TEST REPORT

Cholla Production, LLC.
 10390 Bradford RD Suite 201
 Littleton CO, 80127
 ATTN: Clayton Erickson

12-2s-30w Decatur Co, KS
J. Kyte 2-12
 Job Ticket: 52965 **DST#: 1**
 Test Start: 2013.09.09 @ 22:55:00

GENERAL INFORMATION:

Formation: **Lansing " A "**
 Deviated: No Whipstock: ft (KB)
 Time Tool Opened: 00:56:15
 Time Test Ended: 05:51:15
 Interval: **3734.00 ft (KB) To 3800.00 ft (KB) (TVD)**
 Total Depth: 3800.00 ft (KB) (TVD)
 Hole Diameter: 7.88 inches Hole Condition: Poor
 Test Type: Conventional Bottom Hole (Initial)
 Tester: Jace McKinney
 Unit No: 46
 Reference Elevations: 2797.00 ft (KB)
 2792.00 ft (CF)
 KB to GR/CF: 5.00 ft

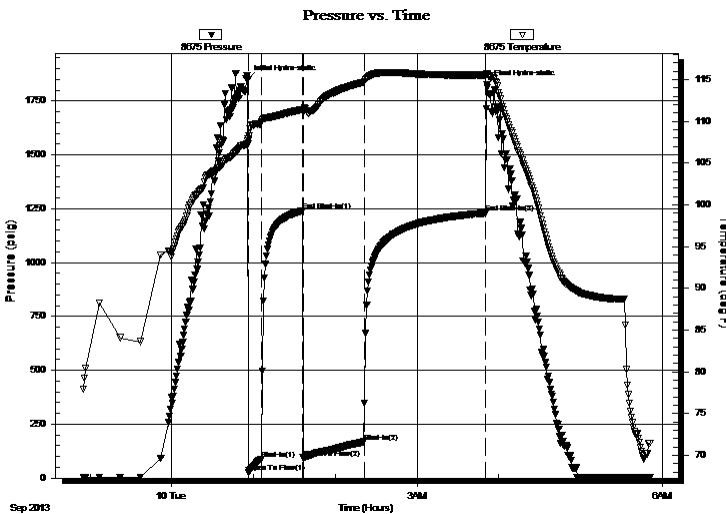
Serial #: 8675

Inside

Press @ Run Depth: 168.56 psig @ 3735.00 ft (KB) Capacity: 8000.00 psig
 Start Date: 2013.09.09 End Date: 2013.09.10 Last Calib.: 2013.09.10
 Start Time: 22:55:15 End Time: 05:51:15 Time On Btm: 2013.09.10 @ 00:55:45
 Time Off Btm: 2013.09.10 @ 03:51:15

TEST COMMENT: Built to 5 1/2" blow
 Bled off for 2 min. No return blow
 B.O.B. in 27 min.
 Bled off for 5 min. No return blow

PRESSURE SUMMARY



Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	1848.70	107.65	Initial Hydro-static
1	28.44	107.29	Open To Flow (1)
11	89.00	109.92	Shut-In(1)
40	1240.31	111.41	End Shut-In(1)
41	93.44	111.00	Open To Flow (2)
86	168.56	114.66	Shut-In(2)
175	1229.26	115.51	End Shut-In(2)
176	1826.21	115.65	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
122.00	mcw with oil scum 30%M 70%W	0.60
198.00	mcw with oil scum 50%M 50%W	2.77

Gas Rates

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



**TRILOBITE
TESTING, INC.**

DRILL STEM TEST REPORT

FLUID SUMMARY

Cholla Production, LLC.

12-2s-30w Decatur Co, KS

10390 Bradford RD Suite 201
Littleton CO, 80127

J. Kyte 2-12

Job Ticket: 52965

DST#: 1

ATTN: Clayton Erickson

Test Start: 2013.09.09 @ 22:55:00

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: 57.00 sec/qt

Cushion Volume:

bbbl

Water Loss: 6.80 in³

Gas Cushion Type:

Resistivity: ohm.m

Gas Cushion Pressure:

psig

Salinity: 600.00 ppm

Filter Cake: 1.00 inches

Recovery Information

Recovery Table

Length ft	Description	Volume bbbl
122.00	mcw with oil scum 30%M 70%W	0.600
198.00	mcw with oil scum 50%M 50%W	2.775

Total Length: 320.00 ft Total Volume: 3.375 bbl

Num Fluid Samples: 0

Num Gas Bombs: 0

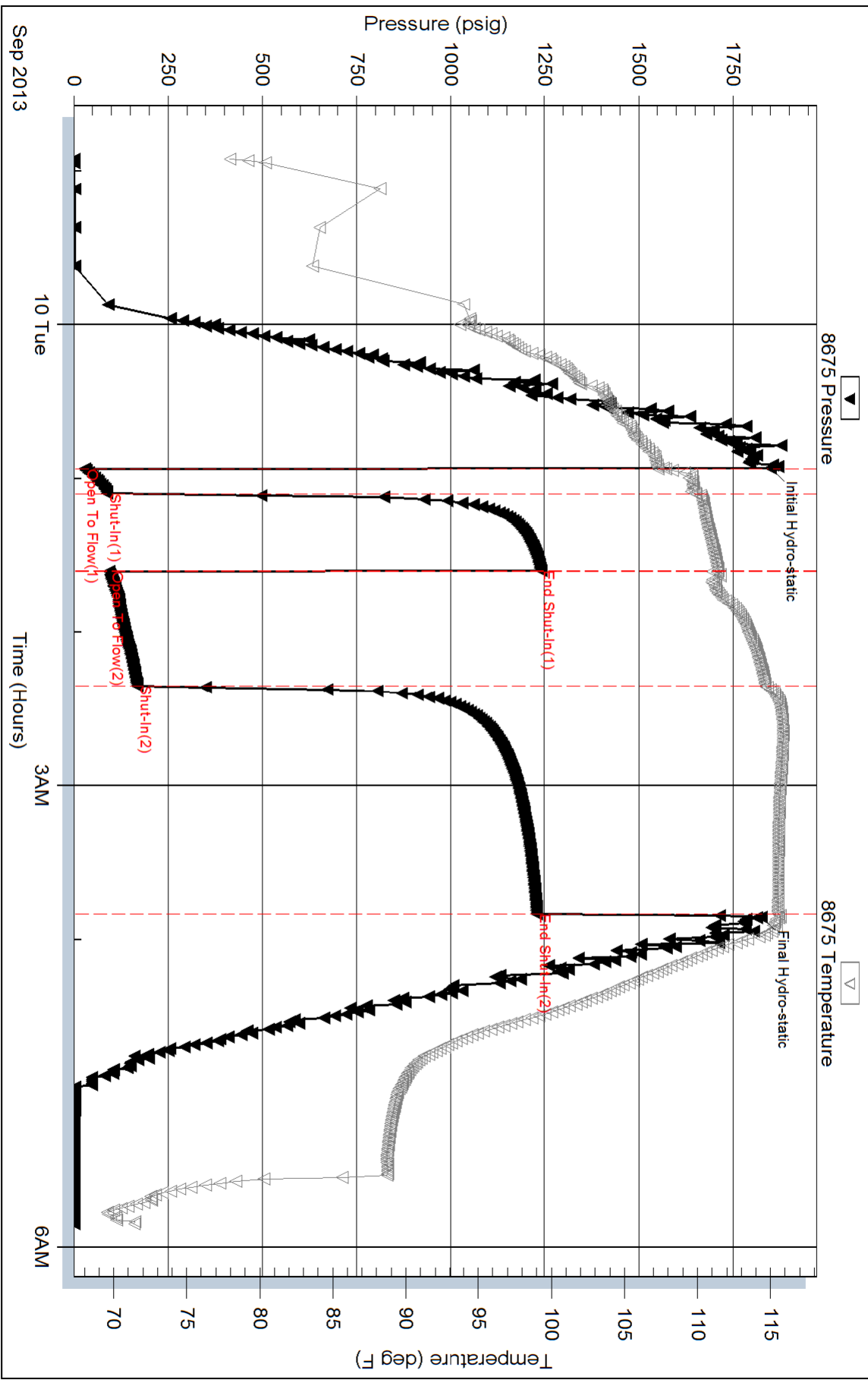
Serial #:

Laboratory Name:

Laboratory Location:

Recovery Comments: RW: .08 @ 70 F = 80,000

Pressure vs. Time





TRILOBITE TESTING, INC.

DRILL STEM TEST REPORT

Cholla Production, LLC.
 10390 Bradford RD Suite 201
 Littleton CO, 80127
 ATTN: Clayton Erickson

12-2s-30w Decatur Co, KS
J. Kyte 2-12
 Job Ticket: 52966 **DST#: 2**
 Test Start: 2013.09.10 @ 13:00:00

GENERAL INFORMATION:

Formation: **Lansing " B "**
 Deviated: No Whipstock: ft (KB)
 Time Tool Opened: 14:58:15
 Time Test Ended: 19:05:00
 Interval: **3796.00 ft (KB) To 3840.00 ft (KB) (TVD)**
 Total Depth: 3840.00 ft (KB) (TVD)
 Hole Diameter: 7.88 inches Hole Condition: Poor
 Test Type: Conventional Bottom Hole (Reset)
 Tester: Jace McKinney
 Unit No: 46
 Reference Elevations: 2797.00 ft (KB)
 2792.00 ft (CF)
 KB to GR/CF: 5.00 ft

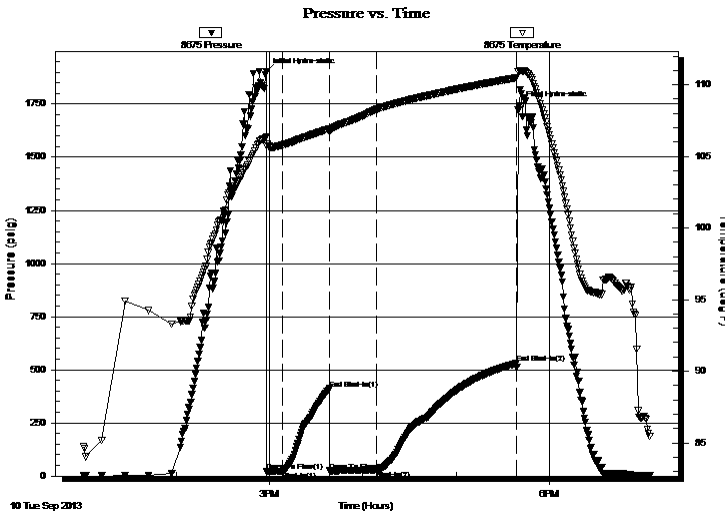
Serial #: 8675

Inside

Press @ RunDepth: 26.81 psig @ 3797.00 ft (KB) Capacity: 8000.00 psig
 Start Date: 2013.09.10 End Date: 2013.09.10 Last Calib.: 2013.09.10
 Start Time: 13:00:15 End Time: 19:05:00 Time On Btm: 2013.09.10 @ 14:58:00
 Time Off Btm: 2013.09.10 @ 17:40:45

TEST COMMENT: Weak surface blow
 No return blow
 No blow
 No return blow

PRESSURE SUMMARY



Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	1899.97	106.40	Initial Hydro-static
1	21.53	105.73	Open To Flow (1)
11	22.64	105.80	Shut-In(1)
41	410.95	106.92	End Shut-In(1)
41	24.06	106.74	Open To Flow (2)
71	26.81	108.28	Shut-In(2)
161	530.12	110.49	End Shut-In(2)
163	1742.02	110.98	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
5.00	100% Mud	0.02

* Recovery from multiple tests

Gas Rates

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



**TRILOBITE
TESTING, INC.**

DRILL STEM TEST REPORT

Cholla Production, LLC.
10390 Bradford RD Suite 201
Littleton CO, 80127
ATTN: Clayton Erickson

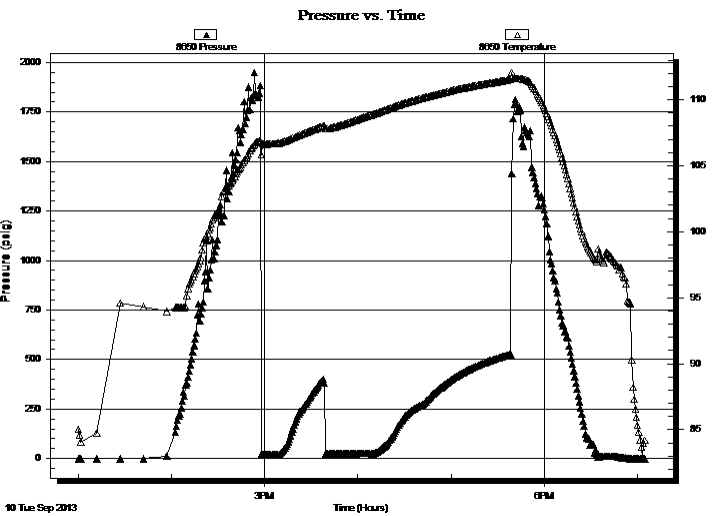
12-2s-30w Decatur Co, KS
J. Kyte 2-12
Job Ticket: 52966 **DST#: 2**
Test Start: 2013.09.10 @ 13:00:00

GENERAL INFORMATION:

Formation: **Lansing " B "**
Deviated: No Whipstock: ft (KB)
Time Tool Opened: 14:58:15
Time Test Ended: 19:05:00
Interval: **3796.00 ft (KB) To 3840.00 ft (KB) (TVD)**
Total Depth: 3840.00 ft (KB) (TVD)
Hole Diameter: 7.88 inches Hole Condition: Poor
Test Type: Conventional Bottom Hole (Reset)
Tester: Jace McKinney
Unit No: 46
Reference Elevations: 2797.00 ft (KB)
2792.00 ft (CF)
KB to GR/CF: 5.00 ft

Serial #: 8650 Outside
Press @ RunDepth: psig @ 3797.00 ft (KB) Capacity: 8000.00 psig
Start Date: 2013.09.10 End Date: 2013.09.10 Last Calib.: 2013.09.10
Start Time: 13:00:15 End Time: 19:04:45 Time On Btm:
Time Off Btm:

TEST COMMENT: Weak surface blow
No return blow
No blow
No return blow



PRESSURE SUMMARY

Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation

Recovery

Length (ft)	Description	Volume (bbl)
5.00	100% Mud	0.02

* 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.

12-2s-30w Decatur Co, KS

10390 Bradford RD Suite 201
Littleton CO, 80127

J. Kyte 2-12

Job Ticket: 52966

DST#: 2

ATTN: Clayton Erickson

Test Start: 2013.09.10 @ 13:00:00

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: 7.40 in³

Gas Cushion Type:

Resistivity: ohm.m

Gas Cushion Pressure:

psig

Salinity: 900.00 ppm

Filter Cake: 1.00 inches

Recovery Information

Recovery Table

Length ft	Description	Volume bbl
5.00	100% Mud	0.025

Total Length: 5.00 ft Total Volume: 0.025 bbl

Num Fluid Samples: 0

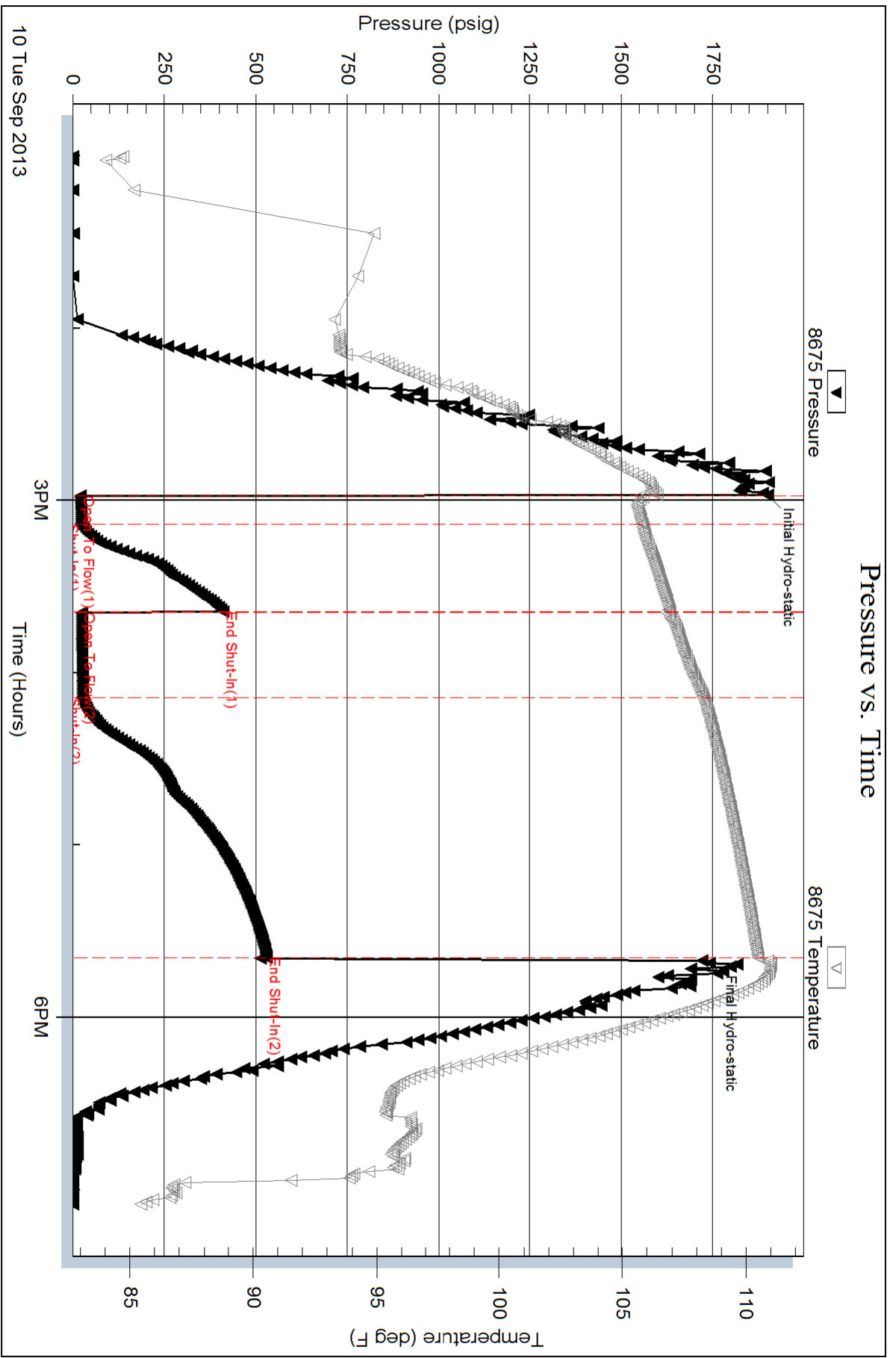
Num Gas Bombs: 0

Serial #:

Laboratory Name:

Laboratory Location:

Recovery Comments:

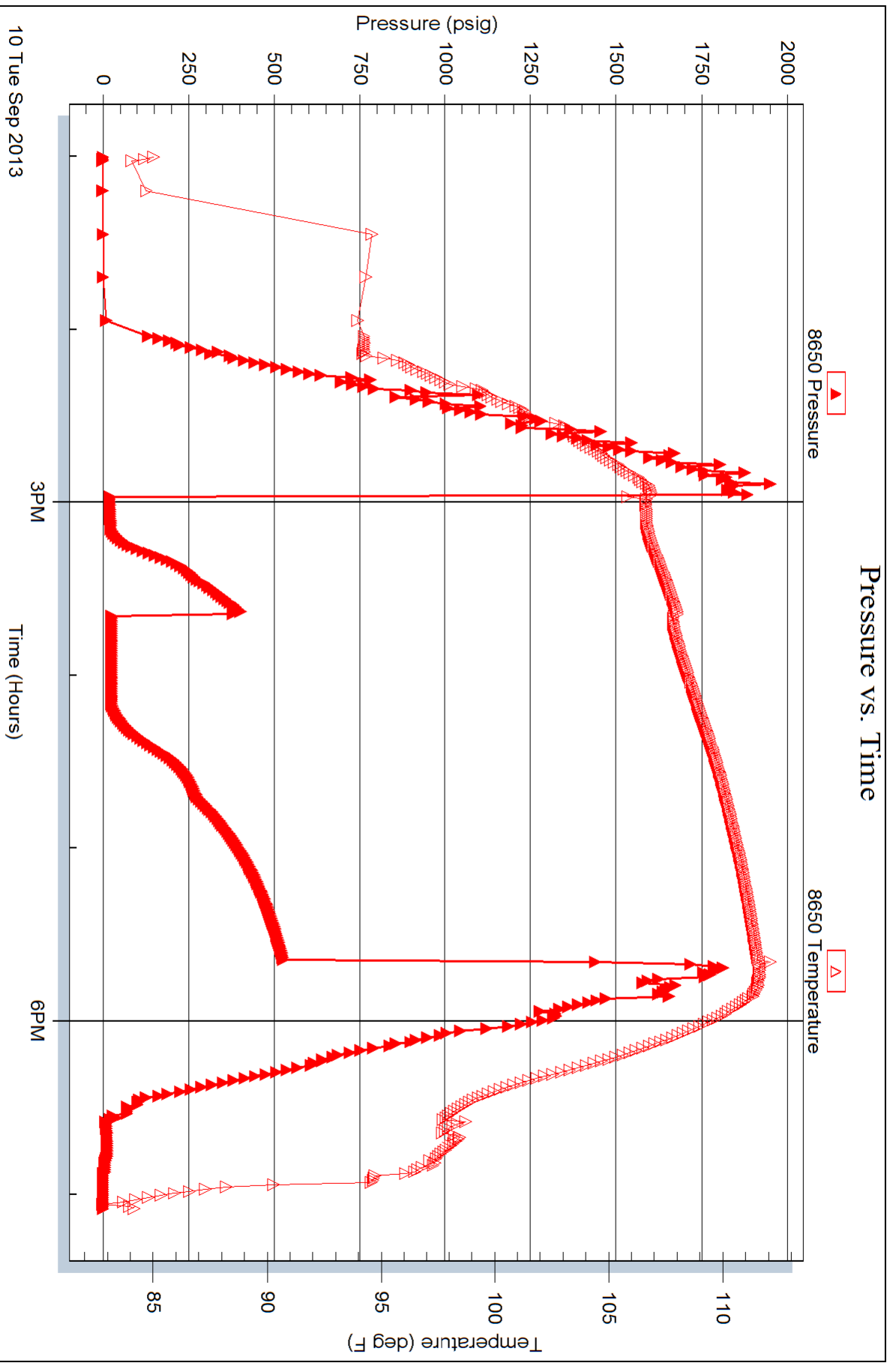


Serial #: 8650

Outside Cholla Production, LLC.

J. Kyle 2-12

DST Test Number: 2



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 18, 2013

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

Re: ACO1
API 15-039-21188-00-00
J. Kyte 2-12
NE/4 Sec.12-02S-30W
Decatur 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