



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1199644
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: _____

1199644

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: <input type="checkbox"/> Yes <input type="checkbox"/> No
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Date of First, Resumed Production, SWD or ENHR.	Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other <i>(Explain)</i> _____
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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> _____	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	Cholla Production, LLC
Well Name	Blaesi 1-2
Doc ID	1199644

All Electric Logs Run

Dual Induction/Comp Neutron Density
MICRO
Borehole Comp Sonic
Gamma Ray log

ALLIED OIL & GAS SERVICES, LLC 063381

Federal Tax I.D. # 20-8651475

REMIT TO P.O. BOX 93999
SOUTHLAKE, TEXAS 76092

SERVICE POINT:
Dickinson, KS

DATE <u>4/9/14</u>	SEC. <u>2</u>	TWP. <u>15</u>	RANGE <u>41</u>	CALLED OUT	ON LOCATION	JOB START <u>3:00</u>	JOB FINISH <u>3:30</u>
LEASE <u>Blaine</u>	WELL # <u>1-2</u>	LOCATION <u>Thorn Springs STO</u>			COUNTY <u>Wallace</u>	STATE <u>KS</u>	
OLD OR NEW (Circle one)							

CONTRACTOR <u>Willcutt Drilling</u>	OWNER <u>Some</u>
TYPE OF JOB <u>Surface</u>	
HOLE SIZE <u>12 1/4</u>	T.D. <u>406</u>
CASING SIZE <u>8 5/8</u>	DEPTH <u>406</u>
TUBING SIZE	DEPTH
DRILL PIPE	DEPTH
TOOL	DEPTH
PRES. MAX	MINIMUM
MEAS. LINE	SHOE JOINT
CEMENT LEFT IN CSG. <u>15'</u>	
PERFS.	
DISPLACEMENT <u>24.9067</u>	

CEMENT	
AMOUNT ORDERED	<u>290 lb - 340 cc 270 gal</u>
COMMON	<u>250 @ 17.90 4475.00</u>
POZMIX	<u>@ 23.40 117.00</u>
GEL	<u>5 @ 64.00 320.00</u>
CHLORIDE	<u>9 @ 57.00 513.00</u>
ASC	<u>@</u>

EQUIPMENT	
PUMP TRUCK	CEMENTER <u>Alan Ryan</u>
# <u>425281</u>	HELPER <u>Kevin Ryan</u>
BULK TRUCK	
# <u>891</u>	DRIVER <u>Thomas (TWS)</u>
BULK TRUCK	
#	DRIVER

HANDLING	<u>270 CF @ 2.48 670.41</u>
MILEAGE	<u>2 ton/mile 12.74 ton 2245.88</u>
	<u>(1616.85/20%) TOTAL 8284.19</u>

REMARKS:
Run Cg, Circulate, mix cement, Displace cement
Start in.
Cement did Circulate
Thud Van
Alan Ryan,

SERVICE	
DEPTH OF JOB	<u>406'</u>
PUMP TRUCK CHARGE	<u>1512.25</u>
EXTRA FOOTAGE	<u>@</u>
MILEAGE	<u>70 miles @ 7.70 539.00</u>
MANIFOLD	<u>25.50 @ 70 mds @ 4.40 308.00</u>
	<u>@</u>
	<u>(526.85/20%) TOTAL 2634.25</u>

CHARGE TO Cholla Prod.
STREET _____
CITY _____ STATE _____ ZIP _____

PLUG & FLOAT EQUIPMENT	
<u>8 5/8 wooden Plug</u>	<u>@ 110.00</u>
	<u>@</u>
	<u>@</u>
	<u>@</u>
	<u>@</u>
	<u>(0%) TOTAL 110.00</u>

To: Allied Oil & Gas Services, LLC.
You are hereby requested to rent cementing equipment and furnish cementer and helper(s) to assist owner or contractor to do work as is listed. The above work was done to satisfaction and supervision of owner agent or contractor. I have read and understand the "GENERAL TERMS AND CONDITIONS" listed on the reverse side.

SALES TAX (If Any) _____
TOTAL CHARGES 10,828.54
DISCOUNT 2,143.70 (20%) IF PAID IN 30 DAYS
8,684.83 Net

PRINTED NAME Rob Klieser
SIGNATURE [Signature]

JOB LOG

SWIFT Services, Inc.

DATE 4-16-14 PAGE NO. 7

CUSTOMER CHOLLA RESOURCES WELL NO. 1-2 LEASE BLAEST JOB TYPE 5 1/2" 2-STAGE LONGSTROKE TICKET NO. 25471

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL/GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	1500							ON LOCATION
	1515							START 5 1/2" CASING IN WELL
								TD - 5150 SETE 5137
								TP - 5137 5 1/2" # 15.5
								SJ - 21'
								CENTRALIZERS - 1, 3, 5, 7, 9, 11, 53
								CMT BSKTS - 54, 97
								DV TOOL = 2838' TOP JT # 54
	1810							DROP BALL - CIRCULATE RECROGATE
	1935	6	12		✓		500	PUMP 500 GAL MUDFLUSH
	1937	6	20		✓		500	PUMP 20 BBLs KCL-FLUSH
	1945	4 1/2	42		✓		350	MIX CEMENT - 175 SKS EA-2 @ 15.4 PPG
	1955							WASH OUT PUMP + LINES
	1955							RELEASE 1ST STAGE DV LATCH DOWN PLUG
	2000	7	0		✓			DISPLACE PLUG
	2017	6 1/2	121.8				1500	PLUG DOWN - PSE UP LATCH IN PLUG
	2020							OK RELEASE PSE - HELD
	2030							DROP DV OPENING PLUG
	2050				✓		1400	OPEN DV TOOL - CIRCULATE
	2050	6	20		✓		400	PUMP 20 BBLs KCL FLUSH
	2100		7-5					PLUG RH (30 SKS) MH (20 SKS)
	2105	6	153		✓		250 ^{AVG}	MIX CEMENT - 275 SKS SMD @ 11.2 PPG
								WASH OUT PUMP + LINES
	2140							RELEASE DV CLOSING PLUG
	2140	6	0		✓			DISPLACE PLUG
	2152	5	67.5				1750	PLUG DOWN - PSE UP CLOSE DV TOOL
	2155							OK RELEASE PSE - HELD
								CIRCULATE 30 SKS CEMENT TO PAT
								WASH TRUCK
	2300							JOB COMPLETE

THANK YOU
WAYNE, JOSH, ROB, ISAAC, BRIAN



**TRILOBITE
TESTING, INC**

DRILL STEM TEST REPORT

Cholla Production
10390 Bradford Rd
Littleton, Co 80127
ATTN: Randy Say

2-15-41 Wallace, Ks

Blaesi 1-2

Job Ticket: 55738

DST#: 1

Test Start: 2014.04.15 @ 00:09:13

GENERAL INFORMATION:

Formation: **Morrow Sand**

Deviated: No Whipstock: ft (KB)

Time Tool Opened: 04:08:13

Time Test Ended: 10:12:13

Test Type: Conventional Bottom Hole (Initial)

Tester: Brandon Turley

Unit No: 60

Interval: 4976.00 ft (KB) To 5024.00 ft (KB) (TVD)

Reference Elevations: 3792.00 ft (KB)

Total Depth: 5024.00 ft (KB) (TVD)

3776.00 ft (CF)

Hole Diameter: 7.88 inches Hole Condition: Good

KB to GR/CF: 16.00 ft

Serial #: 8373

Inside

Press@RunDepth: 231.60 psig @ 4977.00 ft (KB)

Capacity: 8000.00 psig

Start Date: 2014.04.15

End Date:

2014.04.15

Last Calib.: 2014.04.15

Start Time: 00:09:18

End Time:

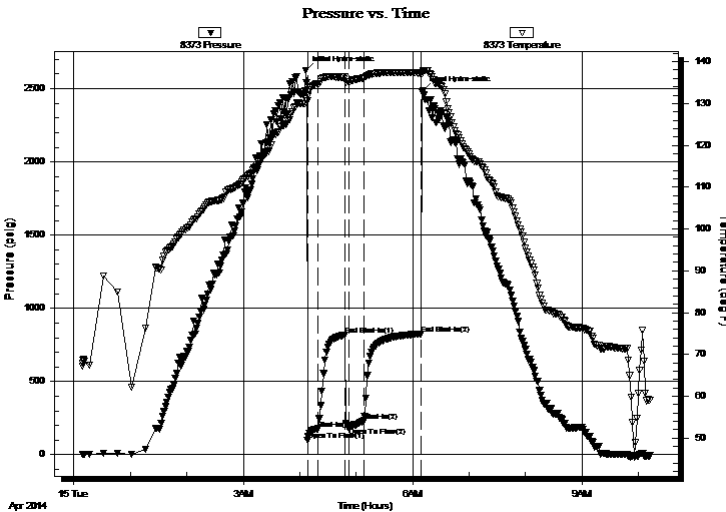
10:12:13

Time On Btm: 2014.04.15 @ 04:06:13

Time Off Btm: 2014.04.15 @ 06:10:43

TEST COMMENT: IF: BOB in 3 1/2 min.
IS: Surface blow built to 6.
FF: BOB in 1 min. Gas to surface in 12 min. To weak to gauge.
FS: BOB in 5 min.

PRESSURE SUMMARY



Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	2625.03	129.93	Initial Hydro-static
2	96.73	130.62	Open To Flow (1)
13	175.14	134.79	Shut-In(1)
42	818.11	136.29	End Shut-In(1)
46	186.20	135.22	Open To Flow (2)
62	231.60	136.10	Shut-In(2)
123	825.29	137.30	End Shut-In(2)
125	2485.85	137.67	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
186.00	mcgo 50%g 20%o 30%m	0.91
186.00	mcgo 10%g 70%o 20%m	1.07
186.00	gocm 30%g 30%o 40%m	2.02
72.00	ocm 10%o 90%m	0.78

Gas Rates

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



**TRILOBITE
TESTING, INC**

DRILL STEM TEST REPORT

FLUID SUMMARY

Cholla Production

2-15-41 Wallace, Ks

10390 Bradford Rd
Littleton, Co 80127

Blaesi 1-2

Job Ticket: 55738

DST#: 1

ATTN: Randy Say

Test Start: 2014.04.15 @ 00:09:13

Mud and Cushion Information

Mud Type: Gel Chem

Cushion Type:

Oil API:

0 deg API

Mud Weight: 9.00 lb/gal

Cushion Length:

ft

Water Salinity:

0 ppm

Viscosity: 50.00 sec/qt

Cushion Volume:

bbf

Water Loss: 6.80 in³

Gas Cushion Type:

Resistivity: 0.00 ohm.m

Gas Cushion Pressure:

psig

Salinity: 3000.00 ppm

Filter Cake: 1.00 inches

Recovery Information

Recovery Table

Length ft	Description	Volume bbf
186.00	mcgo 50%g 20%o 30%m	0.915
186.00	mcgo 10%g 70%o 20%m	1.075
186.00	gocm 30%g 30%o 40%m	2.016
72.00	ocm 10%o 90%m	0.780

Total Length: 630.00 ft

Total Volume: 4.786 bbf

Num Fluid Samples: 0

Num Gas Bombs: 0

Serial #:

Laboratory Name:

Laboratory Location:

Recovery Comments:

