Kansas Corporation Commission Confidentiality Requested: OIL & GAS CONSERVATION DIVISION Yes No

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 #	API No. 15
Name:	Spot Description:
Address 1:	SecTwpS. R
Address 2:	Feet from North / South Line of Section
City:	Feet from _ East / _ West Line of Section
Contact Person:	Footages Calculated from Nearest Outside Section Corner:
Phone: ()	□NE □NW □SE □SW
CONTRACTOR: License #	GPS Location: Lat:, Long:
Name:	(e.g. xx.xxxxx) (e.gxxx.xxxxx)
Wellsite Geologist:	Datum: NAD27 NAD83 WGS84
Purchaser:	County:
Designate Type of Completion:	Lease Name: Well #:
New Well Re-Entry Workover	Field Name:
□ Oil □ WSW □ SWD □ SIOW	Producing Formation:
Gas D&A ENHR SIGW	Elevation: Ground: Kelly Bushing:
OG GSW Temp. Abd.	Total Vertical Depth: Plug Back Total Depth:
CM (Coal Bed Methane)	Amount of Surface Pipe Set and Cemented at: Feet
Cathodic Other (Core, Expl., etc.):	Multiple Stage Cementing Collar Used? ☐ Yes ☐ No
If Workover/Re-entry: Old Well Info as follows:	If yes, show depth set: Feet
Operator:	If Alternate II completion, cement circulated from:
Well Name:	feet depth to:w/sx cmt.
Original Comp. Date: Original Total Depth:	
☐ Deepening ☐ Re-perf. ☐ Conv. to ENHR ☐ Conv. to SWD	Drilling Fluid Management Plan
☐ Plug Back ☐ Conv. to GSW ☐ Conv. to Producer	(Data must be collected from the Reserve Pit)
Demois #	Chloride content: ppm Fluid volume: bbls
Commingled Permit #:	Dewatering method used:
SWD Permit #:	Location of fluid disposal if hauled offsite:
ENHR Permit #:	Location of fluid disposal if fladied offsite.
GSW Permit #:	Operator Name:
	Lease Name: License #:
Spud Date or Date Reached TD Completion Date or	Quarter Sec TwpS. R
Recompletion Date Recompletion Date	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 Approved by: Date:



(Attach Additional Sheets) Samples Sent to Geological Survey Yes No Cores Taken Electric Log Run Name Top Datum	Operator Name:			Lease Name	e:		Well #:	
pen and closed, flowing and shuf-in pressures, whether shuf-in pressure reached static level. Pydrostatic pressures, bottom hole temperature, fluid recovery, and flow rates if and so surface lests. I allow of the reaches if more space is more does. "mail Radicactivity Log, Final Logs run to obtain Geophysical Date and Final Electric Logs must be emailed to kco-well-logs @ kcc.ks.gov. Digital electronic log lice must be submitted in LAS version 2.0 or newer AND an image file (TIFF or PDF). "In Stem Tests Taken [Attach Additional Sheets) [Attach Addition	Sec Twp	S. R	East West	County:				
Item must be submitted in LAS version 2.0 or newer AND an image file (TIFF or PDF).	open and closed, flow	ving and shut-in press	ures, whether shut-in pre	essure reached s	static level, hydrosta	atic pressures, bott		
Samples Sent to Geological Survey						ailed to kcc-well-lo	gs@kcc.ks.go	v. Digital electronic log
Samples Sent to Geological Survey	Drill Stem Tests Taker (Attach Additional		Yes No		_ •	on (Top), Depth ar		
Selectific Logs Run: Yes	Samples Sent to Geo	logical Survey	☐ Yes ☐ No	N	lame		Тор	Datum
CASING RECORD New Used Report all strings set-conductor, surface, intermediate, production, etc. Purpose of String Size Hole Size Casing Weight Setting Type of # Sacks Type and Percent Additives Additives Additives ADDITIONAL CEMENTING / SQUEEZE RECORD Purpose: Depth Type and Percent Additives ADDITIONAL CEMENTING / SQUEEZE RECORD Purpose: Depth Type and Percent Additives Perforate Perforate Protect Casing Plug Back TD Plug Oil Zone Plug Grant Top Bottom Type of Cement # Sacks Used Type and Percent Additives Protect Casing Plug Back TD Plug Oil Zone No (If No. skip questions 2 and 3) Did you perform a hydraulic fracturing treatment on this well? Ozes the volume of the total base fluid of the hydraulic fracturing treatment exceed \$50,000 gallons? Yes No (If No. skip questions 3) Shots Per Foot PERFORATION RECORD - Bridge Plugs SetType Add, Fracture, Shot, Cement Squeeze Record (Annount and Rohn of Millerias Used) Depth TUBING RECORD: Size: Set At: Packer At: Liner Run: Yes No 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) PRIZ 4 Hours Oil Bbls. Gas Mcd Water Bbls. Gas-Oil Ratio Gravity PRIZ 4 Hours Oil Used on Lease Open Hole Pert. Submit ACO-J Sizem ACO-J	Cores Taken Electric Log Run							
Purpose of String Size Hole Size Casing Drilled Set (in O.D.) Depth Cement Used Additives	List All E. Logs Run:							
Purpose of String Size Hole Size Casing Weight Depth Cement Used Type of # Sacks Type and Percent Additives ADDITIONAL CEMENTING / SQUEEZE RECORD Purpose:						ion ata		
ADDITIONAL CEMENTING / SQUEEZE RECORD Purpose: Perforate Protect Casing Prupos of Each Top Bottom Purpose: Protect Casing Prupose of Each Top Bottom Purpose of Each Top Bottom Protect Casing Prupose of Each Top Bottom Protect Casing Protect C	D (0):	Size Hole	-		-		# Sacks	Type and Percent
Purpose: Perforate Perforate Protect Casing Pitug Back TD Pitug Off Zone Did you perform a hydraulic fracturing treatment on this well? Did you perform a hydraulic fracturing treatment exceed 350,000 gallone? Was the hydraulic fracturing treatment information submitted to the chemical disclosure registry? Shots Per Foot PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used) Depth Date of First, Resumed Production, SWD or ENHR. Producing Method: Flowing Pumping Gas Lift Other (Explain) Estimated Production Per 24 Hours DISPOSITION OF GAS: METHOD OF COMPLETION: PRODUCTION INTERVAL: PRODUCTION INTERVAL: PRODUCTION INTERVAL: PRODUCTION INTERVAL: PRODUCTION INTERVAL:	Purpose of String							
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Perforate Protect Casing Prug Back TD Protect Casing Prug Back TD Prug Off Zone Did you perform a hydraulic fracturing treatment on this well? Protect Casing Prug Back TD Prug Off Zone Did you perform a hydraulic fracturing treatment on this well? Poss the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons? yes No			ADDITIONAL	CEMENTING / S	SQUEEZE RECORD			
Perforate Protect Casing Plug Back TD Plug Off Zone Plug Sack TD Plug Off Zone Plug Set Plug	Purpose:		Type of Cement	# Sacks Used	ı	Type and P	ercent Additives	
Plug Back TD		100 20110111						
Did you perform a hydraulic fracturing treatment on this well? Oces the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons? Yes	Plug Back TD							
Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons?	Flug On Zone							
Was the hydraulic fracturing treatment information submitted to the chemical disclosure registry?	Did you perform a hydra	ulic fracturing treatment o	on this well?		Yes	No (If No, ski	p questions 2 ar	nd 3)
Shots Per Foot	Does the volume of the t	total base fluid of the hydr	raulic fracturing treatment ex	ceed 350,000 gall	ons? Yes	No (If No, ski	p question 3)	
Shotis Per Pool Specify Footage of Each Interval Perforated	Was the hydraulic fractur	ring treatment informatior	n submitted to the chemical	disclosure registry	? Yes	No (If No, fill	out Page Three	of the ACO-1)
TUBING RECORD: Size: Set At: Packer At: Liner Run: Yes No Date of First, Resumed Production, SWD or ENHR. Producing Method: Gas Lift Other (Explain) Estimated Production Per 24 Hours DISPOSITION OF GAS: METHOD OF COMPLETION: PRODUCTION INTERVAL: Vented Sold Used on Lease Open Hole Perf. Dually Comp. Commingled (Submit ACO-4)	Shots Per Foot							
Date of First, Resumed Production, SWD or ENHR. Producing Method: Flowing Pumping Gas Lift Other (Explain) Estimated Production Per 24 Hours DISPOSITION OF GAS: Vented Sold Used on Lease METHOD OF COMPLETION: Submit ACO-5) (Submit ACO-4) Producing Method: Other (Explain) PRODUCTION INTERVAL: PRODUCTION INTERVAL:		Specify F	-ootage of Each Interval Per	forated	(A	mount and Kind of Ma	terial Used)	Depth
Date of First, Resumed Production, SWD or ENHR. Producing Method: Flowing Pumping Gas Lift Other (Explain) Estimated Production Per 24 Hours DISPOSITION OF GAS: Vented Sold Used on Lease METHOD OF COMPLETION: Submit ACO-5) (Submit ACO-4) Producing Method: Other (Explain) PRODUCTION INTERVAL: PRODUCTION INTERVAL:								
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Date of First, Resumed Production, SWD or ENHR. Producing Method: Flowing Pumping Gas Lift Other (Explain) Estimated Production Per 24 Hours DISPOSITION OF GAS: Vented Sold Used on Lease Producing Method: Water Bbls. Gas-Oil Ratio Gravity PRODUCTION INTERVAL: PRODUCTION INTERVAL: (Submit ACO-5) (Submit ACO-4)	TUBING RECORD:	Size:	Set At:	Packer At:				
Estimated Production Per 24 Hours Oil Bbls. Gas Mcf Water Bbls. Gas-Oil Ratio Gravity DISPOSITION OF GAS: Vented Sold Used on Lease Open Hole Perf. Dually Comp. (Submit ACO-4) Other (Explain) PRODUCTION INTERVAL:						res No		
Estimated Production Per 24 Hours Oil Bbls. Gas Mcf Water Bbls. Gas-Oil Ratio Gravity DISPOSITION OF GAS: WETHOD OF COMPLETION: Vented Sold Used on Lease Open Hole Perf. Dually Comp. (Submit ACO-4) (Submit ACO-4)	Date of First, Resumed	Production, SWD or EN			Gas Lift 0	Other (Explain)		
Per 24 Hours DISPOSITION OF GAS: WETHOD OF COMPLETION: PRODUCTION INTERVAL: PRODUCTION INTERVAL: Sold Submit ACO-5) (Submit ACO-4)	Estimated Production	Oil I					Ras-Oil Ratio	Gravity
Vented ☐ Sold ☐ Used on Lease ☐ Open Hole ☐ Perf. ☐ Dually Comp. ☐ Commingled (Submit ACO-5) (Submit ACO-4)		Oii E	2013. Gas	IVICI	vvater ===	nuio.	auo-Oil ∏allU	Gravity
Vented ☐ Sold ☐ Used on Lease ☐ Open Hole ☐ Perf. ☐ Dually Comp. ☐ Commingled (Submit ACO-5) (Submit ACO-4)		l						
(Submit ACO-5) (Submit ACO-4)							PRODUCTION	ON INTERVAL:
			Open Hole					

Form	CO1 - Well Completion		
Operator	Cholla Production, LLC		
Well Name	Garrett Ranch 1-22		
Doc ID	1220996		

Casing

Purpose Of String	Size Hole Drilled	Size Casing Set	Weight	Setting Depth	Type Of Cement		Type and Percent Additives
Surface	12.25	8.625	23	259	Common		3%CC,@5 Gel
Production Csg	7.875	5.5	15.5	3900	OOSC	150	

Summary of Changes

Lease Name and Number: Garrett Ranch 1-22

API/Permit #: 15-195-22935-00-00

Doc ID: 1220996

Correction Number: 1

Approved By: NAOMI JAMES

Field Name	Previous Value	New Value
Approved Date	07/24/2014	08/29/2014
Liner Run?		No
Perf_Depth_1		3603-3606
Perf_Depth_2		3539-3543
Perf_Material_1		w/300gal 15%HCL Demo Ffe
Perf_Material_2		w/1000gal 20% HCL Demo Ffe
Perf_Record_1		3603-3606
Perf_Record_2		3539-3543
Perf_Shots_1		6
Perf_Shots_2		6

Summary of changes for correction 1 continued

Field Name	Previous Value	New Value
Save Link	//kcc/detail/operatorE ditDetail.cfm?docID=12	//kcc/detail/operatorE ditDetail.cfm?docID=12
Tubing Packer At	05969	20996 3567
Tubing Record - Set At		3681
Tubing Size		2.375



Confidentiality Requested:

Yes No

Kansas Corporation Commission Oil & Gas Conservation Division

1205969

Form ACO-1
August 2013
Form must be Typed
Form must be Signed
All blanks must be Filled

CONFIDENTIAL WELL COMPLETION FORM WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License #	API No. 15
Name:	Spot Description:
Address 1:	SecTwpS. R 🔲 East 🗌 West
Address 2:	Feet from North / South Line of Section
City:	Feet from _ East / _ West Line of Section
Contact Person:	Footages Calculated from Nearest Outside Section Corner:
Phone: ()	□NE □NW □SE □SW
CONTRACTOR: License #	GPS Location: Lat:, Long:
Name:	(e.g. xx.xxxxx) (e.gxxx.xxxxx)
Wellsite Geologist:	Datum: NAD27 NAD83 WGS84
Purchaser:	County:
Designate Type of Completion:	Lease Name: Well #:
New Well Re-Entry Workover	Field Name:
□ Oil □ WSW □ SWD □ SIOW	Producing Formation:
Gas D&A ENHR SIGW	Elevation: Ground: Kelly Bushing:
OG GSW Temp. Abd.	Total Vertical Depth: Plug Back Total Depth:
CM (Coal Bed Methane)	Amount of Surface Pipe Set and Cemented at: Feet
Cathodic Other (Core, Expl., etc.):	Multiple Stage Cementing Collar Used? Yes No
If Workover/Re-entry: Old Well Info as follows:	If yes, show depth set: Feet
Operator:	If Alternate II completion, cement circulated from:
Well Name:	feet depth to:w/sx cmt.
Original Comp. Date: Original Total Depth:	·
☐ Deepening ☐ Re-perf. ☐ Conv. to ENHR ☐ Conv. to SWD	Drilling Fluid Management Plan
☐ Plug Back ☐ Conv. to GSW ☐ Conv. to Producer	(Data must be collected from the Reserve Pit)
Coverning alord Paymeit #	Chloride content: ppm Fluid volume: bbls
Commingled Permit #:	Dewatering method used:
SWD Permit #:	Location of fluid disposal if hauled offsite:
ENHR Permit #:	Location of huld disposal if flauled offsite.
GSW Permit #:	Operator Name:
	Lease Name: License #:
Spud Date or Date Reached TD Completion Date or	Quarter Sec. TwpS. R East West
Recompletion Date Recompletion Date	Countv: 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: