

Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form ACO-1

January 2018

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

Gas DH EOR

OG GSW

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 EOR Conv. to SWD

Plug Back Liner Conv. to GSW Conv. to Producer

Commingled Permit #: _____

Dual Completion Permit #: _____

SWD Permit #: _____

EOR Permit #: _____

GSW Permit #: _____

Spud Date or Date Reached TD Completion Date or Recompletion Date

API No.: _____

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 Drill Stem Tests Received

Geologist Report / Mud Logs Received

UIC Distribution

ALT I II III Approved by: _____ Date: _____

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 Geologist Report / Mud Logs <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				

1. Did you perform a hydraulic fracturing treatment on this well? Yes No *(If No, skip questions 2 and 3)*
2. Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons? Yes No *(If No, skip question 3)*
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)*

Date of first Production/Injection or Resumed Production/Injection:	Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other <i>(Explain)</i> _____				
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> <i>(Submit ACO-4)</i>	PRODUCTION INTERVAL: Top Bottom
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Shots Per Foot	Perforation Top	Perforation Bottom	Bridge Plug Type	Bridge Plug Set At	Acid, Fracture, Shot, Cementing Squeeze Record <i>(Amount and Kind of Material Used)</i>

TUBING RECORD:	Size:	Set At:	Packer At:	
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Form	ACO1 - Well Completion
Operator	Cholla Production, LLC
Well Name	SRF FARMS 1-18
Doc ID	1371503

All Electric Logs Run

INDUCTION
SONIC
MICROLOG
DENSITY/NEUTRON



TRILOBITE TESTING, INC.

DRILL STEM TEST REPORT

Cholla Production LLC
 10390 Bradford Rd Suite 201 Littleton Co 80127
 ATTN: Bill Goff ,Clayton E

18-21s-26w Hodgeman
SRF Farms 1-18
 Job Ticket: 63089 **DST#: 1**
 Test Start: 2017.10.17 @ 05:10:34

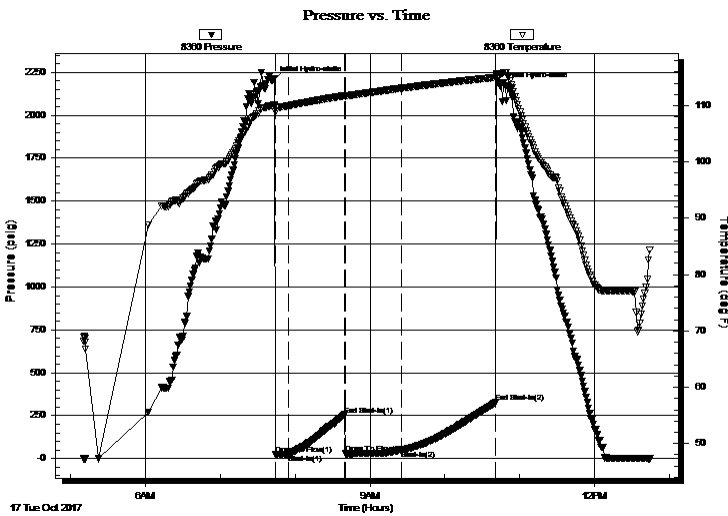
GENERAL INFORMATION:

Formation: **Lower Cher**
 Deviated: No Whipstock: ft (KB)
 Time Tool Opened: 07:44:14
 Time Test Ended: 12:44:43
 Interval: **4450.00 ft (KB) To 4525.00 ft (KB) (TVD)**
 Total Depth: 4525.00 ft (KB) (TVD)
 Hole Diameter: 7.85 inches Hole Condition: Fair
 Test Type: Conventional Bottom Hole (Initial)
 Tester: Ray Schwager
 Unit No: 77
 Reference Elevations: 2539.00 ft (KB)
 2531.00 ft (CF)
 KB to GR/CF: 8.00 ft

Serial #: 8360 **Inside**
 Press@RunDepth: 49.16 psig @ 4458.00 ft (KB) Capacity: 8000.00 psig
 Start Date: 2017.10.17 End Date: 2017.10.17 Last Calib.: 2017.10.17
 Start Time: 05:10:34 End Time: 12:44:43 Time On Btm: 2017.10.17 @ 07:42:14
 Time Off Btm: 2017.10.17 @ 10:44:13

TEST COMMENT: 10-IFP-surface bl , died in 7 min
 45-ISIP-no bl
 30-FFP-surface bl , died in 20 min
 90-FSIP-no bl

PRESSURE SUMMARY



Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	2204.65	110.05	Initial Hydro-static
2	23.38	108.86	Open To Flow (1)
13	26.87	109.99	Shut-In(1)
58	255.62	111.77	End Shut-In(1)
58	28.59	111.72	Open To Flow (2)
103	49.16	113.09	Shut-In(2)
179	325.85	115.00	End Shut-In(2)
182	2169.30	115.49	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
5.00	Mud w / show of oil	0.02

Gas Rates

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



**TRILOBITE
TESTING, INC.**

DRILL STEM TEST REPORT

FLUID SUMMARY

Cholla Production LLC

18-21s-26w Hodgeman

10390 Bradford Rd Suite 201 Littleton Co 80127

SRF Farms 1-18

Job Ticket: 63089

DST#: 1

ATTN: Bill Goff ,Clayton E

Test Start: 2017.10.17 @ 05:10:34

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: 52.00 sec/qt

Cushion Volume:

bbbl

Water Loss: 8.75 in³

Gas Cushion Type:

Resistivity: ohm.m

Gas Cushion Pressure:

psig

Salinity: 3200.00 ppm

Filter Cake: 1.00 inches

Recovery Information

Recovery Table

Length ft	Description	Volume bbl
5.00	Mud w / show of oil	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: Sampler Data: 1900 ML mud 100ML Oil PSI 50#

Serial #: 8360

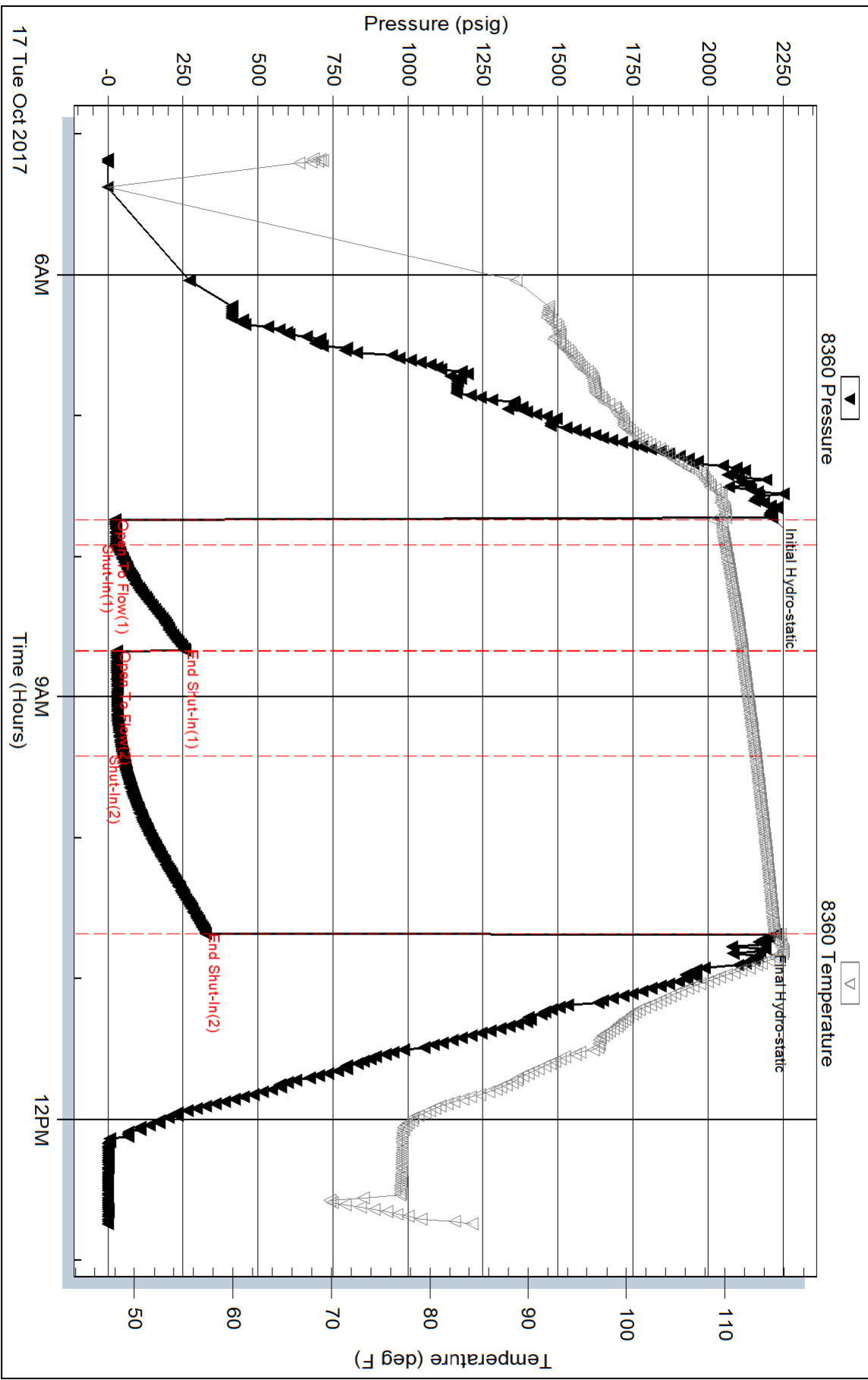
Inside

Cholla Production LLC

SRF Farms 1-18

DST Test Number: 1

Pressure vs. Time

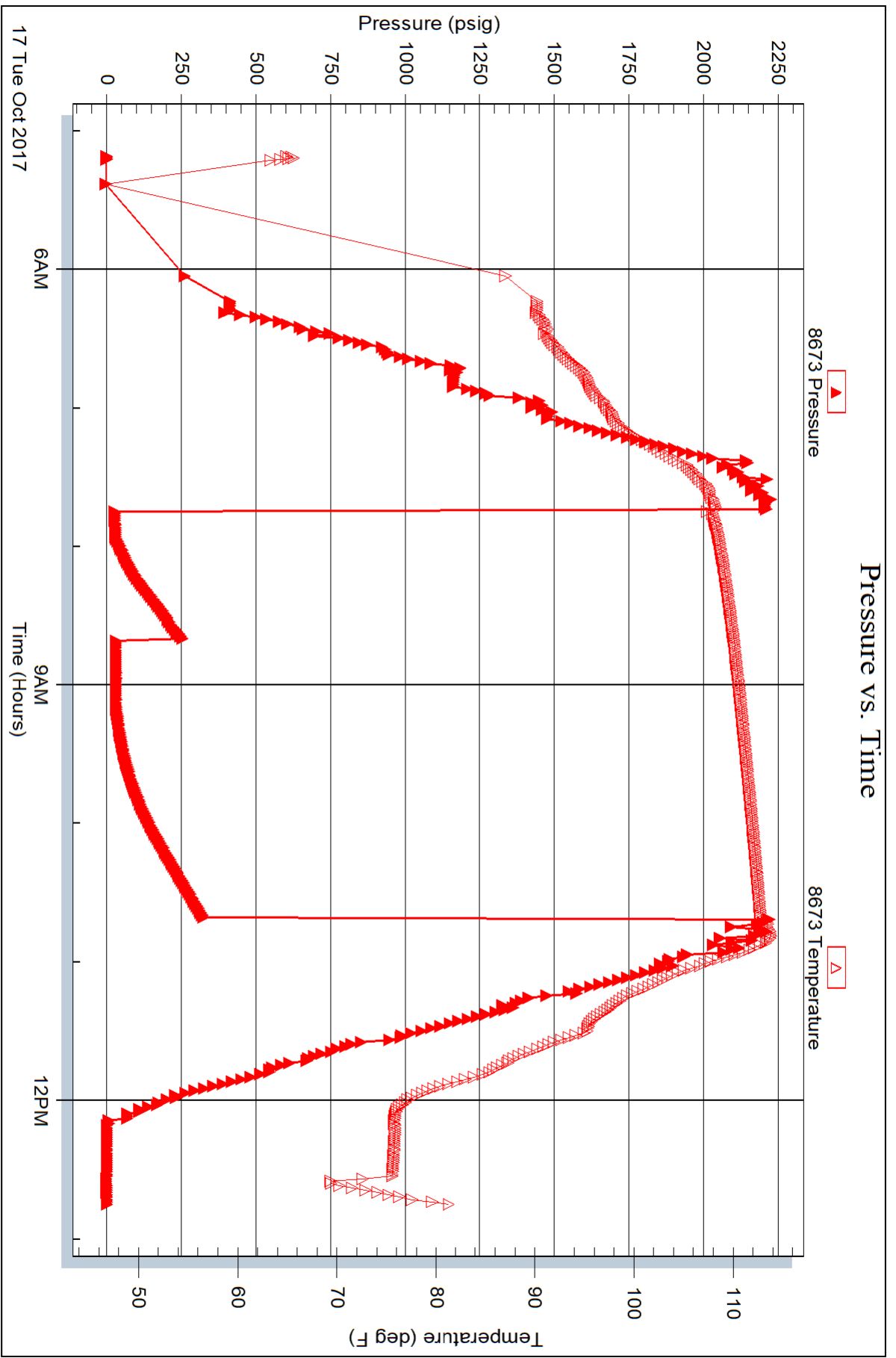


Serial #: 8673

Outside Cholla Production LLC

SRF Farms 1-18

DST Test Number: 1





TRILOBITE TESTING, INC.

DRILL STEM TEST REPORT

Cholla Production LLC

18-21s-26w Hodgeman

10390 Bradford Rd Suite 201 Littleton Co 80127

SRF Farms 1-18

ATTN: Bill Goff , Clayton E

Job Ticket: 63090

DST#: 2

Test Start: 2017.10.18 @ 09:10:24

GENERAL INFORMATION:

Formation: **Miss**

Deviated: No Whipstock: ft (KB)

Time Tool Opened: 11:32:34

Time Test Ended: 17:31:33

Test Type: Conventional Bottom Hole (Reset)

Tester: Ray Schwager

Unit No: 77

Interval: 4540.00 ft (KB) To 4660.00 ft (KB) (TVD)

Reference Elevations: 2539.00 ft (KB)

Total Depth: 4660.00 ft (KB) (TVD)

2531.00 ft (CF)

Hole Diameter: 7.85 inches Hole Condition: Fair

KB to GR/CF: 8.00 ft

Serial #: 8360

Inside

Press@RunDepth: 199.83 psig @ 4542.00 ft (KB)

Capacity: 8000.00 psig

Start Date: 2017.10.18

End Date:

2017.10.18

Last Calib.: 2017.10.18

Start Time: 09:10:24

End Time:

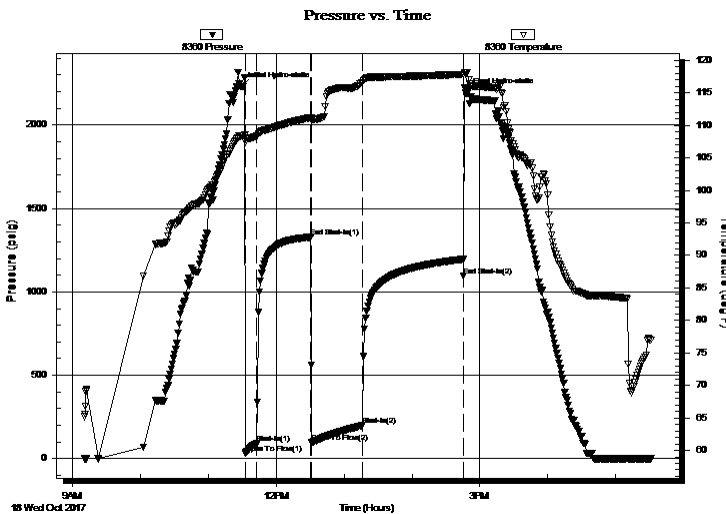
17:31:33

Time On Btm: 2017.10.18 @ 11:29:19

Time Off Btm: 2017.10.18 @ 14:48:03

TEST COMMENT: 10-IFP-w k to a fr bl 1/2to 5 1/2"bl
45-ISIP-no bl bk
45-FFP-w k to a gd bl 1/4"to 8"bl
90-FSIP-no bl bk

PRESSURE SUMMARY



Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	2230.23	108.41	Initial Hydro-static
4	32.45	107.44	Open To Flow (1)
14	90.01	108.32	Shut-In(1)
62	1327.96	111.24	End Shut-In(1)
62	96.48	110.89	Open To Flow (2)
107	199.83	116.67	Shut-In(2)
196	1095.81	117.81	End Shut-In(2)
199	2191.04	118.16	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
380.00	MW 35%M65%W	4.24

Gas Rates

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

* Recovery from multiple tests



**TRILOBITE
TESTING, INC.**

DRILL STEM TEST REPORT

FLUID SUMMARY

Cholla Production LLC

18-21s-26w Hodgeman

10390 Bradford Rd Suite 201 Littleton Co 80127

SRF Farms 1-18

Job Ticket: 63090

DST#: 2

ATTN: Bill Goff , Clayton E

Test Start: 2017.10.18 @ 09:10:24

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:

26000 ppm

Viscosity: 53.00 sec/qt

Cushion Volume:

bbbl

Water Loss: 9.16 in³

Gas Cushion Type:

Resistivity: ohm.m

Gas Cushion Pressure:

psig

Salinity: 2750.00 ppm

Filter Cake: 1.00 inches

Recovery Information

Recovery Table

Length ft	Description	Volume bbl
380.00	MW 35%M65%W	4.237

Total Length: 380.00 ft Total Volume: 4.237 bbl

Num Fluid Samples: 0

Num Gas Bombs: 0

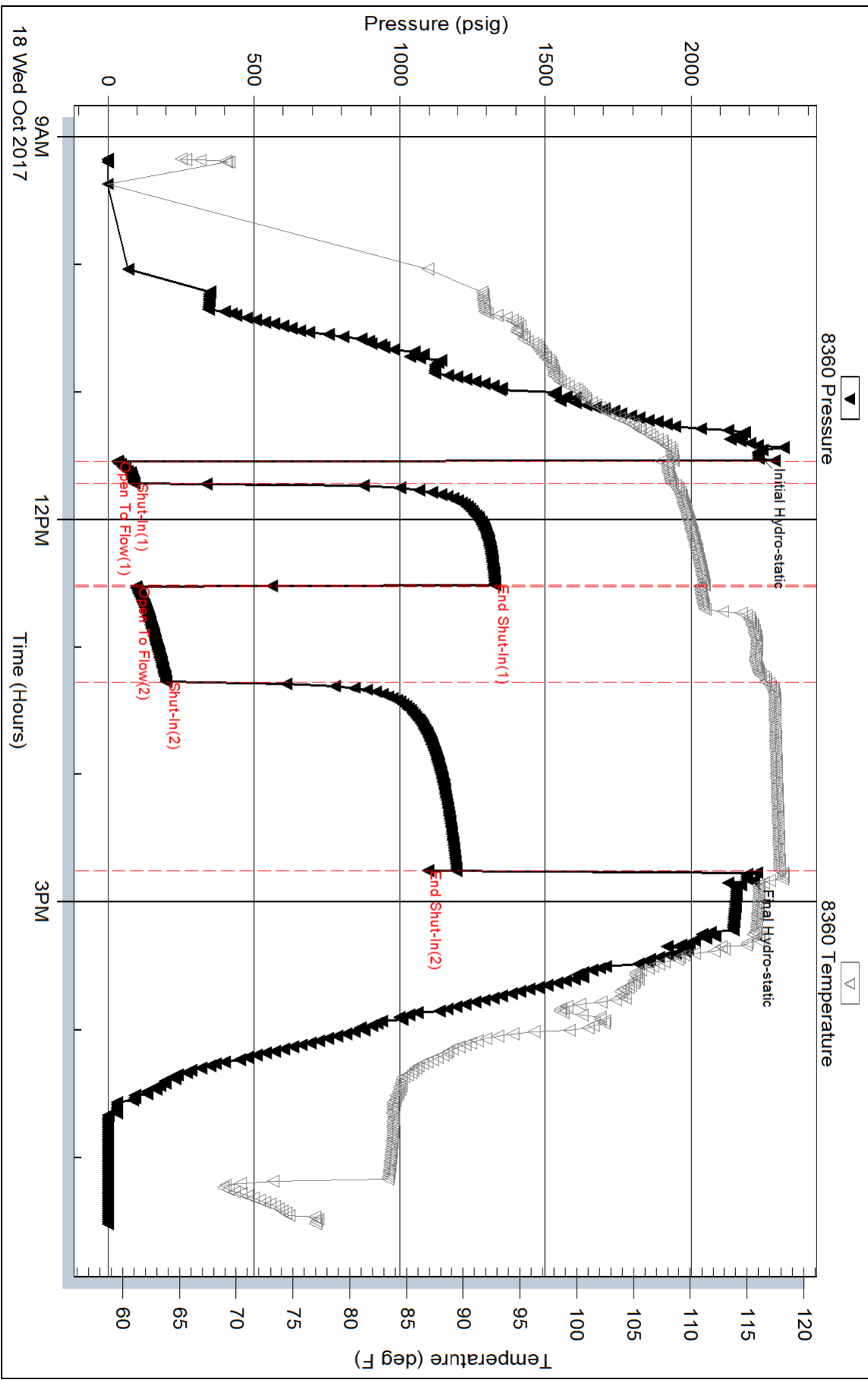
Serial #:

Laboratory Name:

Laboratory Location:

Recovery Comments: Sampler Data : PSI 150# 700MLmud 1300MLwater
RW .31 @ 60F

Pressure vs. Time

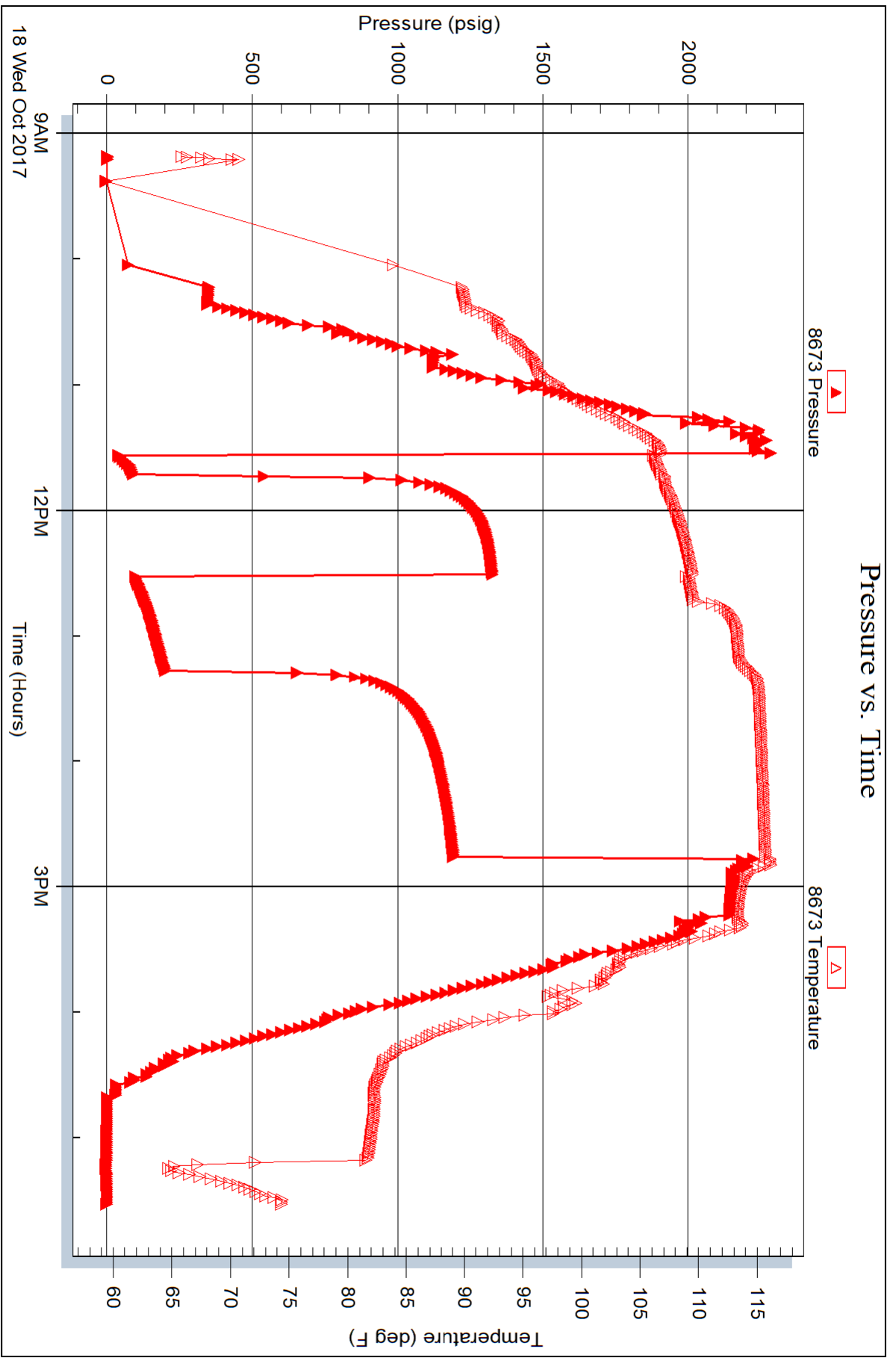


Serial #: 8673

Outside Cholla Production LLC

SRF Farms 1-18

DST Test Number: 2





Scale 1:240 (5"=100') Imperial
Measured Depth Log

Well Name: SRF Farms #1-18
 Location: SE SW SW NE Sec 18 T21S R26W
 License Number: 10/10/17
 Spud Date: 10/10/17
 Surface Coordinates: 2510' FNL & 2150' FEL
 Region: Hodgeman County, KS
 Drilling Completed: 10/19/2017

Bottom Hole Coordinates:
 Ground Elevation (ft): 2531
 Logged Interval (ft): 3800
 Formation:
 Type of Drilling Fluid: Chemical Mud

Printed by MUD.LOG from WellSight Systems 1-800-447-1534 www.WellSight.com

OPERATOR

Company: Cholla Production, LLC
 Address: 10390 Bradford Road, Suite 201, Littleton, CO 80127

GEOLOGIST

Name: Clayton Erickson
 Company: Erickson Wellsite Geology
 Address: 402 Palmer Street, P.O. Box 294, Loomis, NE 68958

COMMENTS

Based upon careful examination of well cuttings, DST results and e-logs it was decided to P&A this location.

DSTs

DST #1 4450-4525 10-45-30-90; Hydro: 2204-2169 IFF: 23-26 ISIP: 255 FFP: 28-49 FSIP: 325; Rec: 5' mud w/ oil show; BHT: 115F; IF: dead in 7min ISI; dead FF: dead in 20min FS; dead; smpl chmbr- 100ml oil 1900ml mud @50psi
 DST #2 4540-4660 10-45-45-90; Hydro: 2230-2191 IFF: 32-90 ISIP: 1327 FFP: 96-199 FSIP: 1095; Rec: 380' 65%w 35%w; BHT: 117F; RW: .31@ 60F Chl: 26,000ppm; IF: 5 1/2" ISI: dead FF: 8" FS; dead; smpl chmbr- 700ml mud 1300ml water @150psi

FORMATION TOPS

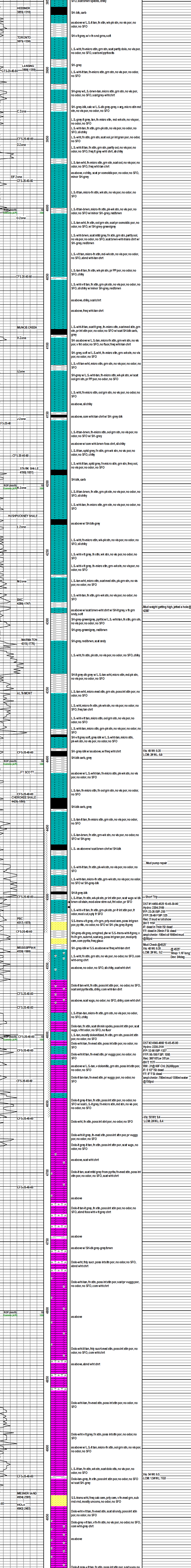
Formation	Log Tops	Sample tops
Anhydrite	1765(+774)	3855(-1316)
HEEBNER	3852(-1313)	3898(-1359)
LANSING	3896(-1357)	4286(-1747)
BKC	4280(-1741)	4315(-1776)
MARMATON	4308(-1769)	4429(-1890)
CHEROKEE SH	4423(-1884)	4517(-1978)
PBC	4513(-1974)	4530(-1989)
MISSISSIPPIAN	4536(-1997)	4934(-2395)
MIESNER SAND	4928(-2389)	4942(-2403)
VIOLA	4936(-2397)	5000(-2461)
TD	4996(-2457)	

ROCK TYPES

Anhy	Clyst	Gyp	Mst	Shgy
Bent	Carb. shale	Igne	Salt	Silst
Brec	Arkose	Lmst	Shale	Ss
Cht	Dol	Meta	Shcol	Till

OTHER SYMBOLS

Oil Show Even	Spotted Quces	Dead	Interval Dst
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Dev: 1deg

JOB LOG

SWIFT Services, Inc.

DATE 10-10-17	PAGE NO. 1
TICKET NO. #30954	

CUSTOMER Cholla Productions LLC	WELL NO. #1-18	LEASE SRF Farms	JOB TYPE Surface Pipe
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CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	2200							on location 8 5/8" 23 #
								RTD-305 TP-305'
								Rig Drilling
10-11-17	0015							Start 8 5/8" 23 # casing in well
	0145							Break Circulation
	0155	4 1/2	5		✓			Pump 5bbl water spacer
	0156	4 1/2	45		✓			mix 185 sks STD 2% Gel 3% cc @ 14.7ppg
	0210	4 1/2	∅		✓			Displace cement
		4 1/2	13		✓			circulate cement to surface - *20 sks*
	0215	∅	18 1/2		✓			Kick out Pump / Shut in Release Pressure *value Hold*
								wash up truck
	0300							Job Complete

Thank You
Dave Preston Kirby