2295

SIDE ONE

STATE CORPORATION COMMISSION OF KANSAS
OIL & GAS CONSERVATION DIVISION
WELL COMPLETION FORM
ACO-1 WELL HISTORY
DESCRIPTION OF WELL AND LEASE

Operator: License # 4981

Name: Cholla Resources, Inc.

Address 1641 California St., #300

City/State/Zip Denver, CO 80202

Purchaser:

Operator Contact Person: William Goff

Phone (303) -623-4565

Contractor: Name: Emphasis Oil Operations

License: 8241

Wellsite Geologist: Bill Goff

Designate Type of Completion
__x__ New Well ____ Re-Entry ____ Workover

____ Oil ____ SWD ____ Temp. Abd.
____ Gas ____ Inj ____ Delayed Comp.
__x__ Dry ____ Other (Core, Water Supply, etc.)

If OWWO: old well info as follows:
Operator:

Well Name:

Comp. Date ____ Old Total Depth ____

Drilling Method:
__x__ Mud Rotary ____ Air Rotary ____ Cable

2/12/91 2/20/91 ____
Spud Date Date Reached TD Completion Date

API NO. 15- 063-21,377

County Gove

C N/2 NW SE Sec. 8 Twp. 15S Rge. 28 ____ East __x__ West

2310 Ft. North from Southeast Corner of Section

1980 Ft. West from Southeast Corner of Section
(NOTE: Locate well in section plat below.)

Lease Name Catherine Coberly Well # 1-8

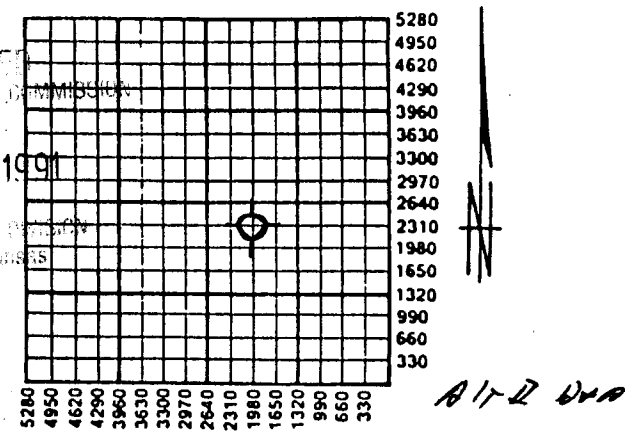
Field Name

Producing Formation

Elevation: Ground 2535' KB 2540'

Total Depth 4400' PBTD

STATE CORPORATION COMMISSION
APR 04 1991
CONSERVATION DIVISION
Wichita, Kansas



Alt II WDA

Amount of Surface Pipe Set and Cemented at 253 Feet

Multiple Stage Cementing Collar Used? ____ Yes __x__ No

If yes, show depth set ____ Feet

If Alternate II completion, cement circulated from ____

feet depth to ____ w/ ____ sx cmt.

INSTRUCTIONS: This form shall be completed in triplicate and filed with the Kansas Corporation Commission, 200 Colorado Derby Building, Wichita, Kansas 67202, within 120 days of the spud date of any well. Rule 82-3-130, 82-3-107 and 82-3-106 apply. Information on side two of this form will be held confidential for a period of 12 months if requested in writing and submitted with the form. See rule 82-3-107 for confidentiality in excess of 12 months. One copy of all **wireline logs and drillers time log shall be attached with this form. ALL CEMENTING TICKETS MUST BE ATTACHED.** Submit CP-4 form with all plugged wells. Submit CP-111 form with all temporarily abandoned wells. Any recompletion, workover or conversion of a well requires filing of ACO-2 within 120 days from commencement date of such work.

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.

Signature

Title VICE PRESIDENT FINANCE Date

Subscribed and sworn to before me this 2ND day of APRIL, 19 91.

Notary Public

Date Commission Expires April 4, 1994

K.C.C. OFFICE USE ONLY
F ____ Letter of Confidentiality Attached
C ✓ Wireline Log Received
C ✓ Drillers Timelog Received

Distribution
✓ KCC ____ SWD/Rep ____ NGPA
✓ KGS ____ Plug ✓ Other (Specify)

IS.

Form ACO-1 (7-89)

SIDE TWO

Operator Name Cholla Resources, Inc. Lease Name Catherine Coberly Well # 1-8

Sec. 8 Twp. 15S Rge. 28 ☐ East ☒ West County Gove

INSTRUCTIONS: Show important tops and base of formations penetrated. Detail all cores. Report all drill stem 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 during test. Attach extra sheet if more space is needed. Attach copy of log.

Drill Stem Tests Taken (Attach Additional Sheets.) ☒ Yes ☐ No

Samples Sent to Geological Survey ☐ Yes ☒ No

Cores Taken ☐ Yes ☒ No

Electric Log Run (Submit Copy.) ☒ Yes ☐ No

see attached

Formation Description

☒ Log ☐ Sample

Name	Top	Bottom
ANHYDRITE	1963	
HEEBNER	3672	
TORONTO	3691	
LANSING	3708	
BASE KANSAS CITY		4030
MARMATON	4050	
PAWNEE	4145	
FT. SCOTT	4179	
MISSISSIPPIAN	4324	

CASING RECORD ☐ New ☒ 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
SURFACE	12 1/4	8/ 58	20	253	60-40 poz	170	

PERFORATION RECORD

Shots Per Foot	Specify Footage of Each Interval Perforated

Acid, Fracture, Shot, Cement Squeeze Record

(Amount and Kind of Material Used)	Depth

TUBING RECORD Size Set At Packer At Liner Run ☐ Yes ☐ No

Date of First Production	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: ☐ Vented ☐ Sold ☐ Used on Lease (If vented, submit ACO-18.)

METHOD OF COMPLETION ☐ Open Hole ☐ Perforation ☐ Dually Completed ☐ Commingled ☐ Other (Specify)

Production Interval