

ORIGINAL

FORM MUST BE TYPED

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 Calif. St.
Suite 300
City/State/Zip Denver, CO 80202
Purchaser: Koch
Operator Contact Person: Bill Goff
Phone (303) 623-4565
Contractor: Name: _____
License: _____
Wellsite Geologist: _____
Designate Type of Completion
 New Well Re-Entry Workover
 Oil SWD SIOW Temp. Abd.
 Gas ENHR SIGW
 Dry Other (Core, WSW, Expl., Cathodic, etc)

If Workover/Re-Entry: old well info as follows:

Operator: N-B Company
Well Name: Loeffler B-3
Comp. Date 3-1-88 Old Total Depth 3704
 Deepening Re-perf. Conv. to Inj/SWD
 Plug Back PSTD
 Commingled Docket No. _____
 Dual Completion Docket No. _____
 Other (SWD or Inj?) Docket No. E-26, 583

Spud Date _____ Date Reached TD 10/23/92 Completion Date _____

API NO. 15- 163-22984 0001
County Rooks
SW NW NE Sec. 7 Twp. 7S Rge. 20 E
4290 Feet from S (circle one) Line of Section
2310 Feet from E (circle one) Line of Section
Footages Calculated from Nearest Outside Section Corner:
NE, SE, NW or SW (circle one)
Lease Name Loeffler Well # B-3
Field Name LeSage North
Producing Formation Injection
Elevation: Ground 2205 KB 2210
Total Depth 3709 PSTD 3685
Amount of Surface Pipe Set and Cemented at 215 Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set 1810 Feet
If Alternate II completion, cement circulated from 1810
feet depth to Surface w/ 450 sx cnt.

Drilling Fluid Management Plan 12-8-92 BPD
(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 No. _____
Quarter _____ Sec. _____ Twp. _____ S Rng. _____ E/W _____
County _____ Docket No. _____

INSTRUCTIONS: An original and two copies of this form shall be filed with the Kansas Corporation Commission, 200 Colorado Derby Building, Wichita, Kansas 67202, within 120 days of the spud date, recompletion, workover or conversion of a well. Rule 82-3-130, 82-3-106 and 82-3-107 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 geologist well report 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.

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 Wade J. Goff
Title President Date 11/5/92
Subscribed and sworn to before me this 5 day of November
19 92.
Notary Public Robert N. Wether
Date Commission Expires 10/17/95

K.C.C. OFFICE USE ONLY
F Letter of Confidentiality Attached
C Wireline Log Received
C Geologist Report Received
RECEIVED
DISTRIBUTION CORPORATION COMMISSION
 KCC SWD/Rep NEPA
 KGS Plug Other
NOV 9 1992

SIDE TMD

Operator Name Cholla Resources, Inc. Lease Name Loeffler Well # B-3
 Sec. 7 Twp. 7S Rge. 20 East County Rooks
 West

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.)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name	Top	Datum
Cores Taken	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Electric Log Run (Submit Copy.)	<input type="checkbox"/> Yes <input type="checkbox"/> No			
List All E.Logs Run:				

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				

Shnts Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type		Acid, Fracture, Shot, Cement Squeeze Record	
	Specify Footage of Each Interval Perforated		(Amount and Kind of Material Used)	Depth

TUBING RECORD	Size <u>2 3/8" Sealtite</u>	Set At	Packer At <u>3417'</u>	Liner Run <input type="checkbox"/> Yes <input type="checkbox"/> No
Date of First, Resumed Production, SMD or Inj.	<u>10/23/92</u>	Producing Method	<input checked="" type="checkbox"/> NA <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)	
Estimated Production Per 24 Hours	<u>NA</u>	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 Perf. Dually Comp. Commingled Other (Specify) _____

Production Interval _____

Water Injected on Gravity