

ORIGINAL

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

CONFIDENTIAL

Form ACO-1
September 1999
Form Must Be Typed

Operator: License # 31819
Name: Cholla Production, LLC
Address: 1641 California St., #300
City/State/Zip: Denver, CO 80202
Purchaser: _____
Operator Contact Person: EMily Hundley-Goff
Phone: (303) 623-4565
Contractor: Name: Cheyenne Drilling, LP
License: 33375
Wellsite Geologist: William Goff

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: _____

Well Name: _____
Original Comp. Date: _____ Original Total Depth: _____
____ Deepening ____ Re-perf. ____ Conv. to Enhr./SWD
____ Plug Back ____ Plug Back Total Depth
____ Commingled Docket No. _____
____ Dual Completion Docket No. _____
____ Other (SWD or Enhr.?) Docket No. _____

| | | |
|-----------------------------------|-----------------|---|
| <u>12/29/05</u> | <u>1/6/06</u> | <u>1/6/06</u> |
| Spud Date or Recompletion Date | Date Reached TD | Completion Date or Recompletion Date |

API No. 15 - 171-20607-0000
County: Scott
____ NW ____ SE ____ SE Sec. 10 Twp. 19 S. R. 34 East West
1175 feet from (S) / N (circle one) Line of Section
1085 feet from (E) / W (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:
(circle one) NE (SE) NW SW
Lease Name: Turnover Well #: 1-10
Field Name: N/A

Producing Formation: _____
Elevation: Ground: 3056 Kelly Bushing: 3067
Total Depth: 4914' LTD Plug Back Total Depth: N/A
Amount of Surface Pipe Set and Cemented at 339' 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 *ALT II P&A with*
(Data must be collected from the Reserve Pit) *5-2-07*
Chloride content 16,200 ppm Fluid volume 860 bbls
Dewatering method used evaporation and reclamation

Location of fluid disposal if hauled offsite: _____
Operator Name: _____
Lease Name: _____ License No.: _____
Quarter _____ Sec. _____ Twp. _____ S. R. _____ East West
County: _____ Docket No.: _____

INSTRUCTIONS: An original and two copies of this form shall be filed with the Kansas Corporation Commission, 130 S. Market - Room 2078, 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 of 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: Emily Hundley Goff
Title: Owner/Manager Date: 2/10/06
Subscribed and sworn to before me this 10th day of February,
20 06.
Notary Public: Lee R. Martin
Date Commission Expires: 2-18-08

KCC Office Use ONLY
 Letter of Confidentiality Received
If Denied, Yes Date: _____
____ Wireline Log Received
____ Geologist Report Received
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MAR 20 2006
KCC WICHITA
MAR 14 2006

LEE R. MARTIN
NOTARY PUBLIC
STATE OF COLORADO

KCC

Operator Name: Cholla Production, LLC Lease Name: Turnover Well #: 1-10
 Sec. 10 Twp. 19 S. R. 34 East West County: Scott

INSTRUCTIONS: Show important tops and base 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. Attach copy of all Electric Wireline Logs surveyed. Attach final geological well site report.

Drill Stem Tests Taken Yes No
 (Attach Additional Sheets)
 Samples Sent to Geological Survey Yes No
 Cores Taken Yes No
 Electric Log Run Yes No
 (Submit Copy)
 List All E. Logs Run:

Log Formation (Top), Depth and Datum Sample

| Name | Top | Datum |
|---------------|------|-------|
| Heebner | 3965 | -898 |
| Lansing | 4010 | -943 |
| Marmaton | 4470 | -1403 |
| Morrow Shale | 4768 | -1701 |
| Mississippian | 4858 | -1791 |

DIL; BCS; SSD/CNL; MEL

| CASING RECORD <input checked="" 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 |
| surf | 12 1/4" | 8 5/8" | 23 | 339' | common | 225 | 3%CC+2% gel |
| | | | | | | | |
| | | | | | | | |

| ADDITIONAL CEMENTING / SQUEEZE RECORD | | | | |
|---------------------------------------|------------------|----------------|-------------|----------------------------|
| Purpose: | Depth Top Bottom | Type of Cement | #Sacks Used | Type and Percent Additives |
| ___ Perforate | | | | |
| ___ Protect Casing | | | | |
| ___ Plug Back TD | | | | |
| ___ Plug Off Zone | | | | |

| 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 |
|----------------|---|---|-------|
| | | | |
| | | | |
| | | | |
| | | | |

| TUBING RECORD | | Size | Set At | Packer At | Liner Run | | |
|--|-----|--|--------|-----------|-----------|--|-----------------------|
| | | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Date of First, Resumerd Production, SWD or Enhr. | | Producing Method | | | | | |
| | | <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain) | | | | | |
| Estimated Production Per 24 Hours | Oil | Bbls. | Gas | Mcf | Water | Bbls. | Gas-Oil Ratio Gravity |

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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 _____

CONFIDENTIAL
 MAR 14 2006
 KCC

ALLIED CEMENTING CO., INC. 19865

REMIT TO P.O. BOX 31
RUSSELL, KANSAS 67665

CONFIDENTIAL

SERVICE POINT: Oakley

MAR 14 2006

| | | | | | | | |
|-------------------------|----------------|----------------------------|-----------------------------|-----------------------|----------------------------|--------------------------|---------------------------|
| DATE <u>1-6-06</u> | SEC. <u>10</u> | TWP. <u>19^s</u> | RANGE <u>34^w</u> | CALLED OUT <u>KCC</u> | ON LOCATION <u>5:00 PM</u> | JOB START <u>5:45 PM</u> | JOB FINISH <u>8:00 PM</u> |
| Turn Over LEASE | | WELL # <u>1-10</u> | LOCATION <u>Scott City</u> | <u>9W-55</u> | COUNTY <u>Scott</u> | STATE <u>Kan</u> | |
| OLD OR NEW (Circle one) | | | <u>1E-1/4N-1/4W</u> | | | | |

CONTRACTOR Cheyenne Drlys #1

TYPE OF JOB PTA

HOLE SIZE 7 7/8 T.D. 4935'

CASING SIZE _____ DEPTH _____

TUBING SIZE _____ DEPTH _____

DRILL PIPE 4 1/2 XH DEPTH 2350'

TOOL _____ DEPTH _____

PRES. MAX _____ MINIMUM _____

MEAS. LINE _____ SHOE JOINT _____

CEMENT LEFT IN CSG. _____

PERFS. _____

DISPLACEMENT _____

OWNER Same

CEMENT AMOUNT ORDERED 265 sks @ 6% Gel, 1/4" Flo-Seal

| | | |
|----------------------|------------------------------------|---------------------------|
| COMMON | <u>159 - sks @ 10⁰⁰</u> | <u>1,590⁰⁰</u> |
| POZMIX | <u>106 - sks @ 4⁷⁰</u> | <u>498²⁰</u> |
| GEL | <u>14 - sks @ 14⁰⁰</u> | <u>196⁰⁰</u> |
| CHLORIDE | @ | |
| ASC | @ | |
| <u>Flo-Seal 66 #</u> | @ <u>1²⁰</u> | <u>112²⁰</u> |
| | @ | |
| | @ | |
| | @ | |
| | @ | |
| | @ | |
| | @ | |
| | @ | |
| HANDLING | <u>281 - sks @ 1⁶⁰</u> | <u>449⁶⁰</u> |
| MILEAGE | <u>6¢ per sk/mile</u> | <u>1,011⁶⁰</u> |
| TOTAL | | <u>3,857⁶⁰</u> |

EQUIPMENT

PUMP TRUCK CEMENTER Walt

102 HELPER Jarrod

BULK TRUCK

218 DRIVER J.R.

BULK TRUCK

_____ DRIVER _____

REMARKS:

- 50 - sks @ 2350'
- 80 - sks @ 1320'
- 40 - sks @ 660'
- 50 sks @ 360'
- 20 sks @ 60'
- 15 sks in R.A
- 10 " " mt# Thank You

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| | | |
|-------------------|----------------------------------|-------------------------|
| DEPTH OF JOB | <u>KCC WICHITA</u> | <u>750⁰⁰</u> |
| PUMP TRUCK CHARGE | | |
| EXTRA FOOTAGE | @ | |
| MILEAGE | <u>60 miles @ 5⁰⁰</u> | <u>300⁰⁰</u> |
| MANIFOLD | @ | |
| | @ | |
| | @ | |

CHARGE TO: Cholla Production, LLC.

STREET _____

CITY _____ STATE _____ ZIP _____

TOTAL 4,050⁰⁰

PLUG & FLOAT EQUIPMENT

| | | |
|-------|---|--|
| _____ | @ | |
| _____ | @ | |
| _____ | @ | |
| _____ | @ | |
| _____ | @ | |

TOTAL _____

TAX _____

TOTAL CHARGE _____

DISCOUNT _____ IF PAID IN 30 DAYS

To Allied Cementing Co., Inc.
You are hereby requested to rent cementing equipment and furnish cementer and helper 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 & understand the "TERMS AND CONDITIONS" listed on the reverse side.

SIGNATURE [Signature]

PRINTED NAME _____

ALLIED CEMENTING CO., INC. 22190

Federal Tax ID #
CONFIDENTIAL

REMIT TO P.O. BOX 31
RUSSELL, KANSAS 67665

MAR 14 2006

SERVICE POINT:
Oakley

| | | | | | | | |
|--|--------------------|----------------------------|-----------------------------|------------------|----------------------------|---------------------------|----------------------------|
| DATE <u>12-29-05</u> | SEC. <u>10</u> | TWP. <u>19^s</u> | RANGE <u>34^w</u> | KCC | ON LOCATION <u>9:15 PM</u> | JOB START <u>11:00 PM</u> | JOB FINISH <u>11:30 PM</u> |
| Turn over LEASE | WELL # <u>1-10</u> | LOCATION <u>Scott City</u> | <u>9W-55-1E</u> | <u>1/4N-1/4W</u> | COUNTY <u>Scott</u> | STATE <u>Kan</u> | |
| OLD OR <input checked="" type="radio"/> NEW (Circle one) | | | | | | | |

CONTRACTOR Cheyenne Drils #1

TYPE OF JOB Surface

HOLE SIZE 12 1/4 T.D. 349'

CASING SIZE 8 5/8 DEPTH 339'

TUBING SIZE _____ DEPTH _____

DRILL PIPE _____ DEPTH _____

TOOL _____ DEPTH _____

PRES. MAX _____ MINIMUM _____

MEAS. LINE _____ SHOE JOINT 41.02

CEMENT LEFT IN CSG. 41'

PERFS. _____

DISPLACEMENT 19 BBL

OWNER Same

CEMENT AMOUNT ORDERED 225 sks com
3% cc-2% Ca

| | | | |
|----------|-----------------------|--------------|-----------------|
| COMMON | <u>225 sks @</u> | <u>10.00</u> | <u>2,250.00</u> |
| POZMIX | _____ @ _____ | | |
| GEL | <u>4 sks @</u> | <u>14.00</u> | <u>56.00</u> |
| CHLORIDE | <u>8 sks @</u> | <u>38.00</u> | <u>304.00</u> |
| ASC | _____ @ _____ | | |
| | _____ @ _____ | | |
| | _____ @ _____ | | |
| | _____ @ _____ | | |
| | _____ @ _____ | | |
| | _____ @ _____ | | |
| | _____ @ _____ | | |
| | _____ @ _____ | | |
| HANDLING | <u>237 sks @</u> | <u>1.60</u> | <u>379.20</u> |
| MILEAGE | <u>64 per sk/mile</u> | | <u>853.20</u> |
| TOTAL | | | <u>3842.40</u> |

EQUIPMENT

PUMP TRUCK # 393 CEMENTER Walt HELPER Andrew

BULK TRUCK # 218 DRIVER J.R.

BULK TRUCK # _____ DRIVER _____

REMARKS:

Cement Did Circ

Thank You

CHARGE TO: Cholla Production, LLC

STREET _____

CITY _____ STATE _____ ZIP _____

SERVICE

| | | | |
|-------------------|-------------------|--------------|---------------|
| DEPTH OF JOB | <u>349'</u> | | |
| PUMP TRUCK CHARGE | | | <u>670.00</u> |
| EXTRA FOOTAGE | <u>391 @</u> | <u>1.55¢</u> | <u>21.43</u> |
| MILEAGE | <u>60 miles @</u> | <u>5.00</u> | <u>300.00</u> |
| MANIFOLD | _____ @ _____ | | |
| | _____ @ _____ | | |
| | _____ @ _____ | | |
| | _____ @ _____ | | |
| | _____ @ _____ | | |
| | _____ @ _____ | | |
| | _____ @ _____ | | |
| TOTAL | | | <u>991.45</u> |

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KCC WICHITA

PLUG & FLOAT EQUIPMENT

| | | | |
|-------------------------|---------------|--|---------------|
| | <u>8 5/8</u> | | |
| 1- Texas Pattern 6in @ | | | <u>265.00</u> |
| 1- Baffle Plate @ | | | <u>45.00</u> |
| 1- Centralizer @ | | | <u>55.00</u> |
| 1- 8 5/8 Surface Plug @ | | | <u>55.00</u> |
| | _____ @ _____ | | |
| TOTAL | | | <u>420.00</u> |

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You are hereby requested to rent cementing equipment and furnish cementer and helper 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 & understand the "TERMS AND CONDITIONS" listed on the reverse side.

SIGNATURE [Signature]

TAX _____

TOTAL CHARGE _____

DISCOUNT _____ IF PAID IN 30 DAYS

PRINTED NAME