



KANSAS CORPORATION COMMISSION 1057115
OIL & GAS CONSERVATION DIVISION

Form ACO-1
June 2009

CONFIDENTIAL

WELL COMPLETION FORM

Form Must Be Typed
Form must be Signed
All blanks must be Filled

WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # 31819
Name: Cholla Production, LLC
Address 1: 7851 S ELATI ST STE 201
Address 2: _____
City: LITTLETON State: CO Zip: 80120 + 8081
Contact Person: Emily Hundley-Goff
Phone: (303) 623-4565
CONTRACTOR: License # 33575
Name: WW Drilling, LLC
Wellsite Geologist: Bill Goff
Purchaser: _____

Designate Type of Completion:

- New Well Re-Entry Workover
- Oil WSW SWD SLOW
 Gas D&A ENHR SIGW
 OG GSW Temp. Abd.
 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 ENHR Conv. to SWD
 Conv. to GSW
 Plug Back: _____ Plug Back Total Depth _____
 Commingled Permit #: _____
 Dual Completion Permit #: _____
 SWD Permit #: _____
 ENHR Permit #: _____
 GSW Permit #: _____

<u>05/05/2011</u>	<u>05/11/2011</u>	<u>05/12/2011</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-195-22709-00-00
Spot Description: _____
NW SE NE NE Sec. 16 Twp. 11 S. R. 23 East West
975 Feet from North / South Line of Section
640 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Trego
Lease Name: Schroeder Well #: 1-16
Field Name: _____
Producing Formation: None
Elevation: Ground: 2286 Kelly Bushing: 2285
Total Depth: 4075 Plug Back Total Depth: _____
Amount of Surface Pipe Set and Cemented at: 257 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: 29000 ppm Fluid volume: 1000 bbls
Dewatering method used: Hauled to Disposal
Location of fluid disposal if hauled offsite: _____
Operator Name: Pfiefer Dozer Service
Lease Name: Gardner SWD License #: 33268
Quarter NW Sec. 6 Twp. 11 S. R. 24 East West
County: Trego Permit #: D22, 014

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

- Letter of Confidentiality Received .
Date: 07/27/2011
 Confidential Release Date: _____
 Wireline Log Received
 Geologist Report Received
 UIC Distribution
ALT I II III Approved by: NAOMI JAMES Date: 08/01/2011