



KANSAS CORPORATION COMMISSION 1066838
OIL & GAS CONSERVATION DIVISION

Form ACO-1
June 2009
Form Must Be Typed
Form must be Signed
All blanks must be Filled

WELL COMPLETION FORM
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: Cholla Production LLC
Well Name: stithem #2-4
Original Comp. Date: 05/15/2011 Original Total Depth: 4225

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>05/13/2011</u>	<u>05/14/2011</u>	<u>09/15/2011</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-195-01358-00-01

Spot Description: _____
SE NE SW SE Sec. 4 Twp. 11 S. R. 23 East West
663 Feet from North / South Line of Section
1641 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW

County: Trego
Lease Name: Stithem Well #: 2-4
Field Name: _____
Producing Formation: Arbuckle
Elevation: Ground: 2287 Kelly Bushing: 2294
Total Depth: 4252 Plug Back Total Depth: _____
Amount of Surface Pipe Set and Cemented at: 189 Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set: 1768 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

Letter of Confidentiality Received
Date: _____

Confidential Release Date: _____

Wireline Log Received

Geologist Report Received

UIC Distribution

ALT I II III Approved by: Deanna Garnier Date: 11/16/2011



1066838

Operator Name: Cholla Production, LLC Lease Name: Stithem Well #: 2-4
 Sec. 4 Twp. 11 S. R. 23 East West County: Trego

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 complete copy of all Electric Wire-line Logs surveyed. Attach final geological well site report.

Drill Stem Tests Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Electric Log Run <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Submitted Electronically <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(If no, Submit Copy)</i> List All E. Logs Run: Attached	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;">Name</td> <td style="width:20%;">Top</td> <td style="width:20%;">Datum</td> </tr> <tr> <td>Arbuckle</td> <td>4011</td> <td>-1717</td> </tr> <tr> <td>Stone Corral</td> <td>1767</td> <td>527</td> </tr> <tr> <td>Base Stone Corral</td> <td>1810</td> <td>484</td> </tr> <tr> <td>Heebner</td> <td>3505</td> <td>-1211</td> </tr> <tr> <td>Lansing</td> <td>3540</td> <td>-1246</td> </tr> <tr> <td>BKC</td> <td>3770</td> <td>-1476</td> </tr> </table>	Name	Top	Datum	Arbuckle	4011	-1717	Stone Corral	1767	527	Base Stone Corral	1810	484	Heebner	3505	-1211	Lansing	3540	-1246	BKC	3770	-1476
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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
Surface	12.25	8.625	23	189	common, 3% cc, 2% ge	175	20bbl water
Production	7.875	5.5	15.50	3997	ASC 13.8ppg	150	5bbl KCL, 54bbl water, 42bbl mix

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
<input type="checkbox"/> Perforate <input checked="" type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> Plug Off Zone	1768-1768	60/40 pos.	400	Fresh Water w/biocide & corrosion inhibitor, 2%

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>	Depth
	Open Hole	2000 gal 20% Ffe 4.5 bpm	4063-4252

TUBING RECORD: Size: <u>2.375</u>		Set At: <u>4020</u>		Packer At: <u>4020</u>		Liner Run: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Date of First, Resumed Production, SWD or ENHR. <u>12/15/2011</u>			Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input checked="" type="checkbox"/> Other (Explain) <u>currently inactive</u>				
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 checked="" 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> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	Cholla Production, LLC
Well Name	Stithem 2-4
Doc ID	1066838

All Electric Logs Run

Dual Compensated Porosity Log
Microresistivity Log
Dual Induction Log
Computer Processed Interpretation



Consolidated

CONSOLIDATED
Oil Well Services, LLC

PO Box 684, Chanute, KS 66720
620-431-9210 or 800-467-8676

7856728899

P.1

TICKET NUMBER 28073

LOCATION RAHLEY

FOREMAN Fuzzy

FIELD TICKET & TREATMENT REPORT CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
5-14-11	2582	Stitham 2-4	4	11	73	Trego

TRUCK #	DRIVER	TRUCK #	DRIVER
463	Kelly G		
523-T-127	Khadi S		
558	Damon M		

CUSTOMER: Cholla Productions LLC
 MAILING ADDRESS: _____
 CITY: _____ STATE: _____ ZIP CODE: _____

JOB TYPE: Prod. DU HOLE SIZE: 7 7/8 HOLE DEPTH: 4725' CASING SIZE & WEIGHT: 5 1/2 15.5
 CASING DEPTH: 4662' DRILL PIPE: _____ TUBING: _____ OTHER: DU Tool (1205)
 SLURRY WEIGHT: 13.8-12.5 SLURRY VOL: 1.9-1.98 WATER gal/sk: 6.9-10.8 CEMENT LEFT in CASING: 20 3/4
 DISPLACEMENT: 96.2 DISPLACEMENT PSI: _____ MIX PSI: _____ RATE: _____

REMARKS: Safety meeting on well site. Pump 500 gal mud flush 5 min. Plug & displace 50 Bbl water + 46 Bbl mud high pressure 1500#. Drop DU Bomb last 10 min open DU Tool @ 850#. Circ 1 1/2 hrs. Pump 5 Bbl water mix 30% cement in R.H. Mix 420 gal down 5 1/2 sec. Wash pump & lines. Drop plus mud displace to DU Tool. 800# high head plus mud circulation @ 1800#. Cement did circulate in cell.

Thanks Fuzzy & crew

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401P	1	PUMP CHARGE		
5406	45	MILEAGE		
5407A	26.4	Tow mil. raze Delivery		
1126	150 SKS	OWC		
1131	450 SKS	60/40 pos		
118B	3096 #	Brackonite		
1107	113 #	Flc-seal		
110A	750 #	Rol-seal		
114UG	500 gal	Mud Flush		
4253	1	5 1/2 Packer shoe		
4283	1	5 1/2 DU Tool w/ Latchdown		
4136	10	5 1/2 Turbolizers		
4130	1	5 1/2 Centralizer		
4104	1	5 1/2 Basket		
		Subtotal		
		Less 15% Disc		
		24141		
		6.8%		

AUTHORIZATION: [Signature] TITLE: Account DATE: 5-14-11

ESTIMATED TOTAL

acknowledge that the payment terms, unless specifically amended in writing on the front of the form or in the customer's account records, at our office, and conditions of service on the back of this form are in effect for services identified on this for