



KANSAS CORPORATION COMMISSION 1077109
OIL & GAS CONSERVATION DIVISION

Form ACO-1
June 2009

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

CONFIDENTIAL

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 SIOW
 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 #: _____

01/10/2012	01/16/2012	03/16/2012
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-039-21144-00-00
Spot Description: _____
NE SW NW SE Sec. 25 Twp. 2 S. R. 30 East West
1880 Feet from North / South Line of Section
2080 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Decatur
Lease Name: Stallman Well #: 1-25
Field Name: _____
Producing Formation: Topeka Limestone
Elevation: Ground: 2795 Kelly Bushing: 2795
Total Depth: 4110 Plug Back Total Depth: _____
Amount of Surface Pipe Set and Cemented at: 259 Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set: 2569 Feet
If Alternate II completion, cement circulated from: _____
feet depth to: _____ w/ _____ sx crnt.

Drilling Fluid Management Plan
(Data must be collected from the Reserve Pit)
Chloride content: 20000 ppm Fluid volume: 850 bbls
Dewatering method used: Evaporated
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: 03/22/2012
 Confidential Release Date: _____
 Wireline Log Received
 Geologist Report Received
 UIC Distribution
ALT I II III Approved by: NAOMI JAMES Date: 03/23/2012