



KANSAS CORPORATION COMMISSION 1097170
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: Bill 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: Wood Energy
Well Name: Bontrager 29-1
Original Comp. Date: 12/12/2009 Original Total Depth: 4800
 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 #: _____
06/14/2012 06/16/2012 09/03/2012
Spud Date or Date Reached TD Completion Date or Recompletion Date

API No. 15 - 15-171-20742-00-01
Spot Description: _____
NE SW SW NE Sec. 29 Twp. 19 S. R. 33 East West
2305 Feet from North / South Line of Section
2142 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Scott
Lease Name: Bontrager Well #: 29-1 OWWO
Field Name: None
Producing Formation: Mississippian
Elevation: Ground: 2986 Kelly Bushing: 2993
Total Depth: 5296 Plug Back Total Depth: 5278
Amount of Surface Pipe Set and Cemented at: 543 Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set: 2250 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: 21000 ppm Fluid volume: 1600 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: 11/06/2012
 Confidential Release Date: _____
 Wireline Log Received
 Geologist Report Received
 UIC Distribution
ALT I II III Approved by: Deanna Garrison Date: 11/21/2012



1097170

Operator Name: Cholla Production, LLC Lease Name: Bontrager Well #: 29-1 OWWO
 Sec. 29 Twp. 19 S. R. 33 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 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 type="checkbox"/> Yes <input checked="" 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: GR-CBL	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Name</th> <th style="text-align: left;">Top</th> <th style="text-align: left;">Datum</th> </tr> </thead> <tbody> <tr> <td>Heebner</td> <td>3878</td> <td>-879</td> </tr> <tr> <td>Cherokee Shale</td> <td>4494</td> <td>-1495</td> </tr> <tr> <td>Morrow Shale</td> <td>4654</td> <td>-1655</td> </tr> <tr> <td>St. Genevieve</td> <td>4697</td> <td>-1698</td> </tr> <tr> <td>St. Louis</td> <td>4741</td> <td>-1742</td> </tr> </tbody> </table>	Name	Top	Datum	Heebner	3878	-879	Cherokee Shale	4494	-1495	Morrow Shale	4654	-1655	St. Genevieve	4697	-1698	St. Louis	4741	-1742
Name	Top	Datum																	
Heebner	3878	-879																	
Cherokee Shale	4494	-1495																	
Morrow Shale	4654	-1655																	
St. Genevieve	4697	-1698																	
St. Louis	4741	-1742																	

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
Production	7.875	5.5	17	5290	OWC	200	

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	2250-2250	Lite	420	

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
4	5146-52	500 gal 15% NEFE acid	5146-52
4	4684-89	400 gal 7.5% MCA acid	4684-89
		480bbbls KCL + gelled H2O frac	4684-89
4	4456-60	500gal 15% NEFE acid	4456-60
4	4462-65	2000 gal 20% SGA acid + 500 gal KCL water	4462-65

TUBING RECORD:	Size: 2.875	Set At: 4502	Packer At: SN @ 4481	Liner Run: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date of First, Resumed Production, SWD or ENHR. 09/13/2012		Producing Method: <input type="checkbox"/> Flowing <input checked="" type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain) _____		
Estimated Production Per 24 Hours	Oil Bbls. 30	Gas Mcf	Water Bbls.	Gas-Oil Ratio

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 type="checkbox"/> Open Hole <input checked="" type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <i>(Submit ACO-5)</i> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: 4456-65
---	--	---------------------------------



PO Box 884, Chanute, KS 66720
620-431-9210 or 800-467-8676

TICKET NUMBER 34542
LOCATION Oakley HS
FOREMAN Miles Shaw
Walt Dinkel

FIELD TICKET & TREATMENT REPORT

CEMENT

KS

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
6-17-12	2582	Bontregor 29-1 Graw 0	29	19S	33W	Scott
CUSTOMER Cholla Production			Scottsbl 8S 4W 16N Washinto			
MAILING ADDRESS			TRUCK #	DRIVER	TRUCK #	DRIVER
CITY			399	Sam/Ann		
STATE			466729	Thomas B		
ZIP CODE			546	Cody R		

JOB TYPE 2 stage DV HOLE SIZE 7 7/8 HOLE DEPTH _____ CASING SIZE & WEIGHT 5 1/2" 17#
 CASING DEPTH 5300' DRILL PIPE _____ TUBING _____ OTHER DV tool @ 2250'
 SLURRY WEIGHT 14.1/14.5 SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 19.66'
 DISPLACEMENT 123/574 DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety meeting & rig upon w/d drilling rig @ Run Float Equipment as ordered
Centralizers @ 1, 28, 23, 25. Baskets @ 27 & 77 DV tool on top + 75 scratches on
21, 22, 23, 26 ten total ran casing to bottom Circulate casing 45 min 7m 200SK
OWC 5# Kivseal Mud Flush before cement seal gel release plus displace 20 bbls
Water 53 bbls mud Plug d.t lead Deywood bump open tool @ 11521.52 Pump out. Remain-
ment had good circulation mixed 450 SKs Release plug cleared pumping lines displace
53 bbls water landed plug @ 1600.52 Plug held
30 SKs RH

Thank you
Miles & Crew

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401C	1	PUMP CHARGE	3020.00	3020.00
5406	50	MILEAGE	5.00	250.00
5407A	28.75	Ten mileage delivery	1.67	240.50
1126	200 SKs	OWC	22.55	4510.00
1110A	1000 #	Kivseal	.56	560.00
1131	450 SKs	60/40 PVC mix	15.10	6795.00
1188	3096 #	Bontregor seal	.25	774.00
1107	112.5 #	Fla Seal	2.82	317.25
4159	1	AFU Float shoe 5 1/2"	413.00	413.00
4104	2	Baskets 5 1/2"	276.00	552.00
4314	10	5/8 scrubbers Precipitators	78.00	780.00
4263	1	DV tool / latch down 5 1/2"	3850.00	3850.00
1144G	500 gal	Mud Flush	1.00	500.00
4130	4	Centralizers 5 1/2"	58.00	232.00
		Subtotal		24963.75
		less 10% discount		22467.38
		Subtotal		22467.38
		SALES TAX		1410.47
		ESTIMATED TOTAL		23877.85

Rev 3737

AUTHORIZATION John Alvord TITLE _____ DATE _____

I 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 form.

Conservation Division
Finney State Office Building
130 S. Market, Rm. 2078
Wichita, KS 67202-3802



Phone: 316-337-6200
Fax: 316-337-6211
<http://kcc.ks.gov/>

Mark Sievers, Chairman
Thomas E. Wright, Commissioner
Shari Feist Albrecht, Commissioner

Sam Brownback, Governor

November 06, 2012

Bill Goff
Cholla Production, LLC
7851 S ELATI ST STE 201
LITTLETON, CO 80120-8081

Re: ACO1
API 15-171-20742-00-01
Bontrager 29-1 OWWO
NE/4 Sec.29-19S-33W
Scott County, Kansas

Dear Production Department:

We are herewith requesting that the Well Completion Form ACO-1 and attached information for the subject well be held confidential for a period of two years.

Should you have any questions or need additional information regarding subject well, please contact our office.

Respectfully,
Bill Goff

Conservation Division
Finney State Office Building
130 S. Market, Rm. 2078
Wichita, KS 67202-3802



Phone: 316-337-6200
Fax: 316-337-6211
<http://kcc.ks.gov/>

Mark Sievers, Chairman
Thomas E. Wright, Commissioner
Shari Feist Albrecht, Commissioner

Sam Brownback, Governor

November 07, 2012

Bill Goff
Cholla Production, LLC
7851 S ELATI ST STE 201
LITTLETON, CO 80120-8081

Re: ACO-1
API 15-171-20742-00-01
Bontrager 29-1 OWWO
NE/4 Sec.29-19S-33W
Scott County, Kansas

Dear Bill Goff:

K.A.R. 82-3-107 provides for all completion information to be filed within 120 days of the spud date. Subsection(e)(2) of that regulation states "All rights to confidentiality shall be lost if the filings are not timely."

The above referenced well was spudded on 06/14/2012 and the ACO-1 was received on November 06, 2012 (not within the 120 days timely requirement).

Therefore, your request for confidential treatment of data contained within the ACO-1 filing cannot be granted at this time.

If you should have any questions, please do not hesitate to contact me at (316)337-6200.

Sincerely,

Production Department