



KANSAS CORPORATION COMMISSION 1102299

Form ACO-1

June 2009

Form Must Be Typed

Form must be Signed

All blanks must be Filled

CONFIDENTIAL

OIL & GAS CONSERVATION DIVISION

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 #:

08/15/2012

08/21/2012

10/05/2012

Spud Date or
Recompletion Date

Date Reached TD

Completion Date or
Recompletion Date

API No. 15 - 15-039-21155-00-00

Spot Description:

W2 SW SE NE Sec. 25 Twp. 2 S. R. 30 ☐ East ☒ West2310 Feet from ☒ North / ☐ South Line of Section1090 Feet from ☒ East / ☐ West Line of Section

Footages Calculated from Nearest Outside Section Corner:

☒ NE ☐ NW ☐ SE ☐ SW

County: Decatur

Lease Name: Kyte-Ung Well #: 1-25

Field Name: Ung

Producing Formation: Lansing

Elevation: Ground: 2809 Kelly Bushing: 2810

Total Depth: 4090 Plug Back Total Depth:

Amount of Surface Pipe Set and Cemented at: 260 Feet

Multiple Stage Cementing Collar Used? ☒ Yes ☐ No

If yes, show depth set: 2570 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: 1300 ppm Fluid volume: 750 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: 11/27/2012

☐ Confidential Release Date:☒ Wireline Log Received☐ Geologist Report Received☐ UIC DistributionALT ☒ I ☐ II ☐ III Approved by: Date: 11/28/2012