



Confidentiality Requested:

Yes No

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # _____

Name: _____

Address 1: _____

Address 2: _____

City: _____ State: _____ Zip: _____ + _____

Contact Person: _____

Phone: (_____) _____

CONTRACTOR: License # _____

Name: _____

Wellsite Geologist: _____

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
- Plug Back Conv. to GSW Conv. to Producer
- Commingled Permit #: _____
- Dual Completion Permit #: _____
- SWD Permit #: _____
- ENHR Permit #: _____
- GSW Permit #: _____

Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date
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API No. 15 - _____

Spot Description: _____

_____ - _____ - _____ Sec. _____ Twp. _____ S. R. _____ East West

_____ Feet from North / South Line of Section

_____ Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE NW SE SW

GPS Location: Lat: _____, Long: _____
(e.g. xx.xxxxx) (e.g. -xxx.xxxxx)

Datum: NAD27 NAD83 WGS84

County: _____

Lease Name: _____ Well #: _____

Field Name: _____

Producing Formation: _____

Elevation: Ground: _____ Kelly Bushing: _____

Total Vertical Depth: _____ Plug Back Total Depth: _____

Amount of Surface Pipe Set and Cemented at: _____ 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: _____ 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

- Confidentiality Requested
Date: _____
- Confidential Release Date: _____
- Wireline Log Received
- Geologist Report Received
- UIC Distribution
- ALT I II III Approved by: _____ Date: _____

Operator Name: _____ Lease Name: _____ Well #: _____

Sec. _____ Twp. _____ S. R. _____ East West County: _____

INSTRUCTIONS: Show important tops 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.

Final Radioactivity Log, Final Logs run to obtain Geophysical Data and Final Electric Logs must be emailed to kcc-well-logs@kcc.ks.gov. Digital electronic log files must be submitted in LAS version 2.0 or newer AND an image file (TIFF or PDF).

Drill Stem Tests Taken <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey <input type="checkbox"/> Yes <input type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Run <input type="checkbox"/> Yes <input type="checkbox"/> No List All E. Logs Run: _____	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum
--	---

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

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
<input type="checkbox"/> Perforate <input type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> Plug Off Zone				

Did you perform a hydraulic fracturing treatment on this well? Yes No *(If No, skip questions 2 and 3)*
 Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons? Yes No *(If No, skip question 3)*
 Was the hydraulic fracturing treatment information submitted to the chemical disclosure registry? Yes No *(If No, fill out Page Three of the ACO-1)*

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

TUBING RECORD: Size: _____ Set At: _____ Packer At: _____ Liner Run: Yes No

Date of First, Resumed Production, SWD or ENHR: _____ Producing Method:
 Flowing Pumping Gas Lift Other *(Explain)* _____

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

Lease Name and Number: Garrett Ranch 1-22

API/Permit #: 15-195-22935-00-00

Doc ID: 1220996

Correction Number: 1

Approved By: NAOMI JAMES

Field Name	Previous Value	New Value
Approved Date	07/24/2014	08/29/2014
Liner Run?		No
Perf_Depth_1		3603-3606
Perf_Depth_2		3539-3543
Perf_Material_1		w/300gal 15%HCL Demo Ffe
Perf_Material_2		w/1000gal 20% HCL Demo Ffe
Perf_Record_1		3603-3606
Perf_Record_2		3539-3543
Perf_Shots_1		6
Perf_Shots_2		6

Summary of changes for correction 1 continued

Field Name	Previous Value	New Value
Save Link	../../../../kcc/detail/operatorEditDetail.cfm?docID=1205969	../../../../kcc/detail/operatorEditDetail.cfm?docID=1220996
Tubing Packer At		3567
Tubing Record - Set At		3681
Tubing Size		2.375



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1205969
OIL & GAS CONSERVATION DIVISION

Form ACO-1
August 2013

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 # _____

Name: _____

Address 1: _____

Address 2: _____

City: _____ State: _____ Zip: _____ + _____

Contact Person: _____

Phone: (_____) _____

CONTRACTOR: License # _____

Name: _____

Wellsite Geologist: _____

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
- Plug Back Conv. to GSW Conv. to Producer
- Commingled Permit #: _____
- Dual Completion Permit #: _____
- SWD Permit #: _____
- ENHR Permit #: _____
- GSW Permit #: _____

Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date
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API No. 15 - _____

Spot Description: _____

_____ - _____ - _____ Sec. _____ Twp. _____ S. R. _____ East West

_____ Feet from North / South Line of Section

_____ Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE NW SE SW

GPS Location: Lat: _____, Long: _____
(e.g. xx.xxxxx) (e.g. -xxx.xxxxx)

Datum: NAD27 NAD83 WGS84

County: _____

Lease Name: _____ Well #: _____

Field Name: _____

Producing Formation: _____

Elevation: Ground: _____ Kelly Bushing: _____

Total Vertical Depth: _____ Plug Back Total Depth: _____

Amount of Surface Pipe Set and Cemented at: _____ 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: _____ 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

- Confidentiality Requested
Date: _____
- Confidential Release Date: _____
- Wireline Log Received
- Geologist Report Received
- UIC Distribution
- ALT I II III Approved by: _____ Date: _____

Operator Name: _____ Lease Name: _____ Well #: _____

Sec. _____ Twp. _____ S. R. _____ East West County: _____

INSTRUCTIONS: Show important tops 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.

Final Radioactivity Log, Final Logs run to obtain Geophysical Data and Final Electric Logs must be emailed to kcc-well-logs@kcc.ks.gov. Digital electronic log files must be submitted in LAS version 2.0 or newer AND an image file (TIFF or PDF).

Drill Stem Tests Taken <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey <input type="checkbox"/> Yes <input type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Run <input type="checkbox"/> Yes <input type="checkbox"/> No Geologist Report / Mud Logs <input type="checkbox"/> Yes <input type="checkbox"/> No List All E. Logs Run:	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum
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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

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
<input type="checkbox"/> Perforate <input type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> Plug Off Zone				

1. Did you perform a hydraulic fracturing treatment on this well? Yes No *(If No, skip questions 2 and 3)*
2. Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons? Yes No *(If No, skip question 3)*
3. Was the hydraulic fracturing treatment information submitted to the chemical disclosure registry? Yes No *(If No, fill out Page Three of the ACO-1)*

Date of first Production/Injection or Resumed Production/Injection:	Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other <i>(Explain)</i> _____				
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 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>	PRODUCTION INTERVAL: Top Bottom
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Shots Per Foot	Perforation Top	Perforation Bottom	Bridge Plug Type	Bridge Plug Set At	Acid, Fracture, Shot, Cementing Squeeze Record <i>(Amount and Kind of Material Used)</i>

TUBING RECORD:	Size:	Set At:	Packer At:	
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**TRILOBITE
TESTING, INC.**

DRILL STEM TEST REPORT

Cholla Production, LLC

22-11S-23W Trego, KS

10390 Bradford Rd
Suite 201
Littleton, CO 80127
ATTN: Justin Carter

Garrett Ranch #1-22

Job Ticket: 59229

DST#: 1

Test Start: 2014.05.18 @ 19:27:32

GENERAL INFORMATION:

Formation: **LKC "A"**

Deviated: No Whipstock: ft (KB)

Time Tool Opened: 22:42:32

Time Test Ended: 03:39:32

Test Type: Conventional Bottom Hole (Initial)

Tester: Brannan L

Unit No: 48

Interval: 3496.00 ft (KB) To 3517.00 ft (KB) (TVD)

Reference Elevations: 2267.00 ft (KB)

Total Depth: 3517.00 ft (KB) (TVD)

2262.00 ft (CF)

Hole Diameter: 7.88 inches Hole Condition: Fair

KB to GR/CF: 5.00 ft

Serial #: 8321 Outside

Press @ RunDepth: 79.62 psig @ 3497.00 ft (KB)

Capacity: 8000.00 psig

Start Date: 2014.05.18

End Date:

2014.05.19

Last Calib.:

2014.05.19

Start Time: 19:27:33

End Time:

03:39:32

Time On Btm:

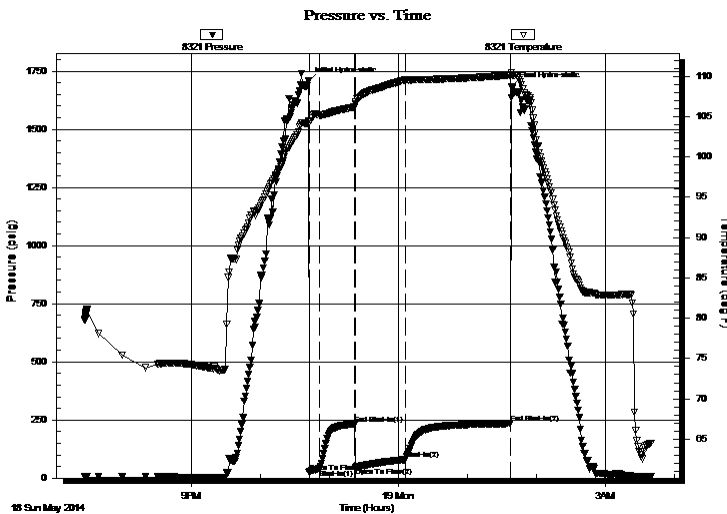
2014.05.18 @ 22:42:02

Time Off Btm:

2014.05.19 @ 01:38:32

TEST COMMENT: 10- IF- Slow ly built to 3"
30- IS- No blow
45- FF- Slow ly built to 7"
90- FSI- No blow

PRESSURE SUMMARY



Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	1706.62	104.47	Initial Hydro-static
1	25.23	104.28	Open To Flow (1)
9	39.79	105.20	Shut-In(1)
40	232.49	106.18	End Shut-In(1)
41	45.99	106.53	Open To Flow (2)
84	79.62	109.56	Shut-In(2)
175	234.71	110.12	End Shut-In(2)
177	1684.76	110.24	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
120.00	MW w / oil spots, 40%M 60%W	0.59

Gas Rates

	Choke (inches)	Pressure (psig)	Gas Rate (Mcf/d)



**TRILOBITE
TESTING, INC.**

DRILL STEM TEST REPORT

FLUID SUMMARY

Cholla Production, LLC

22-11S-23W Trego, KS

10390 Bradford Rd
Suite 201
Littleton, CO 80127
ATTN: Justin Carter

Garrett Ranch #1-22

Job Ticket: 59229

DST#: 1

Test Start: 2014.05.18 @ 19:27:32

Mud and Cushion Information

Mud Type: Gel Chem

Cushion Type:

Oil API:

deg API

Mud Weight: 9.00 lb/gal

Cushion Length:

ft

Water Salinity:

ppm

Viscosity: 53.00 sec/qt

Cushion Volume:

bbbl

Water Loss: 6.00 in³

Gas Cushion Type:

Resistivity: ohm.m

Gas Cushion Pressure:

psig

Salinity: 2000.00 ppm

Filter Cake: inches

Recovery Information

Recovery Table

Length ft	Description	Volume bbbl
120.00	MW w / oil spots, 40%M 60%W	0.590

Total Length: 120.00 ft Total Volume: 0.590 bbl

Num Fluid Samples: 0

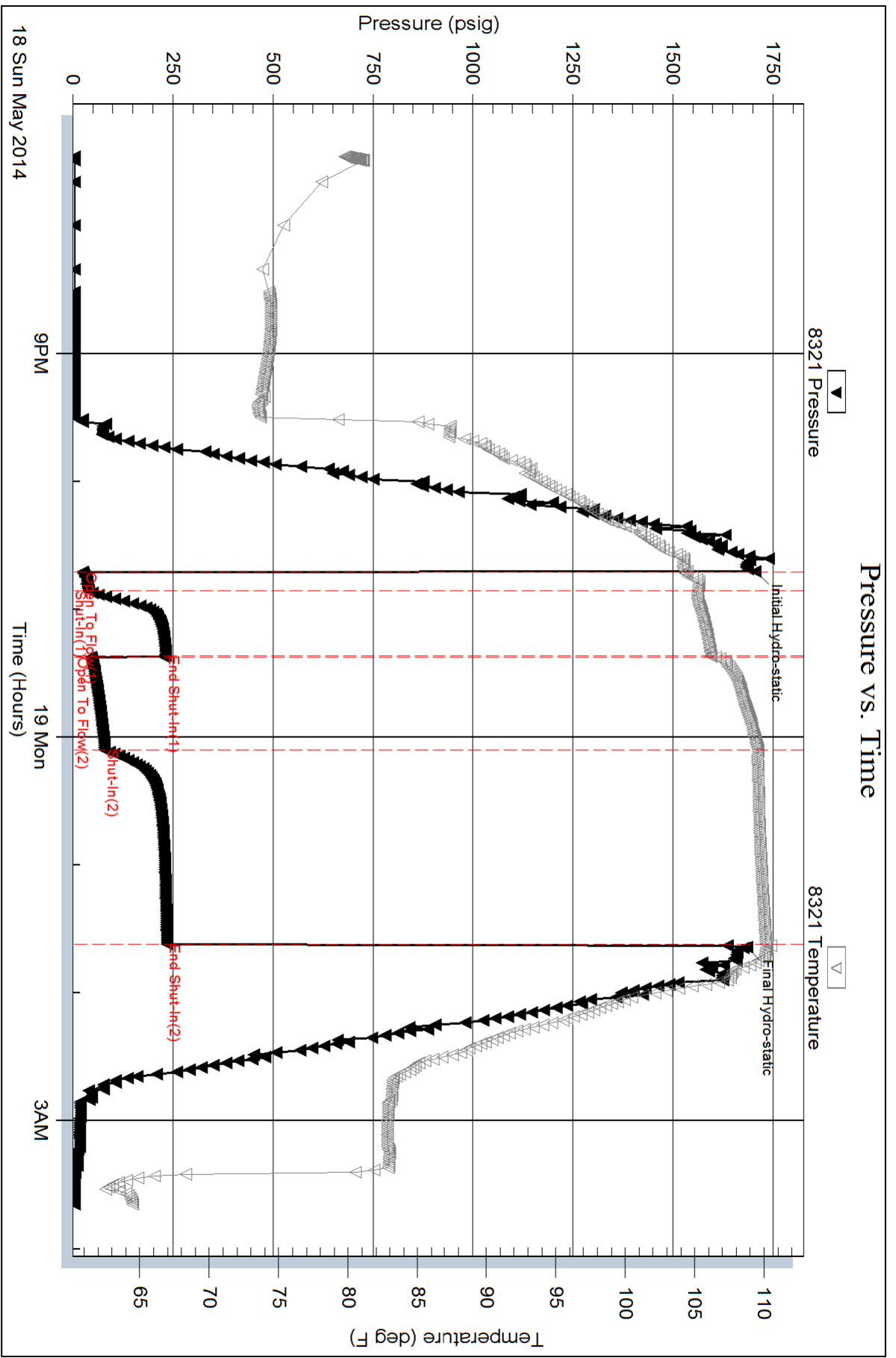
Num Gas Bombs: 0

Serial #:

Laboratory Name:

Laboratory Location:

Recovery Comments: Sampler: 2000mL W w / show of oil on top @ 180PSI





**TRILOBITE
TESTING, INC.**

DRILL STEM TEST REPORT

Cholla Production, LLC

22-11S-23W Trego, KS

10390 Bradford Rd
Suite 201
Littleton, CO 80127
ATTN: Justin Carter

Garrett Ranch #1-22

Job Ticket: 59230

DST#: 2

Test Start: 2014.05.19 @ 09:44:09

GENERAL INFORMATION:

Formation: **LKC**

Deviated: No Whipstock: ft (KB)

Time Tool Opened: 11:03:09

Time Test Ended: 16:00:39

Test Type: Conventional Bottom Hole (Reset)

Tester: Brannan L

Unit No: 48

Interval: 3517.00 ft (KB) To 3548.00 ft (KB) (TVD)

Reference Elevations: 2267.00 ft (KB)

Total Depth: 3548.00 ft (KB) (TVD)

2262.00 ft (CF)

Hole Diameter: 7.88 inches Hole Condition: Fair

KB to GR/CF: 5.00 ft

Serial #: 8321 Outside

Press @ Run Depth: 98.79 psig @ 3518.00 ft (KB)

Capacity: 8000.00 psig

Start Date: 2014.05.19

End Date:

2014.05.19

Last Calib.:

2014.05.19

Start Time: 09:44:10

End Time:

16:00:39

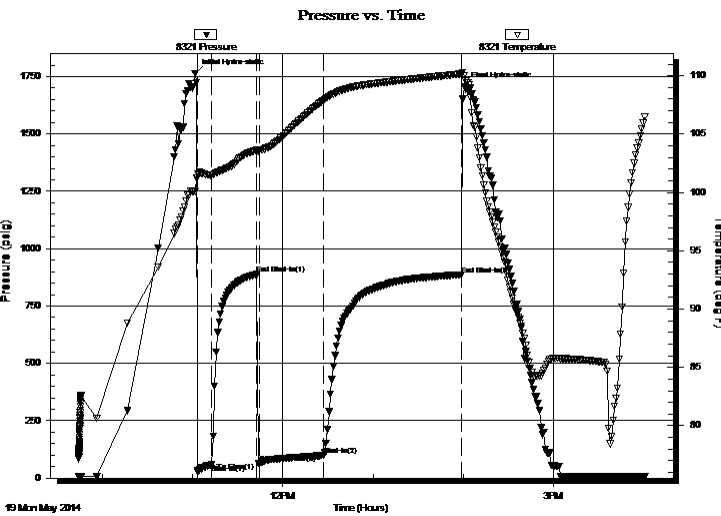
Time On Btm:

2014.05.19 @ 11:01:39

Time Off Btm:

2014.05.19 @ 14:00:39

TEST COMMENT: 10- IF- Built slow ly to 3"
30- IS- No blow
45- FF- BOB 37mins
90- FSI- No blow



PRESSURE SUMMARY

Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	1764.20	100.08	Initial Hydro-static
2	28.60	101.24	Open To Flow (1)
11	58.26	101.49	Shut-In(1)
41	887.96	103.62	End Shut-In(1)
43	64.30	103.55	Open To Flow (2)
86	98.79	107.89	Shut-In(2)
177	886.55	110.16	End Shut-In(2)
179	1707.86	110.02	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
165.00	GSOSWM, 5%G 5%O 10%W 80%M	1.19
0.00	85' GIP	0.00

Gas Rates

	Choke (inches)	Pressure (psig)	Gas Rate (Mcf/d)

* Recovery from multiple tests



**TRILOBITE
TESTING, INC.**

DRILL STEM TEST REPORT

FLUID SUMMARY

Cholla Production, LLC

22-11S-23W Trego, KS

10390 Bradford Rd
Suite 201
Littleton, CO 80127
ATTN: Justin Carter

Garrett Ranch #1-22

Job Ticket: 59230

DST#: 2

Test Start: 2014.05.19 @ 09:44:09

Mud and Cushion Information

Mud Type: Gel Chem

Cushion Type:

Oil API:

deg API

Mud Weight: 9.00 lb/gal

Cushion Length:

ft

Water Salinity:

ppm

Viscosity: 53.00 sec/qt

Cushion Volume:

bbbl

Water Loss: 5.99 in³

Gas Cushion Type:

Resistivity: ohm.m

Gas Cushion Pressure:

psig

Salinity: 2000.00 ppm

Filter Cake: inches

Recovery Information

Recovery Table

Length ft	Description	Volume bbbl
165.00	GSOSWM, 5%G 5%O 10%W 80%M	1.187
0.00	85' GIP	0.000

Total Length: 165.00 ft Total Volume: 1.187 bbl

Num Fluid Samples: 0

Num Gas Bombs: 0

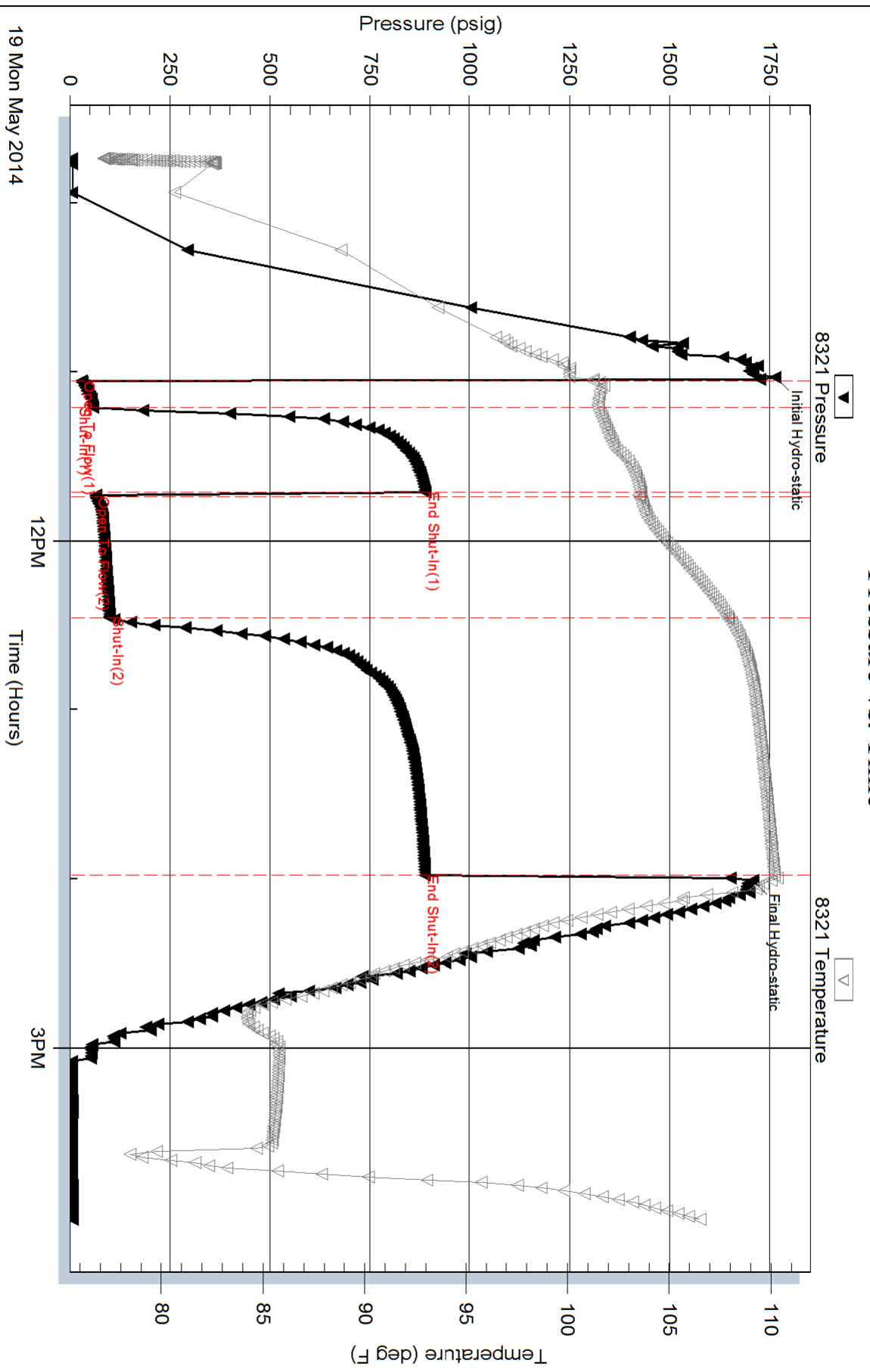
Serial #:

Laboratory Name:

Laboratory Location:

Recovery Comments: Sampler:400mL W & 1600mL O @ 60PSI

Pressure vs. Time





**TRILOBITE
TESTING, INC.**

DRILL STEM TEST REPORT

Cholla Production, LLC

22-11S-23W Trego, KS

10390 Bradford Rd
Suite 201
Littleton, CO 80127
ATTN: Justin Carter

Garrett Ranch #1-22

Job Ticket: 59231

DST#: 3

Test Start: 2014.05.20 @ 00:13:03

GENERAL INFORMATION:

Formation: **LKC "E-F"**

Deviated: No Whipstock: ft (KB)

Time Tool Opened: 02:05:33

Time Test Ended: 05:47:03

Test Type: Conventional Bottom Hole (Reset)

Tester: Brannan L

Unit No: 48

Interval: 3566.00 ft (KB) To 3595.00 ft (KB) (TVD)

Reference Elevations: 2267.00 ft (KB)

Total Depth: 3595.00 ft (KB) (TVD)

2262.00 ft (CF)

Hole Diameter: 7.88 inches Hole Condition: Fair

KB to GR/CF: 5.00 ft

Serial #: 8321 Outside

Press @ Run Depth: 35.37 psig @ 3567.00 ft (KB)

Capacity: 8000.00 psig

Start Date: 2014.05.20

End Date:

2014.05.20

Last Calib.:

2014.05.20

Start Time: 00:13:04

End Time:

05:47:03

Time On Btm:

2014.05.20 @ 02:05:03

Time Off Btm:

2014.05.20 @ 04:08:03

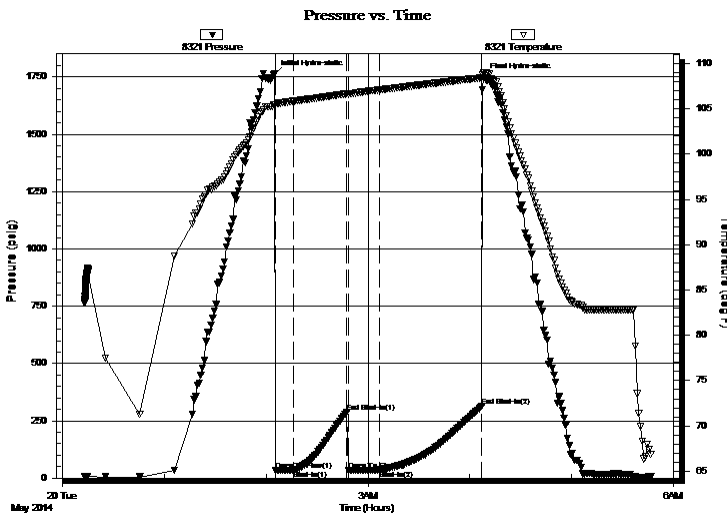
TEST COMMENT: 10- IF- Weak surface blow

30- IS- No blow

20- FF- No blow

60- FSI- No blow

PRESSURE SUMMARY



Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	1761.69	105.49	Initial Hydro-static
1	32.38	105.45	Open To Flow (1)
11	33.43	105.84	Shut-In(1)
43	288.48	106.66	End Shut-In(1)
44	34.53	106.63	Open To Flow (2)
62	35.37	107.09	Shut-In(2)
122	313.15	108.43	End Shut-In(2)
123	1746.29	109.01	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
5.00	M	0.02

Gas Rates

	Choke (inches)	Pressure (psig)	Gas Rate (Mcf/d)

* Recovery from multiple tests



**TRILOBITE
TESTING, INC.**

DRILL STEM TEST REPORT

FLUID SUMMARY

Cholla Production, LLC

22-11S-23W Trego, KS

10390 Bradford Rd
Suite 201
Littleton, CO 80127
ATTN: Justin Carter

Garrett Ranch #1-22

Job Ticket: 59231

DST#: 3

Test Start: 2014.05.20 @ 00:13:03

Mud and Cushion Information

Mud Type: Gel Chem

Mud Weight: 9.00 lb/gal

Viscosity: 49.00 sec/qt

Water Loss: 6.40 in³

Resistivity: ohm.m

Salinity: 2800.00 ppm

Filter Cake: inches

Cushion Type:

Cushion Length: ft

Cushion Volume: bbl

Gas Cushion Type:

Gas Cushion Pressure: psig

Oil API:

Water Salinity: ppm

deg API

Recovery Information

Recovery Table

Length ft	Description	Volume bbl
5.00	M	0.025

Total Length: 5.00 ft Total Volume: 0.025 bbl

Num Fluid Samples: 0

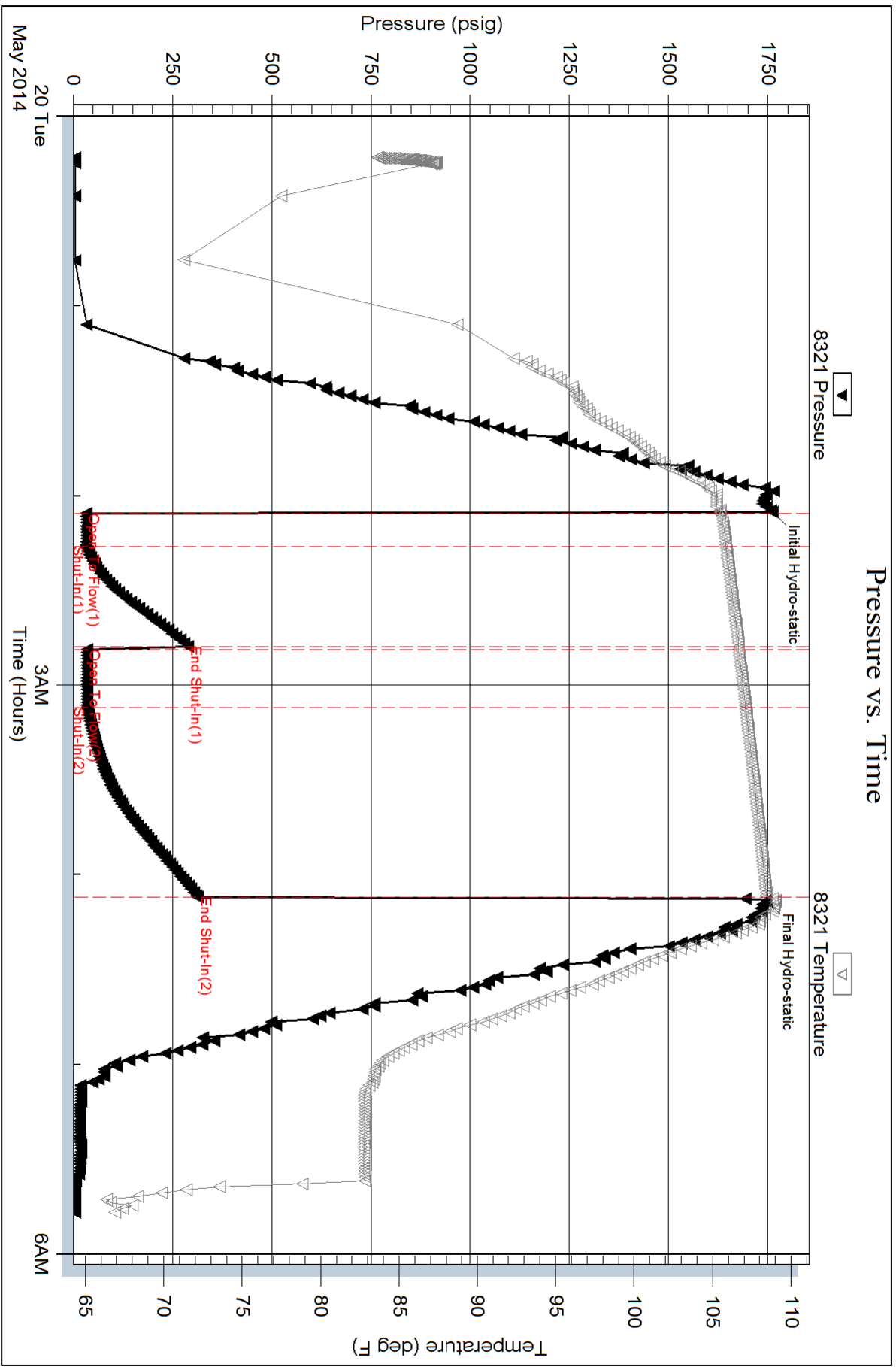
Num Gas Bombs: 0

Serial #:

Laboratory Name:

Laboratory Location:

Recovery Comments: Sampler: 2000mL M @ 140PSI



JOB LOG

SWIFT Services, Inc.

DATE 4-16-14 PAGE NO. 7

CUSTOMER CHOLLA RESOURCES WELL NO. 1-2 LEASE BLAEST JOB TYPE 5 1/2" 2-STAGE LONGSTROKE TICKET NO. 25471

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL/GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
	1500							ON LOCATION
	1515							START 5 1/2" CASING IN WELL
								TD - 5150 SETE 5137
								TP - 5137 5 1/2" 15.5
								SJ - 21'
								CENTRALIZERS - 1, 3, 5, 7, 9, 11, 53
								CMT BSKTS - 54, 97
								DV TOOL = 2838' TOP JT # 54
	1810							DROP BALL - CIRCULATE RECROGATE
	1935	6	12		✓		500	PUMP 500 GAL MUDFLUSH
	1937	6	20		✓		500	PUMP 20 BBLs KCL-FLUSH
	1945	4 1/2	42		✓		350	MIX CEMENT - 175 SKS EA-2 @ 15.4 PPG
	1955							WASH OUT PUMP + LINES
	1955							RELEASE 1ST STAGE DV LATCH DOWN PLUG
	2000	7	0		✓			DISPLACE PLUG
	2017	6 1/2	121.8				1500	PLUG DOWN - PSE UP LATCH IN PLUG
	2020							OK RELEASE PSE - HELD
	2030							DROP DV OPENING PLUG
	2050				✓		1400	OPEN DV TOOL - CIRCULATE
	2050	6	20		✓		400	PUMP 20 BBLs KCL FLUSH
	2100		7-5					PLUG RH (30 SKS) MH (20 SKS)
	2105	6	153		✓		250 ^{AVG}	MIX CEMENT - 275 SKS SMD @ 11.2 PPG
								WASH OUT PUMP + LINES
	2140							RELEASE DV CLOSING PLUG
	2140	6	0		✓			DISPLACE PLUG
	2152	5	67.5				1750	PLUG DOWN - PSE UP CLOSE DV TOOL
	2155							OK RELEASE PSE - HELD
								CIRCULATE 30 SKS CEMENT TO PAT
								WASH TRUCK
	2300							JOB COMPLETE

THANK YOU
WAYNE, JOSH, ROB, ISAAC, BRIAN