



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1090799
OIL & GAS CONSERVATION DIVISION

Form ACO-1

August 2013

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

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: _____

1090799

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
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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				

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: <input type="checkbox"/> Yes <input type="checkbox"/> No
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Date of First, Resumed Production, SWD or ENHR.	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> <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	Chieftain Oil Co., Inc.
Well Name	Millie B SWD 1
Doc ID	1090799

All Electric Logs Run

Geological Log
Dual Induction Log
Compensated Neutron/Density PE Log
Sector Bond/Gamma Ray CCL Log

Form	ACO1 - Well Completion
Operator	Chieftain Oil Co., Inc.
Well Name	Millie B SWD 1
Doc ID	1090799

Tops

Name	Top	Datum
Kansas City	4320	-2991
Hushpuckney Sh.	4506	-3177
Cherokee Sh.	4711	-3382
Mississippian	4820	-3491
Kinderhook Sh.	5125	-3796
Viola	5230	-3901
Base of Viola	5327	-3998
Simpson Sd.	5357	-4028
Arbuckle	5536	-4207
Total Depth	6470	-5139



PAGE	CUST NO	INVOICE DATE
1 of 1	1000719	07/06/2012
INVOICE NUMBER		
1718 - 90947076		

Pratt (620) 672-1201
 B CHIEFTAIN OIL COMPANY
 I PO Box: 124
 L KIOWA
 L KS US 67070
 T
 O ATTN: ACCOUNTS PAYABLE

J LEASE NAME Millie B SWD 1
 O LOCATION
 B COUNTY Barber
 S STATE KS
 I JOB DESCRIPTION Cement-New Well Casing/Pi
 T
 E JOB CONTACT

JOB #	EQUIPMENT #	PURCHASE ORDER NO.	TERMS	DUE DATE
40483834	19843		Net - 30 days	08/05/2012

	QTY	U of	UNIT PRICE	INVOICE AMOUNT
<i>For Service Dates: 07/04/2012 to 07/04/2012</i>				
0040483834				
171806287A Cement-New Well Casing/Pi 07/04/2012				
Cement 5 1/2" Longstring				
AA2 Cement	275.00	EA	12.75	3,506.32 T
C-41P	52.00	EA	3.00	156.00 T
Salt	1,364.00	EA	0.38	511.51 T
C-44	259.00	EA	3.86	1,000.41 T
FLA-322	208.00	EA	5.63	1,170.02 T
Gilsonite	1,375.00	EA	0.50	690.95 T
Mud Flush	500.00	EA	0.65	322.51 T
Super Flush II	500.00	EA	1.15	573.76 T
"Latch Down Plug & Baffle, 5 1/2" (Blu	1.00	EA	300.01	300.01
"Cmt, Shoe Packer Type, 5 1/2" (Blue) "	1.00	EA	2,100.04	2,100.04
"Turbolizer, 5 1/2" (Blue)"	7.00	EA	82.50	577.51
"5 1/2" Basket (Blue)"	1.00	EA	217.50	217.50
"Unit Mileage Chg (PU, cars one way)"	55.00	MI	3.19	175.32
Heavy Equipment Mileage	110.00	MI	5.25	577.51
"Proppant & Bulk Del. Chgs., per ton mil	712.00	EA	1.20	854.42
Depth Charge; 5001-6000'	1.00	EA	2,160.04	2,160.04
Blending & Mixing Service Charge	275.00	BAG	1.05	288.76
Plug Container Util. Chg.	1.00	EA	187.50	187.50
"Service Supervisor, first 8 hrs on loc.	1.00	EA	131.25	131.25

PAID
 JUL 09 2012
 9304 BG

PLEASE REMIT TO:	SEND OTHER CORRESPONDENCE TO:	SUB TOTAL	15,501.34
BASIC ENERGY SERVICES, LP	BASIC ENERGY SERVICES, LP	TAX	579.00
PO BOX 841903	PO BOX 10460	INVOICE TOTAL	16,080.34
DALLAS, TX 75284-1903	MIDLAND, TX 79702		



BASIC
ENERGY SERVICES
PRESSURE PUMPING & WIRELINE

10244 NE Hwy. 61
P.O. Box 8613
Pratt, Kansas 67124
Phone 620-672-1201

FIELD SERVICE TICKET
1718 06287 A

DATE _____ TICKET NO. _____

DATE OF JOB: 7-4-2012 DISTRICT: PRATT, KS.		NEW WELL <input checked="" type="checkbox"/> OLD WELL <input type="checkbox"/> PROD <input type="checkbox"/> INJ <input type="checkbox"/> WDW <input type="checkbox"/> CUSTOMER ORDER NO.:							
CUSTOMER: CHIEFTAIN OIL CO., INC.		LEASE: MILLIE 'B' SWD - 1 WELL NO. 1							
ADDRESS:		COUNTY: BARBER STATE: KS.							
CITY: STATE:		SERVICE CREW: LESLEY, MARDUEZ, YOUNG							
AUTHORIZED BY:		JOB TYPE: PNW-5 1/2" L.S.							
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	TIME
37586	6.5						7-4-12		12:00
19889-19843	6.5					ARRIVED AT JOB			1:30
19960-21010	6.5					START OPERATION			4:00
						FINISH OPERATION			10:00
						RELEASED			10:30
						MILES FROM STATION TO WELL			55

CONTRACT CONDITIONS: (This contract must be signed before the job is commenced or merchandise is delivered).

The undersigned is authorized to execute this contract as an agent of the customer. As such, the undersigned agrees and acknowledges that this contract for services, materials, products, and/or supplies includes all of and only those terms and conditions appearing on the front and back of this document. No additional or substitute terms and/or conditions shall become a part of this contract without the written consent of an officer of Basic Energy Services LP.

SIGNED:
(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
CP 105	AA-2 CEMENT	SK	225		3,825.00
CP 105	AA-2 CEMENT	SK	50		850.00
CC 105	C-41P	lb	52		208.00
CC 111	SALT	lb	1364		682.00
CC 115	C-44	lb	259		1,333.35
CC 129	FLA-382	lb	208		1,560.00
CC 201	GILSONITE	lb	1375		921.25
CF 607	LATCH DOWN PLUG & BAFFLE, 5 1/2"	EA	1		400.00
CF 1051	CMT. PACKER SHOE, 5 1/2"	EA	1		2,800.00
CF 11051	TURBOWIZER, 5 1/2"	EA	7		770.00
CF 1901	BASKET, 5 1/2"	EA	1		290.00
CC 151	MUD FLUSH	GAL	500		430.00
CC 155	SUPER FLUSH II	GAL	500		765.00
E 100	PICKUP MILEAGE	MI	55		233.75
E 101	HEAVY EQUIPMENT MILEAGE	MI	110		770.00
E 113	BULK DELIVERY CHARGE	TM	712		1,139.60
CE 206	DEPTH CHARGE; 5000'-10000'	HR	1-4		8,880.00
CE 240	BLENDING SERVICE CHARGE	SK	275		385.00
CE 504	PLUG CONTAINER CHARGE	JOB	1		250.00
S 003	SERVICE SUPERVISOR	EA	1	175.00	175.00
SUB TOTAL					15,501.34
TOTAL					15,501.34

SERVICE REPRESENTATIVE:	THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY:
FIELD SERVICE ORDER NO. _____	(WELL OWNER OPERATOR CONTRACTOR OR AGENT)

BASIC

energy services, L.P.

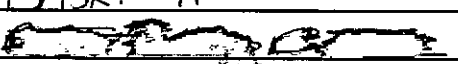
TREATMENT REPORT

Customer CHIEFTAIN OIL CO.	Lease No.	Date 7-4-2012
Lease MILLIE 'B' SWD	Well # 1	
Field Order # 00287	Station PRATT, KS.	Casing 5 1/2"
		Depth
Type Job CNW-5 1/2" L.S.W/PACKER SHOE	Formation TD-1470'	Legal Description 16-35-11
County BARBER		State KS.

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size 5 1/2 x 15.5	Tubing Size	Shots/Ft	CMT-	Acid 225SK AA-2	RATE	PRESS	ISIP	
Depth 5590.59'	Depth	From	To	Pre Pad 21.43 CUFT³	Max		5 Min.	
Volume 133 BBL	Volume	From	To	Pad	Min	SJ = 42.74'	10 Min.	
Max Press 1500	Max Press	From	To	Frac	Avg		15 Min.	
Well Connection K.C.	Annulus Vol.	From	To		HHP Used		Annulus Pressure	
Plug Depth 5541.85'	Packer Depth	From	To	Flush 132 BBL	Gas Volume		Total Load	

Customer Representative ROB	Station Manager D. SCOTT	Treater K. LESLEY
------------------------------------	---------------------------------	--------------------------

Service Units	37586	19889	19843	19900	21010				
Driver Names	LESLEY	MARQUEZ	—	YOUNG	—				

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
1:30 PM					ON LOCATION - SAFETY MEETING
4:00 PM					RUN 132 JTS. 5 1/2" x 15.5" / CSG.
					TURBO - 4, 6, 10, 13, 16, 18, 19
					BASK. - 11
					
7:15 PM					CSG. ON BOTTOM
7:20 PM					HOOK UP TO CSG. / BREAK CIRC. W/ RIG
7:30 PM					SET PACKER SHOE
8:30 PM	400		5	6	H2O AHEAD
8:35 PM	400		12	6	MUD FLUSH
8:37 PM	400		3	6	H2O SPACER
8:38 PM	375		12	6	SUPER FLUSH
8:40 PM	375		3	6	H2O SPACER
8:41 PM	300		57	6	MIX 225SKS. AA-2 @ 15.0 PPG
8:50 PM					CLEAR PUMP & LINE / DROP PLUG
8:53 PM	0		0	7	START DISPLACEMENT
9:05 PM	500		82	6	LIFT PRESSURE
9:12 PM	900		120	5	SLOW RATE
9:20 PM	1500		132	4	PLUG DOWN! - HELD (CIRC. THRU SOB)
					PLUG R.H. & 11. H.
					X B COMPLETE
					THANKS - KELEN/LESLEY



PO Box 93999
Southlake, TX 76092

Voice: (817) 546-7282
Fax: (817) 246-3361

INVOICE

Invoice Number: 131621
Invoice Date: Jun 19, 2012
Page: 1



*10d
#168106
7-9-12*

Bill To:
Chieftain Oil Company Inc. P O Box 124 Kiowa, KS 67070-0124

Customer ID	Well Name/# or Customer P.O.	Payment Terms	
Chieft	Miller B SWD#1	Net 30 Days	
Job Location	Camp Location	Service Date	Due Date
KS1-01	Medicine Lodge	Jun 19, 2012	7/19/12

Quantity	Item	Description	Unit Price	Amount
312.00	MAT	Class A Common	16.25	5,070.00
87.00	MAT	Pozmix	8.50	739.50
16.00	MAT	Gel	21.25	340.00
13.00	MAT	Chloride	58.20	756.60
62.00	MAT	FloSeal	2.70	167.40
430.00	SER	Handling	2.25	967.50
25.00	SER	Ton Miles	47.30	1,182.50
1.00	SER	Surface	1,125.00	1,125.00
621.00	SER	Extra Footage	0.95	589.95
25.00	SER	Heavy Vehicle Mileage	7.00	175.00
1.00	SER	Manifold Head Rental	200.00	200.00
25.00	SER	Light Vehicle Mileage	4.00	100.00
1.00	EQP	8 5/8 Rubber Plug	112.00	112.00
1.00	EQP	8 5/8 AFU Insert	382.00	382.00
1.00	EQP	8 5/8 Basket	478.00	478.00
3.00	EQP	8 5/8 Centralizers	64.00	192.00
1.00	CEMENTER	Darin Franklin		
1.00	EQUIP OPER	Eddie Piper		
1.00	OPER ASSIST	Brandon Boor		

ENTERED

JUL 05 2012

9121 BC

ALL PRICES ARE NET, PAYABLE
30 DAYS FOLLOWING DATE OF
INVOICE. 1 1/2% CHARGED
THEREAFTER. IF ACCOUNT IS
CURRENT, TAKE DISCOUNT OF

\$2515.49

ONLY IF PAID ON OR BEFORE
Jul 14, 2012

Subtotal	12,577.45
Sales Tax	
Total Invoice Amount	12,577.45
Payment/Credit Applied	
TOTAL	12,577.45

10,061.95

ALLIED OIL & GAS SERVICES, LLC 053966

Federal Tax I.D.# 20-5975804

REMIT TO P.O. BOX 31
RUSSELL, KANSAS 67665

SERVICE POINT:
Medicine House #1

DATE <u>6-19-2012</u>	SEC. <u>16</u>	TWP. <u>35S</u>	RANGE <u>11W</u>	CALLED OUT	ON LOCATION	JOB START <u>12:30 pm</u>	JOB FINISH <u>1:30 pm</u>
LEASE <u>Miller B SWD</u>	WELL # <u>1</u>	LOCATION <u>281 & Kiowa Jet, 1/4 W</u>			COUNTY <u>Barber</u>	STATE <u>Ks</u>	
OLD OR <u>NEW</u> (Circle one)			<u>13, 2 e, n/100</u>				

CONTRACTOR Fossil #3
 TYPE OF JOB Surface
 HOLE SIZE 12 1/4 T.D. 930'
 CASING SIZE 8 5/8 DEPTH 921'
 TUBING SIZE DEPTH
 DRILL PIPE DEPTH
 TOOL DEPTH
 PRES. MAX MINIMUM
 MEAS. LINE SHOE JOINT 42'
 CEMENT LEFT IN CSG.
 PERFS.
 DISPLACEMENT 5 1/2 bbls of freshwater

OWNER Chief + 9m Oil Co. Inc

CEMENT
 AMOUNT ORDERED 250sx 6.5:35.6% G_o
3% cc + 1/4 # F10sec1, 150sx C19ss A
3% cc + 2% G_o

EQUIPMENT
 PUMP TRUCK CEMENTER Derin F
#546-545 HELPER Eddie P.
 BULK TRUCK
#356-290 DRIVER Brendon
 BULK TRUCK
 # DRIVER

COMMON C19SS A	<u>312sx @ 16.25</u>	<u>5,070.00</u>
POZMIX	<u>87sx @ 8.50</u>	<u>739.50</u>
GEL	<u>165x @ 21.25</u>	<u>3,506.25</u>
CHLORIDE	<u>135x @ 58.20</u>	<u>7,857.00</u>
ASC		
F10sec1	<u>62# @ 2.70</u>	<u>167.40</u>
	@	
	@	
	@	
	@	
	@	
HANDLING	<u>430sx @ 2.25</u>	<u>967.50</u>
MILEAGE	<u>430svl/11/25</u>	<u>1,182.50</u>
TOTAL		<u>9,223.50</u>

REMARKS:
Pipe on bottom & break circulation
Pump 3 bbls water check, mix 250sx
of lead cement, mix 150sx of tail cement
Shut down, Release plug, start displacement
slow pump to 30pm @ 4.5 bbls, pump plug
9x5 1/2 bbls 100-800 ps, float did
hole, cement die fracture

SERVICE

DEPTH OF JOB	<u>921</u>	
PUMP TRUCK CHARGE		<u>1125.00</u>
EXTRA FOOTAGE	<u>681 @ 0.95</u>	<u>647.95</u>
MILEAGE	<u>29 @ 7.00</u>	<u>203.00</u>
MANIFOLD Hesa Rental	@	<u>200.00</u>
Lisha Vehicle	<u>29 @ 4.00</u>	<u>116.00</u>
	@	
TOTAL		<u>2189.95</u>

CHARGE TO: Chief + 9m Oil Co. Inc
 STREET _____
 CITY _____ STATE _____ ZIP _____

PLUG & FLOAT EQUIPMENT

<u>8 5/8</u>		
1-Rubber plug	@	<u>112.00</u>
1-AFV Insort	@	<u>382.00</u>
1-B95ex	@	<u>478.00</u>
3-Centersizers	@	<u>64.00 192.00</u>
	@	
TOTAL		<u>1164.00</u>

To: Allied Oil & Gas Services, LLC.
 You are hereby requested to rent cementing equipment and furnish cementer and helper(s) to assist owner or contractor to do work as is listed. The above work was done to satisfaction and supervision of owner agent or contractor. I have read and understand the "GENERAL TERMS AND CONDITIONS" listed on the reverse side.

SALES TAX (If Any) _____
 TOTAL CHARGES \$12,577.45
 DISCOUNT _____ IF PAID IN 30 DAYS

PRINTED NAME LARRY HUNT
 SIGNATURE [Signature]

Field Estimate
 Net \$ 10,061.96



PO Box 93999
Southlake, TX 76092

Voice: (817) 546-7282
Fax: (817) 246-3361

INVOICE

Invoice Number: 131526

Invoice Date: Jun 14, 2012

Page: 1

Bill To:
Chieftain Oil Company Inc. P O Box 124 Kiowa, KS 67070-0124

*Pol # 68166
7-9-12*



Customer ID	Well Name/# or Customer P.O.	Payment Terms	
Chieft	Millie B SWD #1	Net 30 Days	
Job Location	Camp Location	Service Date	Due Date
KS1-07	Medicine Lodge	Jun 14, 2012	7/14/12

Quantity	Item	Description	Unit Price	Amount
300.00	MAT	Class A Common	16.25	4,875.00
6.00	MAT	Gel	21.25	127.50
11.00	MAT	Chloride	58.20	640.20
317.00	SER	Handling	2.25	713.25
20.00	SER	Ton miles	34.87	697.40
1.00	SER	Conductor	1,125.00	1,125.00
28.00	SER	Extra Footage	0.95	26.60
20.00	SER	Heavy Vehicle Mileage	7.00	140.00
20.00	SER	Light Vehicle Mileage	4.00	80.00
1.00	CEMENTER	David Felio		
1.00	EQUIP OPER	Brett Goins		

*JUL 08 2012
9121BC*

Subtotal	8,424.95
Sales Tax	
Total Invoice Amount	8,424.95
Payment/Credit Applied	
TOTAL	8,424.95

ALL PRICES ARE NET, PAYABLE
30 DAYS FOLLOWING DATE OF
INVOICE. 1 1/2% CHARGED
THEREAFTER. IF ACCOUNT IS
CURRENT, TAKE DISCOUNT OF

\$ 11684.99

ONLY IF PAID ON OR BEFORE
Jul 9, 2012

6739.96

ALLIED CEMENTING CO., LLC. 038068

Federal Tax I.D.# 20-5975804

REMIT TO P.O. BOX 31
RUSSELL, KANSAS 67665

SERVICE POINT:
Medicine Lodge KS

DATE <i>06-14-12</i>	SEC <i>16</i>	TWP. <i>SSS</i>	RANGE <i>11w</i>	CALLED OUT	ON LOCATION	JOB START	JOB FINISH
LEASE <i>Millie B</i> WELL # <i>SWD #1</i> LOCATION						COUNTY <i>Barber</i>	STATE <i>KS</i>
OLD OR <u>NEW</u> (Circle one)							

CONTRACTOR *Fossil #* OWNER *Chieftan*

TYPE OF JOB *Conductor*

HOLE SIZE *17 1/2* T.D. *337* CEMENT AMOUNT ORDERED *300sx class A + 3% cc + 2% gel*

CASING SIZE *13 7/8* DEPTH *314' + 14' x 8 1/2"*

TUBING SIZE DEPTH

DRILL PIPE DEPTH

TOOL DEPTH

PRES. MAX *250* MINIMUM

MEAS. LINE SHOE JOINT *NA*

CEMENT LEFT IN CSG. *20'*

PERFS.

DISPLACEMENT *47 Bbb Fresh H₂O*

EQUIPMENT

PUMP TRUCK CEMENTER *D. Felia*

360-265 HELPER *B. Goias*

BULK TRUCK

364 DRIVER *B. Boor*

BULK TRUCK

DRIVER

COMMON *class A 300sx @ 16.25* *4875.00*

POZMIX @

GEL *65x @ 21.25* *127.50*

CHLORIDE *115x @ 58.20* *640.20*

ASC @

@

@

@

@

@

@

@

@

HANDLING *317* @ *2.25* *713.25*

MILEAGE *697.40*

TOTAL *7053.35*

REMARKS:

See Job log.

11x

SERVICE

DEPTH OF JOB *328*

PUMP TRUCK CHARGE *1125.00*

EXTRA FOOTAGE *28 @ .95* *26.60*

MILEAGE *20 @ 7.00* *140.00*

MANIFOLD *NA @ NA*

Light Vehicle 20 @ 4.00 *80.00*

@

TOTAL *1371.60*

CHARGE TO: *Chieftan*

STREET

CITY STATE ZIP

PLUG & FLOAT EQUIPMENT

None @

@

@

@

@

TOTAL

To Allied Cementing Co., LLC.

You are hereby requested to rent cementing equipment and furnish cementer and helper(s) to assist owner or contractor to do work as is listed. The above work was done to satisfaction and supervision of owner agent or contractor. I have read and understand the "GENERAL TERMS AND CONDITIONS" listed on the reverse side.

PRINTED NAME *[Signature]*

SIGNATURE *Carly Hunt*

SALES TAX (If Any)

TOTAL CHARGES *8424.95*

DISCOUNT IF PAID IN 30 DAYS

Net \$ 6739.96

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

Sam Brownback, Governor

August 24, 2012

Ron Molz
Chieftain Oil Co., Inc.
101 S. 5th St.; PO Box 124
KIOWA, KS 67070-1912

Re: ACO1
API 15-007-23887-00-00
Millie B SWD 1
SE/4 Sec.16-35S-11W
Barber 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,
Ron Molz