



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1092161
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: _____

1092161

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 <i>(Attach Additional Sheets)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name	Top	Datum
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:				

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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Form	ACO1 - Well Completion
Operator	Chieftain Oil Co., Inc.
Well Name	Molz 17
Doc ID	1092161

All Electric Logs Run

Geological Log
Dual Induction Log
Dual Compensated Porosity Log
Sector Bond / Gamma Ray CCL Log

Form	ACO1 - Well Completion
Operator	Chieftain Oil Co., Inc.
Well Name	Molz 17
Doc ID	1092161

Tops

Name	Top	Datum
Heebner	3832	-2428
Kansas City	4392	-2989
Cherokee	4762	-3358
Mississippian	4828	-3424
Chattanooga	5161	-3757
Viola	5248	-3844
Simpson	5337	-3933
Simpson Sdst.	5356	-3952
Arbuckle	5364	-4150
Total Depth	5590	-4186



PAGE 1 of 1	CUST NO 100...19	INVOICE DATE 07/10/2012
INVOICE NUMBER 1718 - 90948408		

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 Molz 17
 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
40484945	20920		Net - 30 days	08/09/2012

	QTY	U of M	UNIT PRICE	INVOICE AMOUNT
<i>For Service Dates: 07/08/2012 to 07/08/2012</i>				
0040484945				
171806513A Cement-New Well Casing/Pi 07/08/2012				
Cement 13 3/8" Conductor				
60/40 POZ	350.00	EA	9.00	3,149.73 T
Celloflake	88.00	EA	2.77	244.18 T
Calcium Chloride	903.00	EA	0.79	711.05 T
"Unit Mileage Chg (PU, cars one way)"	50.00	MI	3.19	159.36
Heavy Equipment Mileage	100.00	MI	5.25	524.95
"Proppant & Bulk Del. Chgs., per ton mil	753.00	EA	1.20	903.52
Depth Charge; 0-500'	1.00	EA	749.94	749.94
Blending & Mixing Service Charge	350.00	BAG	1.05	367.47
"Service Supervisor, first 8 hrs on loc.	1.00	EA	131.24	131.24

JUL 23 2012
9121 BC

PLEASE REMIT TO:	SEND OTHER CORRESPONDENCE TO:	SUB TOTAL	6,941.44
BASIC ENERGY SERVICES, LP	BASIC ENERGY SERVICES, LP	TAX	299.66
PO BOX 841903	PO BOX 10460	INVOICE TOTAL	7,241.10
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 06513 A

DATE _____ TICKET NO. _____

DATE OF JOB 07-08-12 DISTRICT PRATT		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 Chittard Oil		LEASE MOLZ 17 WELL NO.							
ADDRESS		COUNTY BARBER STATE KS							
CITY STATE		SERVICE CREW Sullivan Wright Lawrence							
AUTHORIZED BY		JOB TYPE: cnw 13 3/8 cond.							
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	TIME
23708-70470	35						7-7-12	PM	9:30
19989-71010	35					ARRIVED AT JOB	7-8-12	PM	12:30
37900						START OPERATION		PM	5:55
						FINISH OPERATION		PM	6:30
						RELEASED		PM	7:15
						MILES FROM STATION TO WELL			50

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 103	60/40 poz cement	SK	350		4,200 00
CC 102	ColtHok	lb	88		325 60
CC 109	Calcium chloride	lb	903		948 15
E 100	redcap mi	mi	500		212 50
E 101	Heavy Foot mi	m	100		700 00
E 113	Bulk Nelson	TM	753		1,204 00
CE 200	Depth chd-e	SA	1		1,000 00
CE 240	Blending - Mixing	SK	350		490 00
S 003	Seawater Separator	SA	1		175 00

CHEMICAL / ACID DATA:			

SUB TOTAL	BV/ 6,941.94
SERVICE & EQUIPMENT	%TAX ON \$
MATERIALS	%TAX ON \$
TOTAL	

Thank you

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

Customer CHIEFTAIN OIL	Lease No.	Date 07-08-12	
Lease MOLZ	Well # 17		
Field Order # 6513	Station PRATT	Casing 13 3/8	Depth 330'
Type Job CNW CONDUCTOR 13 3/8		County BARBER	State KS
		Formation	Legal Description 11-35-12

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size 13 3/8	Tubing Size	Shots/Ft		Acid	RATE	PRESS	ISIP	
Depth 330	Depth	From	To	Pre Pad	Max		5 Min.	
Volume 48	Volume	From	To	Pad	Min		10 Min.	
Max Press 500	Max Press	From	To	Frac	Avg		15 Min.	
Well Connection GAIR	Annulus Vol.	From	To		HHP Used		Annulus Pressure	
Plug Depth 310	Packer Depth	From	To	Flush	Gas Volume		Total Load	

Customer Representative	Station Manager DAVE SCOTT	Treater Robert Sullivan
Service Units 27900 83708 20920	19950 21010	
Driver Names Sullivan Wright Larwin		

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
					on loc softy metz
					Run
5:45					CASING ON BOTTOM
5:50					Hook Rip to circ
5:55			4	3	St spacer
				4.5	mix cnt 350 sk 60/40 por 3%cc 1/4 CF
			75		cnt mix-O
				3	St Disp
6:30	250		48		plug down
					circ. 15 BBL cnt to pit
					502 complete
					THANK you



PAGE 1 of 1	CUST NO 1000, . . .	INVOICE DATE 07/23/2012
INVOICE NUMBER 1718 - 90959493		

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 Molz 17
 O LOCATION
 B COUNTY Barber
 S STATE KS
 I JOB DESCRIPTION Cement-New Well Casing/Pi
 E JOB CONTACT

JOB #	EQUIPMENT #	PURCHASE ORDER NO.	TERMS	DUE DATE
40490053	27463		Net - 30 days	08/22/2012

	QTY	U of M	UNIT PRICE	INVOICE AMOUNT
<i>For Service Dates: 07/22/2012 to 07/22/2012</i>				
0040490053				
171806710A Cement-New Well Casing/Pi 07/22/2012				
Cement 5 1/2" Longstring				
AA2 Cement	275.00	EA	12.75	3,506.08 T
C-41P	52.00	EA	3.00	155.99 T
Salt	1,364.00	EA	0.37	511.48 T
C-44	259.00	EA	3.86	1,000.34 T
FLA-322	208.00	EA	5.62	1,169.95 T
Gilsonite	1,375.00	EA	0.50	690.91 T
Mud Flush	500.00	EA	0.64	322.49 T
Super Flush II	500.00	EA	1.15	573.73 T
Claymax KCL Substitute	5.00	EA	26.25	131.24 T
"Latch Down Plug & Baffle, 5 1/2" (Blue)	1.00	EA	299.99	299.99
"Auto Fill Float Shoe 5 1/2" (Blue)"	1.00	EA	269.99	269.99
"Turbolizer, 5 1/2" (Blue)"	7.00	EA	82.50	577.48
"5 1/2" Basket (Blue)"	2.00	EA	217.49	434.98
"Unit Mileage Chg (PU, cars one way)"	50.00	MI	3.19	159.37
Heavy Equipment Mileage	100.00	MI	5.25	524.98
"Proppant & Bulk Del. Chgs., per ton mil	648.00	EA	1.20	777.57
Depth Charge; 5001-6000'	1.00	EA	2,159.91	2,159.91
Blending & Mixing Service Charge	275.00	BAG	1.05	288.74
Plug Container Util. Chg.	1.00	EA	187.49	187.49
"Service Supervisor, first 8 hrs on loc.	1.00	EA	131.24	131.24

~~PAID~~
 AUG 05 2012
 9304 BC

PLEASE REMIT TO:	SEND OTHER CORRESPONDENCE TO:	SUB TOTAL	13,873.95
BASIC ENERGY SERVICES, LP	BASIC ENERGY SERVICES, LP	TAX	588.54
PO BOX 841903	PO BOX 10460	INVOICE TOTAL	14,462.49
DALLAS, TX 75284-1903	MIDLAND, TX 79702		



BASICSM
ENERGY SERVICES
PRESSURE PUMPING & WIRELINE

1024 NE Hwy. 61
P.O. Box 8613
Pratt, Kansas 67124
Phone 620-672-1201

FIELD SERVICE TICKET
1718 06710 A

DATE _____ TICKET NO. _____

DATE OF JOB 7-22-12 DISTRICT Pratt		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		LEASE Moltz		WELL NO. 17					
ADDRESS		COUNTY Barber		STATE KS					
CITY STATE		SERVICE CREW Orlando, McGraw Youngs							
AUTHORIZED BY		JOB TYPE: CNU-5 1/2 L.S.							
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE 7-21-12	AM (PM)	TIME
27283	1							AM	11:30
27463	1					ARRIVED AT JOB		AM	3:00
19910-21010	1					START OPERATION		AM	11:30
						FINISH OPERATION		AM	12:30
						RELEASED		AM	1:30
						MILES FROM STATION TO WELL			50

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
CP105	AAA Cement	Sk	225		3825.00
CP105	AAA Cement	Sk	50		850.00
CL105	C-411P Defoamer	Lb	52		208.00
CL111	Salt	Lb	1364		682.00
CL115	C-414	Lb	259		1333.85
CL129	FLA-322 Fluid Loss	Lb	208		1560.00
CL201	Gitsomite	Lb	1375		921.25
CF1607	Latch Down plug & Baffle	ea	1		400.00
CG1251	Auto Fill & Float Shoe	ea	1		360.00
CF1651	Fuebolizer	ea	7		770.00
CS1701	Basket	ea	2		580.00
C704	Claymax	gal	5		175.00
CC151	Mud Flush	gal	500		430.00
CC155	Superflush II	gal	500		765.00

SUB TOTAL
DLS 13873.75

CHEMICAL / ACID DATA:			

SERVICE & EQUIPMENT	%TAX ON \$	
MATERIALS	%TAX ON \$	
TOTAL		

SERVICE REPRESENTATIVE Steve Ordoz	THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: [Signature]
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(WELL OWNER OPERATOR CONTRACTOR OR AGENT)

FIELD SERVICE ORDER NO.

Customer C... .. 6.1	Lease No.	Date 7-22-11
Lease M... .. 2	Well # 17	
Field Order # 6710	Station P... .. H	Casing 5 7/8"
	Depth 5577'	County D... ..
Type Job C... .. - 5 1/2" L.S.	Formation	Legal Description 11.35-12

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size 5 7/8"	Tubing Size 3 1/2"	Shots/Ft 205		Acid 11.35-12		RATE	PRESS	ISIP
Depth 5577'	Depth	From	To	Pre Pad 1.43		Max		5 Min.
Volume 13.27	Volume	From	To	Pad		Min		10 Min.
Max Press 1500	Max Press	From	To	Frac H... ..		Avg		15 Min.
Well Connection 4 1/2"	Annulus Vol.	From	To	H... .. / ...		HHP Used		Annulus Pressure
Plug Depth 3274'	Packer Depth	From	To	Flush 137.1		Gas Volume		Total Load

Customer Representative Larry	Station Manager D... ..	Treater S... ..
----------------------------------	----------------------------	--------------------

Service Units 0728, 2740, 17160, 21010								
Driver Names C... .., M... .., Y... ..								

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
3:30 PM					On location - Safety Meeting
					Run 5577' 5 7/8" casing
					Basket 2-11
					Continuation 5-10-14-16-18-17 20
					Calculate 30' and 5 1/2 way to
					Case on Bottom
					Break case w/ ring 1 hour on bottom
11:40	300		12	5%	mod flush
11:44	300		3	5%	1170 spacer
11:45	300		10	5%	super flush
11:47	300		3	5 1/2%	1170 spacer
11:50	250		57	5 1/2%	max 225 gal @ 15# / gal
					500 gal - 100 pump line
					Return - 2100
12:05	0		0	6	Start 1170 spacer
12:07	350		100	5	1170 spacer
12:07	700		130	11	5000 water
12:30 PM	1,000		132	11	pl... .. - 11 gal
					6/11
					1.15 gal @ 11/100 gal
					2.6 gal @ 11
					7.1 gal @ 11

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 29, 2012

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

Re: ACO1
API 15-007-23891-00-00
Molz 17
SE/4 Sec.11-35S-12W
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