



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1095956
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
-----------------------------------	-----------------	---

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: _____



1095956

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> _____ <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
--	---	---

Form	ACO1 - Well Completion
Operator	Chieftain Oil Co., Inc.
Well Name	Lichlyter 2
Doc ID	1095956

All Electric Logs Run

Dual Compensated Porosity Log
Dual Induction Log
Geological Log
Sector Bond - Gamma Ray Log

Form	ACO1 - Well Completion
Operator	Chieftain Oil Co., Inc.
Well Name	Lichlyter 2
Doc ID	1095956

Tops

Name	Top	Datum
Heebner	3514	-2046
Lansing	3776	-2308
Kansas City	4028	-2560
Stark Sh.	4190	-2722
Mississippian	4476	-3008
Kinderhook Sh.	4678	-3210
Misener Sd.	4766	-3298
Viola	4774	-3306
Lower Simpson Sd.	4994	-3596
Arbuckle	5018	-3550
Total Depth	5052	-3584

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

October 24, 2012

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

Re: ACO1
API 15-007-23905-00-00
Lichlyter 2
SE/4 Sec.04-33S-10W
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



PAGE 1 of 1	CUST NO 1000719	INVOICE DATE 08/23/2012
INVOICE NUMBER 1718 - 90985316		

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 Lichlyter 2
 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
40502680	20920		Net - 30 days	09/22/2012

	QTY	U of M	UNIT PRICE	INVOICE AMOUNT
<i>For Service Dates: 08/22/2012 to 08/22/2012</i>				
0040502680				
171806789A Cement-New Well Casing/Pi 08/22/2012				
Cement 8 5/8" Surface				
60/40 POZ	300.00	EA	9.00	2,699.74 T
Celloflake	75.00	EA	2.77	208.11 T
Calcium Chloride	774.00	EA	0.79	609.47 T
"Wooden Cmt Plug, 8 5/8""	1.00	EA	119.99	119.99
"Unit Mileage Chg (PU, cars one way)"	45.00	MI	3.19	143.42
Heavy Equipment Mileage	90.00	MI	5.25	472.46
"Proppant & Bulk Del. Chgs., per ton mil	581.00	EA	1.20	697.13
Depth Charge; 0-500'	1.00	EA	749.93	749.93
Blending & Mixing Service Charge	300.00	BAG	1.05	314.97
Plug Container Util. Chg.	1.00	EA	187.48	187.48
"Service Supervisor, first 8 hrs on loc.	1.00	EA	131.24	131.24

ENTERED
 SEP 05 2012
 912186

PLEASE REMIT TO:	SEND OTHER CORRESPONDENCE TO:	SUB TOTAL	6,333.94
BASIC ENERGY SERVICES, LP	BASIC ENERGY SERVICES, LP	TAX	256.76
PO BOX 841903	PO BOX 10460	INVOICE TOTAL	6,590.70
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 06789 A

DATE _____ TICKET NO. _____

DATE OF JOB 09-22-12 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 CH19Haw Oil		LEASE LIGHTYER 2 WELL NO.						
ADDRESS		COUNTY BARBER STATE KS						
CITY STATE		SERVICE CREW Sullivan Wright, Phye						
AUTHORIZED BY		JOB TYPE: CPW 8 5/8 sub						
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED 8-21-12 DATE	AM	TIME
3378-2970	30						PM	8:00
70959-19918	30					ARRIVED AT JOB 8-21-12	AM	10:15
37900						START OPERATION 8-22-12	AM	1:00
						FINISH OPERATION	AM	1:30
						RELEASED	AM	2:00
						MILES FROM STATION TO WELL		45

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

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
CP 103	60/40 Per cent	SK	300		3,600.00
CC 102	Cellulose	lb	75		277.50
CC 109	Calcium chloride	lb	774		8,127.00
CF 153	Wooden Plug	SA	1		1,600.00
E 100	Duck mtl	mi	45		1,912.50
E 101	Heaven Front mtl	mi	90		630.00
E 113	Bulk Delivery	Tm	581		928.40
CE 200	Drill	SA	1		1,000.00
CE 240	Blew Out - mtl	SK	300		470.00
CE 504	Plus Calcium	SA	1		250.00
SC03	Sealant Separance	SA	1		175.00

CHEMICAL / ACID DATA:			

SUB TOTAL		DLS 6,333.94
SERVICE & EQUIPMENT	%TAX ON \$	
MATERIALS	%TAX ON \$	
TOTAL		

Thank you

SERVICE REPRESENTATIVE: <u>Robert J. [Signature]</u>	THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: <u>[Signature]</u> (WELL OWNER OPERATOR CONTRACTOR OR AGENT)
FIELD SERVICE ORDER NO.	

BASIC

energy services, L.P.

TREATMENT REPORT

Customer: <i>Hoffman oil</i>	Lease No.	Date: <i>09-22-12</i>
Lease: <i>Lichty Tek</i>	Well # <i>2</i>	
Field Order # <i>6189</i>	Station: <i>PRATT KS</i>	Casing: <i>5 7/8</i>
		Depth: <i>306</i>
Type Job: <i>CNW 8 7/8 Surface</i>	Formation	County: <i>BARBER</i>
		State: <i>KS</i>
		Legal Description: <i>4-33-16</i>

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size	Tubing Size	Shots/Ft		Acid	RATE	PRESS	ISIP	
<i>5 7/8</i>								
Depth: <i>306</i>	Depth	From	To	Pre Pad	Max		5 Min.	
Volume: <i>19</i>	Volume	From	To	Pad	Min		10 Min.	
Max Press: <i>300</i>	Max Press	From	To	Frac	Avg		15 Min.	
Well Connection: <i>PC</i>	Annulus Vol.	From	To		HHP Used		Annulus Pressure	
Plug Depth: <i>30</i>	Packer Depth	From	To	Flush	Gas Volume		Total Load	

Customer Representative	Station Manager: <i>DAVE SCOTT</i>	Treater: <i>Robert Lillard</i>
Service Units: <i>27900 33708 20920</i>	<i>Phye</i>	
Driver Names: <i>Sullivan Wright</i>	<i>70959 19918</i>	

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
<i>10:15</i>					<i>on loc Sat, meet.</i>
					<i>Run 8 5/8 5 7/8 #23 csg</i>
<i>12:50</i>					<i>CASING ON BOTTOM</i>
<i>1:00</i>	<i>200</i>		<i>4</i>	<i>3</i>	<i>Hook Rig to circ</i>
				<i>5</i>	<i>At Spence</i>
			<i>64</i>		<i>mix 300 sk 60/40 per cent 3% cc 1/4 cc</i>
				<i>4</i>	<i>cm + mix - 1. Release Plug</i>
<i>1:30</i>	<i>200</i>		<i>19</i>		<i>At Dip</i>
					<i>Plug down</i>
					<i>1 circ - 3 BBL out to pit</i>
					<i>SOB Complete</i>
					<i>Thank you</i>



PAGE 1 of 1	CUST NO 1000719	INVOICE DATE 09/02/2012
INVOICE NUMBER 1718 - 90993206		

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 Lichlyter 2
 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
40506597	19843		Net - 30 days	10/02/2012
For Service Dates: 08/31/2012 to 08/31/2012				
0040506597				
171806368A Cement-New Well Casing/Pi 08/31/2012 Cement 5 1/2" Longstring				
AA2 Cement	250.00	EA	12.75	3,187.41 T
C-41P	47.00	EA	3.00	141.00 T
Salt	1,238.00	EA	0.37	464.24 T
C-44	235.00	EA	3.86	907.67 T
FLA-322	188.00	EA	5.62	1,057.48 T
Gilsonite	1,250.00	EA	0.50	628.11 T
Mud Flush	500.00	EA	0.64	322.49 T
Super Flush II	500.00	EA	1.15	573.74 T
Claymax KCL Substitute	5.00	EA	26.25	131.25 T
"Latch Down Plug & Baffle, 5 1/2" (Blu	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	577.49
"5 1/2" Basket (Blue)"	2.00	EA	217.50	434.99
"Unit Mileage Chg (PU, cars one way)"	45.00	MI	3.19	143.43
Heavy Equipment Mileage	90.00	MI	5.25	472.49
"Proppant & Bulk Del. Chgs., per ton mil	529.00	EA	1.20	634.79
Depth Charge; 5001-6000'	1.00	EA	2,159.95	2,159.95
Blending & Mixing Service Charge	250.00	BAG	1.05	262.49
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

ENTERED
 SEP 09 2012
 9303 BC

PLEASE REMIT TO:	SEND OTHER CORRESPONDENCE TO:	SUB TOTAL	12,987.75
BASIC ENERGY SERVICES, LP	BASIC ENERGY SERVICES, LP	TAX	541.18
PO BOX 841903	PO BOX 10460	INVOICE TOTAL	13,528.93
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 06368 A

DATE _____ TICKET NO. _____

DATE OF JOB: 8-31-12	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: LICHLYTER		WELL NO. 2						
ADDRESS:		COUNTY: BARBEN	STATE: KS.							
CITY: _____ STATE: _____		SERVICE CREW: KC, AL, ED, RYAN, CRUCK								
AUTHORIZED BY:		JOB TYPE: CNW - LOWESTRING								
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	PM	TIME
19907	4.5	19851	4.5				8-31			0100
		19862				ARRIVED AT JOB				1200
37586	4.5					START OPERATION				1:30
						FINISH OPERATION				3:45
19889	4.5					RELEASED				4:30
19843						MILES FROM STATION TO WELL				45

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: [Signature]
(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
CP105	1/2" CEMENT	SK.	200		3400.00
CP105	1/2" CEMENT	SK.	50		850.00
CC105	C-41P DEFAMER	Lb.	47		188.00
CC111	SIAT	Lb.	1238		619.00
CC115	C-44	Lb.	235		1210.25
CC129	FLA-322 LOW FRICTION LOSS	Lb.	188		1410.00
CC201	GILSONITE	Lb.	1250		837.50
CE607	5/8" LATCH DOWN PLUG	EA.	1		400.00
CE1251	5/8" AFU FLOAT STOP	EA.	1		360.00
CE1651	5/8" TURBOLIZER	EA.	7		770.00
CE1901	5/8" BASKET	EA.	2		580.00
C704	CUMAX HCL SUB.	Gal.	5		175.00
CC151	MUD FLUSH	Gal.	500		430.00
CC155	SUPER FLUSH II	Gal.	500		765.00

SUB TOTAL
DLS

CHEMICAL / ACID DATA:			

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

TOTAL

SERVICE REPRESENTATIVE: <u>[Signature]</u>	THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: <u>[Signature]</u>
--	--

(WELL OWNER OPERATOR CONTRACTOR OR AGENT)

FIELD SERVICE ORDER NO.

Customer	CHDEFIEN OIL CO INC.	Lease No.		Date	8-31-12
Lease	LICHTER	Well #	2		
Field Order #	6568	Station	PRATT, KS	Casing	5 1/2
				Depth	5049'
Type Job	CNW-CONCRETE	Formation	TD-5050	County	BARBER
				State	KS
				Legal Description	4-33-10

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size	3 1/2	Tubing Size		Acid	2005K AAZ	RATE	PRESS	ISIP
Depth	5049	From	To	Pre Pad	MOC2 BLEND			5 Min.
Volume		From	To	Pad				10 Min.
Max Press	1500	From	To	Frac	505K AAZ			15 Min.
Well Connection	FL	From	To		RAT & MOUSE	HHP Used		Annulus Pressure
Plug Depth	5048	From	To	Flush		Gas Volume		Total Load

Customer Representative	KOB	Station Manager	SCOTTY	Treater	GOMLEY
Service Units	19907	19889-19843	19831-19862	37586	
Driver Names	KC	ED & RYAN	CRANK	KEVEN	

Time	Casing Pressure	Tubing Pressure	Bbbs. Pumped	Rate	Service Log
1200					ON LOCATION 21.50' - STEE ST.
					RUN 1505' 5 1/2 15.5" CSG 118' JTS
					FLOATS STAG, C.D. BUFFLE IN 12" COLLAR
					CONT-6-8-11-13-14-16-17
					BASKET - TOP #2 TOP #10
1:30 PM					SET 5 1/2 AT 5049'
2:30 PM					CIRC 1 HOUR
3:10 PM	350		12	6	PUMP 12 661 MUD FLUSH
3:12 PM	350		3	6	PUMP 3 661 H ₂ O
3:13 PM	350		12	6	PUMP 12 661 SUPERFLUSH TO
3:15 PM	350		3	6	PUMP 3 661 H ₂ O
3:16 PM	200		51	6	PUMP 2005K AAZ CEMENT
3:24 PM					STOP - WASH LINE - DROP PLUG
3:27 PM	0		0	7	START 2% KCL H ₂ O DISP.
3:39 PM	300		86	6	LIFT CEMENT
3:43 PM	800		110	5	SLOW RATE
3:45 PM	1500		119.5	4	PLUG DOWN - HOLD
					PLUG RAT HOLE - 305K AAZ CEMENT
					PLUG MOUSE HOLE - 205K AAZ CEMENT
					JOB COMPLETE - KEVEN



DRILL STEM TEST REPORT

Prepared For: **Chieftain Oil Co**

PO Box 124
Kiowa, KS 67070

ATTN: Dave Barker

Lichlyter #2

4-33s-10w Barber,KS

Start Date: 2012.08.29 @ 00:17:34

End Date: 2012.08.29 @ 09:38:49

Job Ticket #: 49567 DST #: 1

Trilobite Testing, Inc

PO Box 362 Hays, KS 67601

ph: 785-625-4778 fax: 785-625-5620

Printed: 2012.09.07 @ 13:19:25



TRILOBITE TESTING, INC.

DRILL STEM TEST REPORT

Chieftain Oil Co

4-33s-10w Barber,KS

PO Box 124
Kiowa, KS 67070

Lichlyter #2

Job Ticket: 49567

DST#: 1

ATTN: Dave Barker

Test Start: 2012.08.29 @ 00:17:34

GENERAL INFORMATION:

Formation: **Misner**

Deviated: No Whipstock: ft (KB)

Time Tool Opened: 04:28:19

Time Test Ended: 09:38:49

Test Type: Conventional Bottom Hole (Initial)

Tester: Leal Cason

Unit No: 63

Interval: 4753.00 ft (KB) To 4773.00 ft (KB) (TVD)

Reference Elevations: 1468.00 ft (KB)

Total Depth: 4773.00 ft (KB) (TVD)

1456.00 ft (CF)

Hole Diameter: 7.88 inches Hole Condition: Fair

KB to GR/CF: 12.00 ft

Serial #: 6798

Inside

Press @ Run Depth: 104.67 psig @ 4754.00 ft (KB)

Capacity: 8000.00 psig

Start Date: 2012.08.29

End Date: 2012.08.29

Last Calib.: 2012.08.29

Start Time: 00:17:35

End Time: 09:38:49

Time On Btm: 2012.08.29 @ 04:27:04

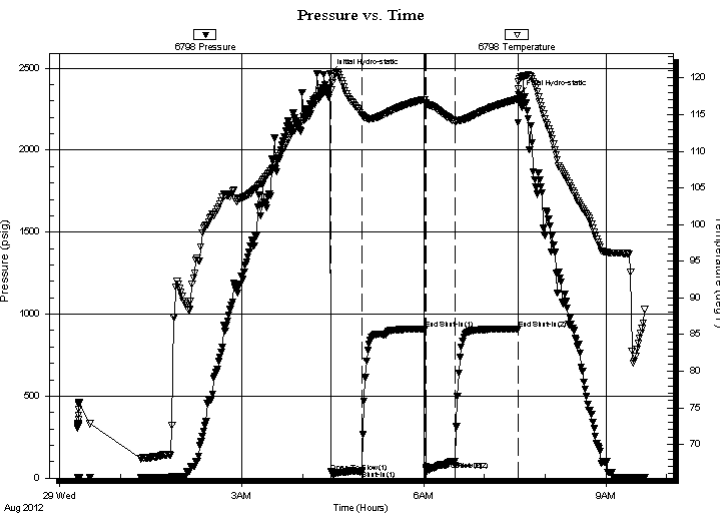
Time Off Btm: 2012.08.29 @ 07:33:49

TEST COMMENT: IF: Strong Blow, BOB in 2 minutes, GTS in 27 minutes, TSTM

IS: Surface Blow Back

FF: Strong Blow, BOB & GTS Immediate, TSTM

FS: No Blow Back



PRESSURE SUMMARY

Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	2468.66	118.73	Initial Hydro-static
2	37.42	118.37	Open To Flow (1)
32	47.12	114.96	Shut-In(1)
95	909.45	117.11	End Shut-In(1)
96	50.94	116.48	Open To Flow (2)
124	104.67	114.12	Shut-In(2)
186	910.11	117.11	End Shut-In(2)
187	2337.61	119.51	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
0.00	4565 GIP	0.00
120.00	GOCM 20%G 25%O 55%M	0.59
62.00	GOCM 10%G 35%O 55%M	0.58

Gas Rates

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



**TRILOBITE
TESTING, INC.**

DRILL STEM TEST REPORT

TOOL DIAGRAM

Chieftain Oil Co

4-33s-10w Barber, KS

PO Box 124
Kiowa, KS 67070

Lichlyter #2

Job Ticket: 49567

DST#: 1

ATTN: Dave Barker

Test Start: 2012.08.29 @ 00:17:34

Tool Information

Drill Pipe:	Length: 4595.00 ft	Diameter: 3.80 inches	Volume: 64.46 bbl	Tool Weight: 2100.00 lb
Heavy Wt. Pipe:	Length: 0.00 ft	Diameter: 0.00 inches	Volume: 0.00 bbl	Weight set on Packer: 25000.00 lb
Drill Collar:	Length: 152.00 ft	Diameter: 2.25 inches	Volume: 0.75 bbl	Weight to Pull Loose: 80000.00 lb
			<u>Total Volume: 65.21 bbl</u>	Tool Chased ft
Drill Pipe Above KB:	21.00 ft			String Weight: Initial 72000.00 lb
Depth to Top Packer:	4753.00 ft			Final 73000.00 lb
Depth to Bottom Packer:	ft			
Interval between Packers:	20.00 ft			
Tool Length:	47.00 ft			
Number of Packers:	2	Diameter: 6.75 inches		

Tool Comments:

Tool Description	Length (ft)	Serial No.	Position	Depth (ft)	Accum. Lengths
------------------	-------------	------------	----------	------------	----------------

Shut In Tool	5.00			4731.00	
Hydraulic tool	5.00			4736.00	
Jars	5.00			4741.00	
Safety Joint	2.00			4743.00	
Packer	5.00			4748.00	27.00 Bottom Of Top Packer
Packer	5.00			4753.00	
Stubb	1.00			4754.00	
Recorder	0.00	6798	Inside	4754.00	
Recorder	0.00	8367	Outside	4754.00	
Perforations	16.00			4770.00	
Bullnose	3.00			4773.00	20.00 Bottom Packers & Anchor

Total Tool Length: 47.00



**TRILOBITE
TESTING, INC.**

DRILL STEM TEST REPORT

FLUID SUMMARY

Chieftain Oil Co

4-33s-10w Barber,KS

PO Box 124
Kiowa, KS 67070

Lichlyter #2

Job Ticket: 49567

DST#: 1

ATTN: Dave Barker

Test Start: 2012.08.29 @ 00:17:34

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: 60.00 sec/qt

Cushion Volume:

bbbl

Water Loss: 5.99 in³

Gas Cushion Type:

Resistivity: ohm.m

Gas Cushion Pressure:

psig

Salinity: 5600.00 ppm

Filter Cake: 0.02 inches

Recovery Information

Recovery Table

Length ft	Description	Volume bbbl
0.00	4565 GIP	0.000
120.00	GOCM 20%G 25%O 55%M	0.590
62.00	GOCM 10%G 35%O 55%M	0.578

Total Length: 182.00 ft

Total Volume: 1.168 bbl

Num Fluid Samples: 0

Num Gas Bombs: 0

Serial #:

Laboratory Name:

Laboratory Location:

Recovery Comments:

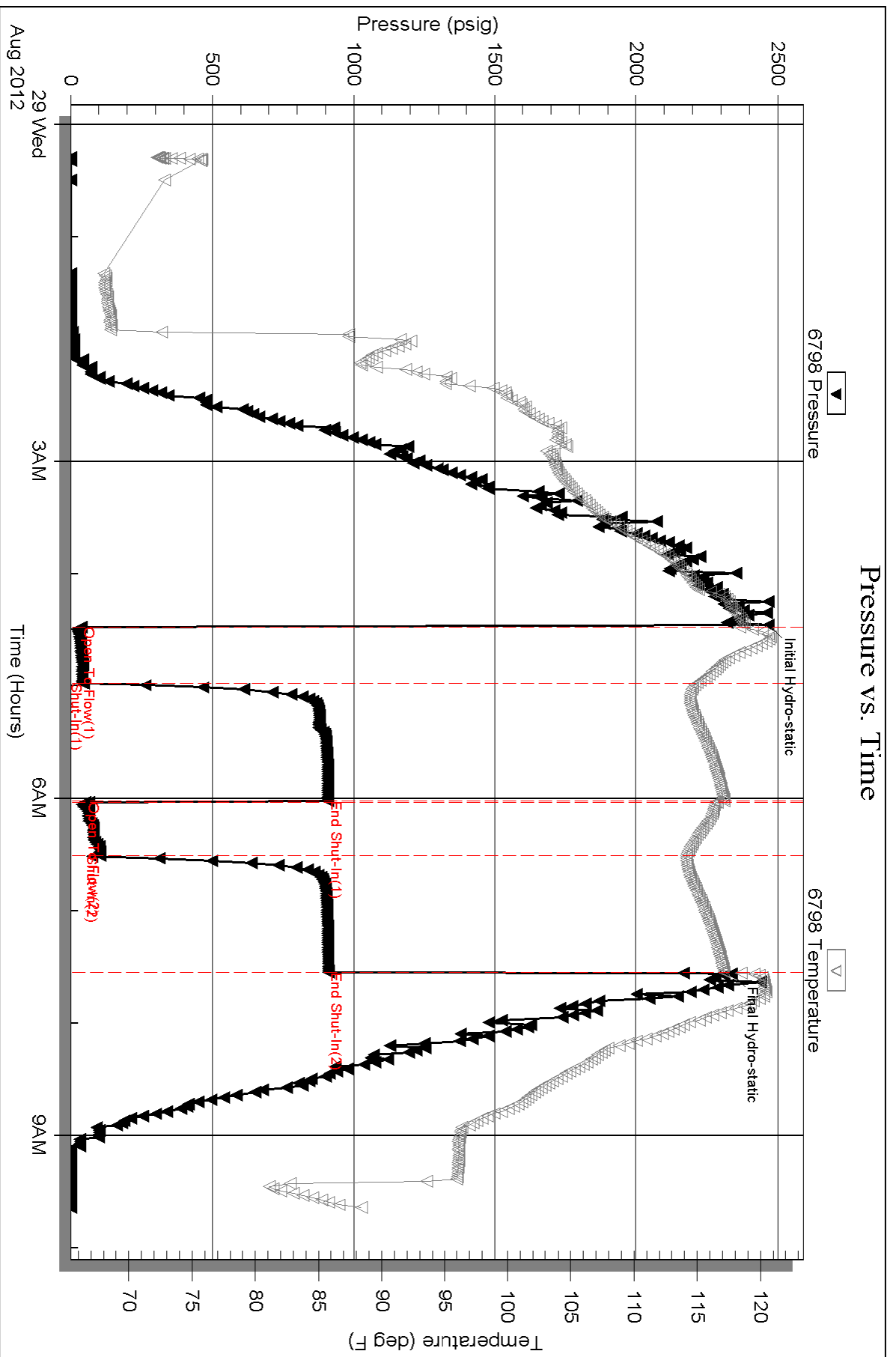
Serial #: 6798

Inside

Chieftain Oil Co

Lichlyer #2

DST Test Number: 1

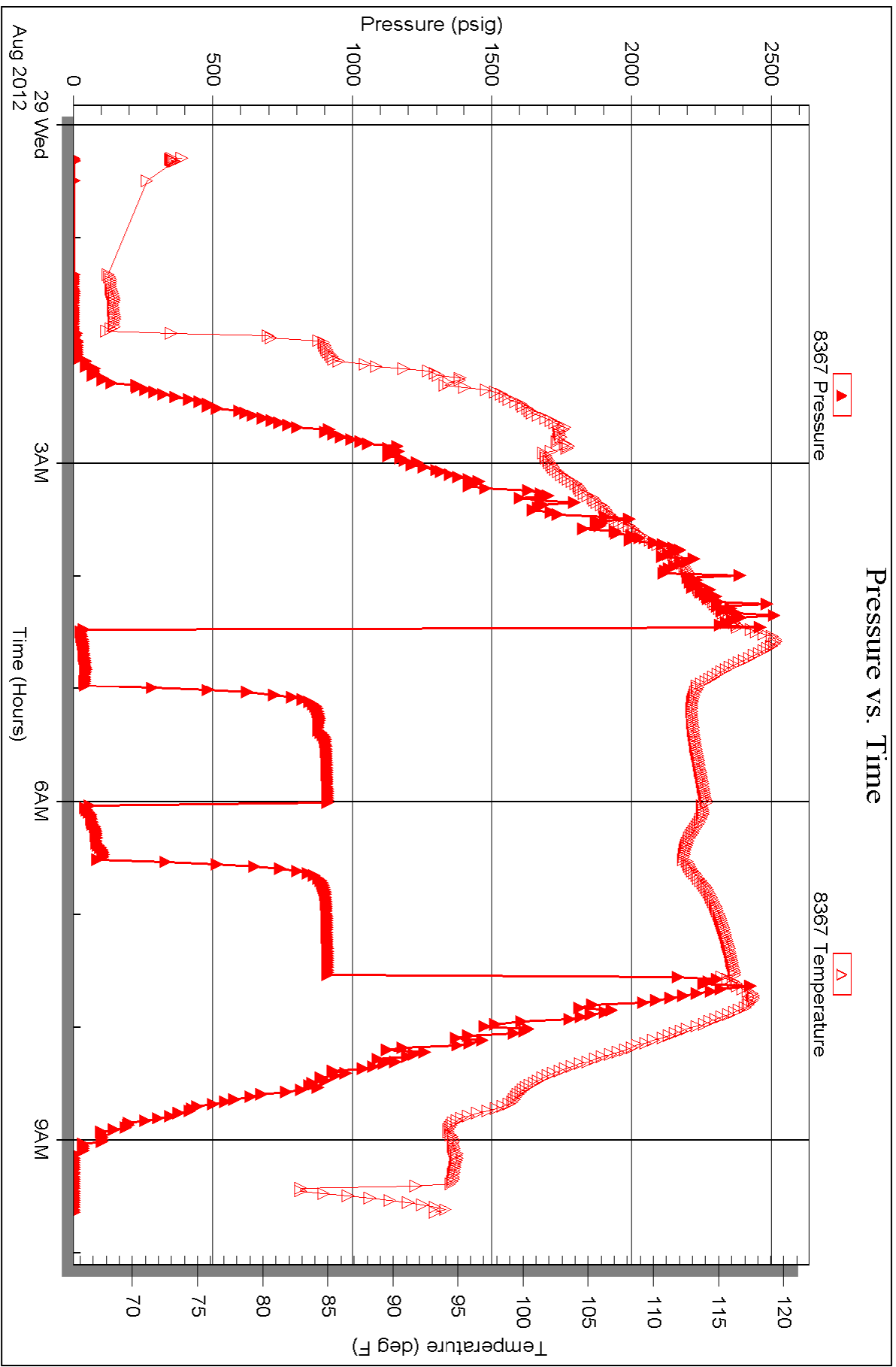


Serial #: 8367

Outside Chieftain Oil Co

Lichtlyer #2

DST Test Number: 1





TRILOBITE TESTING INC.

P.O. Box 1733 • Hays, Kansas 67601

Test Ticket

NO. 49567

4/10

Well Name & No. Lichlyter 2 Test No. 1 Date 08/28/12
 Company Chittain Oil Co Elevation 1468 KB 1456 GL
 Address PO Box 124 Kiowa, KS 67070
 Co. Rep / Geo. Dave Barker Rig Fossil 3
 Location: Sec. 4 Twp. 33S Rge. 10W Co. Barber State KS

Interval Tested 4753 - 4773 Zone Tested Misner
 Anchor Length 20 Drill Pipe Run 4753 Mud Wt. 9.2
 Top Packer Depth 4748 Drill Collars Run 152 Vis 60
 Bottom Packer Depth 4753 Wt. Pipe Run 0 WL 6.0
 Total Depth 4773 Chlorides 5600 ppm System LCM 3

Blow Description IF: Strong Blow, BOB in 2 minutes, GTS in 27 minutes, TSTM
ISI: surface Blow Back
FF: Strong Blow, BOB+GTS immediate, TSTM
FSI: NO Blow Back

Rec	Feet of	%gas	%oil	%water	%mud
<u>4565</u>	<u>GIP</u>				
<u>62</u>	<u>GOCM</u>	<u>10</u>	<u>35</u>	<u>55</u>	<u>55</u>
<u>120</u>	<u>GOCM</u>	<u>20</u>	<u>25</u>	<u>55</u>	<u>55</u>

Rec Total 182 BHT 119 Gravity NIC API RW NIC @ NIC °F Chlorides NIC ppm

(A) Initial Hydrostatic 2468 Test 1250 T-On Location 23:00
 (B) First Initial Flow 37 Jars 250 T-Started 06:17
 (C) First Final Flow 47 Safety Joint 75 T-Open 04:28
 (D) Initial Shut-In 909 Circ Sub T-Pulled 07:32
 (E) Second Initial Flow 51 Hourly Standby T-Out 09:38
 (F) Second Final Flow 105 Mileage 100 155 Comments _____
 (G) Final Shut-In 910 Sampler _____
 (H) Final Hydrostatic 2338 Straddle _____ Ruined Shale Packer _____
 Shale Packer _____ Ruined Packer _____
 Extra Packer _____ Extra Copies _____
 Extra Recorder _____ Sub Total 0
 Day Standby _____ Total 1730
 Accessibility _____ MP/DST Disc't _____
 Sub Total 1730

Approved By Q B Our Representative [Signature]

Trilobite Testing Inc. shall not be liable for damaged of any kind of the property or personnel of the one for whom a test is made, or for any loss suffered or sustained, directly or indirectly, through the use of its equipment, or its statements or opinion concerning the results of any test, tools lost or damaged in the hole shall be paid for at cost by the party for whom the test is made.