



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1098602
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 Date Reached TD Completion Date or
Recompletion Date 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: _____



1098602

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> _____ <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	Chieftain Oil Co., Inc.
Well Name	Big Chief 3
Doc ID	1098602

All Electric Logs Run

Compensated Density Neutron PE Log
Dual Induction Log
Geological Log
Leeth Evaluation Log
Sector Bond-Gamma Ray Log

Form	ACO1 - Well Completion
Operator	Chieftain Oil Co., Inc.
Well Name	Big Chief 3
Doc ID	1098602

Tops

Name	Top	Datum
Heebner	3813	-2414
Kansas City	3824	-2425
Cherokee Sh.	4740	-3341
Mississippian	4810	-3411
Viola	5202	-3803
Simpson Sd.	5340	-3941
Arbuckle	5508	-4109
Total Depth	5536	-4137



PAGE	CUST NO	INVOICE DATE
1 of 1	1000719	09/05/2012
INVOICE NUMBER		
1718 - 90995693		

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 Big Chief 3
 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
40507534	20920		Net - 30 days	10/05/2012

	QTY	U of M	UNIT PRICE	INVOICE AMOUNT
<i>For Service Dates: 09/02/2012 to 09/02/2012</i>				
0040507534				
171806424A Cement-New Well Casing/Pi 09/02/2012 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

PAID
 SEP 09 2012
 912/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 06424 A

DATE _____ TICKET NO. _____

DATE OF JOB <i>9-2-12</i> DISTRICT <i>Pratt</i>			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 <i>Chieftain Oil Co</i>			LEASE <i>Big chief</i> 3 WELL NO.						
ADDRESS			COUNTY <i>Barber</i> STATE <i>KS</i>						
CITY STATE			SERVICE CREW <i>Wright Lawrence Melson</i>						
AUTHORIZED BY			JOB TYPE: <i>CN W 13 3/8 CONDUCTOR</i>						
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	TIME
<i>33708 20920</i>	<i>45m/m</i>						<i>9-1</i>	<input type="radio"/>	<i>11:30</i>
<i>19826 19860</i>	<i>45m/m</i>					ARRIVED AT JOB	<i>9-2</i>	<input type="radio"/>	<i>2</i>
<i>37900</i>	<i>45m/m</i>					START OPERATION	<i>9-2</i>	<input type="radio"/>	<i>4:00</i>
						FINISH OPERATION	<i>9-2</i>	<input type="radio"/>	<i>4:45</i>
						RELEASED	<i>9-2</i>	<input type="radio"/>	<i>5:45</i>
						MILES FROM STATION TO WELL			<i>50</i>

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
<i>CP 103</i>	<i>60140 POZ</i>	<i>SK</i>	<i>350</i>		<i>4,200 00</i>
<i>CC 102</i>	<i>celloflake</i>	<i>lb</i>	<i>88</i>		<i>325 60</i>
<i>CC 109</i>	<i>Calcium Chloride</i>	<i>lb</i>	<i>903</i>		<i>998 15</i>
<i>E 100</i>	<i>Pickup mileage</i>	<i>mi</i>	<i>50</i>		<i>212 50</i>
<i>E 101</i>	<i>Heavy mileage</i>	<i>mi</i>	<i>100</i>		<i>700 00</i>
<i>E 113</i>	<i>Bulb Delivery</i>	<i>RM</i>	<i>753</i>		<i>1,204 00</i>
<i>CE 200</i>	<i>Depth Charge</i>	<i>4hr</i>	<i>1</i>		<i>1,000 00</i>
<i>CE 240</i>	<i>mixing charge</i>	<i>SK</i>	<i>350</i>		<i>490 00</i>
<i>S 003</i>	<i>service supervisor</i>	<i>eq</i>	<i>1</i>		<i>175 00</i>

CHEMICAL / ACID DATA:			

SUB TOTAL		<i>DLS</i>	<i>6,941</i>	<i>74</i>
SERVICE & EQUIPMENT	%TAX ON \$			
MATERIALS	%TAX ON \$			
TOTAL				

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

FIELD SERVICE ORDER NO. _____

BASIC

energy services, L.P.

TREATMENT REPORT

Customer <i>Chieftain Oil Co</i>	Lease No.	Date <i>9-2-2012</i>
Lease <i>Big Chief</i>	Well # <i>3</i>	
Field Order # <i>6424</i>	Station <i>Pratt</i>	Casing <i>13 3/8</i>
Type Job <i>cnw 13 3/8 conductor</i>	Depth <i>335'</i>	County <i>Barber</i>
		State <i>155</i>
	Formation	Legal Description <i>6-35-11</i>

PIPE DATA		PERFORATING DATA		FLUID USED	TREATMENT RESUME		
Casing Size	Tubing Size	Shots/Ft		Acid	RATE	PRESS	ISIP
<i>13 3/8</i>				Pre Pad	Max		5 Min.
Depth <i>335'</i>	Depth	From	To	Pad	Min		10 Min.
Volume <i>52</i>	Volume	From	To	Frac	Avg		15 Min.
Max Press <i>500</i>	Max Press	From	To		HHP Used		Annulus Pressure
Well Connexion	Annulus Vol.	From	To	Flush	Gas Volume		Total Load
Plug Depth <i>215</i>	Packer Depth	From	To				

Customer Representative <i>Ron Molz</i>	Station Manager <i>D Scott</i>	Treater <i>Joe Melson</i>
Service Units <i>33708 20920 19826 19860 37900</i>		
Driver Names <i>Wright Lawrence Melson</i>		

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
<i>2 AM</i>					<i>on LOC - SAFETY meeting</i>
<i>4:00 AM</i>					<i>Run BJTS 13 3/8 casing 48 FT</i>
<i>4:00 AM</i>					<i>Casing on Bottom</i>
<i>4:05</i>	<i>150</i>		<i>3</i>	<i>4.5</i>	<i>Break Circulation with Big</i>
<i>4:10</i>	<i>150</i>		<i>74</i>	<i>4.5</i>	<i>H2O spacer</i>
<i>4:35</i>			<i>0</i>	<i>-</i>	<i>Mix 350 515 60/40 POZ @ 14.8 #</i>
	<i>250</i>		<i>35</i>	<i>4.5</i>	<i>shut down start H2O displacement</i>
<i>4:45</i>	<i>250</i>		<i>50</i>	<i>4.5</i>	<i>Cement to surface</i>
					<i>shut in</i>
					<i>Circulation thru JOB</i>
					<i>Circulated 15 BBL cement to PIT</i>
					<i>JOB complete</i>
					<i>Thank you Joe</i>



PAGE 1 of 1	CUST NO 1C 719	INVOICE DATE 09/13/2012
INVOICE NUMBER 1718 - 91001339		

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 Big Chief 3
 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
40510924	19843		Net - 30 days	10/13/2012

	QTY	U of M	UNIT PRICE	INVOICE AMOUNT
<i>For Service Dates: 09/12/2012 to 09/12/2012</i>				
0040510924				
171806683A Cement-New Well Casing/Pi 09/12/2012				
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" (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	577.48
"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

ENTERED
 SEP 27 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		



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 06683 A

DATE _____ TICKET NO. _____

DATE OF JOB: 9-12-12 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: Big Chief WELL NO. 3							
ADDRESS:		COUNTY: Barber STATE: KS							
CITY: STATE:		SERVICE CREW: Orlando, Maurice, Lawrence							
AUTHORIZED BY:		JOB TYPE: CNW-5 1/2 L.S.							
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM/PM	TIME
27283	1						9-12-12		10:00
17889-19843	1					ARRIVED AT JOB	9-12-12	AM/PM	12:00
19826-19860	1					START OPERATION		AM/PM	1:10
						FINISH OPERATION		AM/PM	2:10
						RELEASED		AM/PM	3:00
						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: *[Signature]*
(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
CP105	AA 2 Cement	Sx	225		3825.00
CP105	AA 2 Cement	Sx	50		850.00
CC105	C-41 P Defoamer	Lb	52		208.00
CC111	Salt	Lb	1364		682.00
CC115	C-44	Lb	259		1333.85
CC129	FLA-322	Lb	208		1560.00
CC201	Gilsonite	Lb	1375		921.25
CS1202	Latch Down Plug + Baffle 5 1/2"	pg	1		400.00
CF1251	Auto Sill Float Shoe 5 1/2"	ea	1		360.00
CF1651	Turbolizer 5 1/2"	ea	7		770.00
CS1901	Basket 5 1/2"	ea	2		580.00
C704	Claymax	Gal	5		175.00
CC151	Mud Flush	Gal	500		430.00
CC155	Super Flush II	Gal	500		765.00
E100	Pickup Mileage	mi	500		212.50
E101	Heavy Equipment Mileage	mi	100		700.00
E113	Bulk Delivery	Tn	648		1036.00
CE206	Depth Charge 5001-6000	ea	1		2880.00
CE240	Blending + mixing Charge	sk	275		385.00
CE504	Plus Contain	ea	1		250.00
5003	Service Charge	ea	1		175.00
				SUB TOTAL	13873.95

CHEMICAL / ACID DATA:

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

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

FIELD SERVICE ORDER NO.

Customer Chieftain Oil	Lease No.	Date 9-12-12
Lease Big Chief	Well # 3	
Field Order # 6683	Station Pratt	Casing 5 1/2" 15#
		Depth 5530
Type Job CNW-5 1/2" L.S.	Formation	County Becker
		State KS
		Legal Description 6.35-11

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size	Tubing Size	Shots/Ft		Acid	RATE	PRESS	ISIP	
5 1/2"		2054		AA2 @ 11 1/2 gal			5 Min.	
3 1/2"	Depth	From	To	Pre Pad	Max		10 Min.	
				1.45			15 Min.	
Volume	Volume	From	To	Pad	Avg		Annulus Pressure	
131.6			5650	AA2 @ 11 1/2 gal			Total Load	
Max Press	Max Press	From	To	Frac	HHP Used			
1100								
Well Connection	Annulus Vol.	From	To	Flush	Gas Volume			
P.C.				131				
Plug Depth	Packer Depth	From	To					
250'								

Customer Representative Ken Mulz	Station Manager Dave Scott	Treater Steve Ueland
Service Units 20083 19885 19843 19826/19860		
Driver Names U. Jo Marguec Lawler		

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
1:00					On location - Safety Meeting
					Run 129 Jk 5 1/2 casing
					Conductivity 4.6-12-14-15 16-18
					Back to 212 mat. 31 #15 24-28
					Casing Co. Isolation - Break Circulation
1:10	350		12	6	Mud flush
1:12	350		3	6	H2O spacer
1:14	350		12	6	Super flush
1:15	300		3	6	H2O spacer
1:16	300		57	6	min 225 gal AA2 @ 11 1/2 gal
					Shut Down - Clean Pump & hose
					Release plug
1:36	0		0	6	Start H2O Displacement w 22 kcc
1:53	500		100	5	K.S. pressure
1:57	800		100	4	Slow Rate
2:00	1500		131	4	plug down - Hold
2:30			6/4		plug R/W/mh with 500 gal AA2
					Sub complete
					Thank, Steve

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 25, 2012

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

Re: ACO1
API 15-007-23908-00-00
Big Chief 3
SW/4 Sec.06-35S-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