



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1102679
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: _____



1102679

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: 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> _____ <i>(Submit ACO-4)</i>	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	Chieftain Oil Co., Inc.
Well Name	Chieftain SWD 1
Doc ID	1102679

All Electric Logs Run

Geologist Log
Dual Compensated Log
Dual Induction Log
Microresistivity Log
Sector Bond-Gamma Ray Log

Form	ACO1 - Well Completion
Operator	Chieftain Oil Co., Inc.
Well Name	Chieftain SWD 1
Doc ID	1102679

Tops

Name	Top	Datum
Heebner	3580	-2002
Lansing	3758	-2180
Stark Sh.	4150	-2572
Cherokee Sh.	4331	-2753
Mississippian	4360	-2782
Kinderhook Sh.	4503	-2925
Chat. Sh.	4593	-3015
Viola	4625	-3047
Simpson	4724	-3146
Arbuckle	4830	-3252
Total Depth	5573	



PAGE 1 of 1	CUST NO 1000719	INVOICE DATE 10/10/2012
INVOICE NUMBER 1718 - 91022311		

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 Chieftain 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
40520994	20920		Net - 30 days	11/09/2012

	QTY	U of M	UNIT PRICE	INVOICE AMOUNT
<i>For Service Dates: 10/09/2012 to 10/09/2012</i>				
0040520994				
171807259A Cement-New Well Casing/Pi 10/09/2012				
Cement 5 1/2" Longstring				
AA2 Cement	250.00	EA	12.75	3,187.37 T
C-41P	47.00	EA	3.00	140.99 T
Salt	1,238.00	EA	0.37	464.23 T
C-44	235.00	EA	3.86	907.65 T
FLA-322	188.00	EA	5.62	1,057.46 T
Gilsonite	1,247.00	EA	0.50	626.59 T
Super Flush II	500.00	EA	1.15	573.73 T
Mud Flush	500.00	EA	0.64	322.49 T
"Latch Down Plug & Baffle, 5 1/2" (Blu	1.00	EA	299.99	299.99
"Cmt. Shoe Packer Type, 5 1/2" (Red)"	1.00	EA	2,774.88	2,774.88
"Turbolizer, 5 1/2" (Blue)"	7.00	EA	82.50	577.48
"5 1/2" Basket (Blue)"	1.00	EA	217.49	217.49
"Unit Mileage Chg (PU, cars one way)"	30.00	MI	3.19	95.62
Heavy Equipment Mileage	60.00	MI	5.25	314.99
"Proppant & Bulk Del. Chgs., per ton mil	353.00	EA	1.20	423.58
Depth Charge; 4001'-5000'	1.00	EA	1,889.92	1,889.92
Blending & Mixing Service Charge	250.00	BAG	1.05	262.49
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
 OCT 15 2012
 9304.BC

PLEASE REMIT TO:	SEND OTHER CORRESPONDENCE TO:	SUB TOTAL	14,455.68
BASIC ENERGY SERVICES, LP	BASIC ENERGY SERVICES, LP	TAX	531.48
PO BOX 841903	PO BOX 10460	INVOICE TOTAL	14,987.16
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 07259 A

DATE _____ TICKET NO. _____

DATE OF JOB: 10-09-12		DISTRICT: PRATT KC		NEW WELL <input type="checkbox"/> OLD WELL <input checked="" type="checkbox"/> PROD <input type="checkbox"/> INJ <input type="checkbox"/> WDW <input type="checkbox"/> CUSTOMER ORDER NO.:					
CUSTOMER: CHIEFTAIN OIL		LEASE: CHIEFTAIN		WELL NO. 2					
ADDRESS:		COUNTY: BARBER		STATE: KC					
CITY:		STATE:		SERVICE CREW: Sullivan, Wright, Phyp, Colony					
AUTHORIZED BY:		JOB TYPE: CNW 5 1/2 Inch Long Stay							
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM/PM	TIME
33708-20970	35						10-9-12		11:00
19960-21010	35					ARRIVED AT JOB		AM/PM	3:15
37900						START OPERATION		AM/PM	9:45
						FINISH OPERATION		AM/PM	10:15
						RELEASED		AM/PM	10:45
						MILES FROM STATION TO WELL			30

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	AA-2 cmt	SK	200		3,400.00
CP 105	DA-2 cmt	SK	50		850.00
CE 105	DafodampR	lb	47		186.00
CC 111	SALT	lb	1238		619.00
CC 115	C-44	lb	235		1,210.25
CC 129	Fluid Loss	lb	188		1,410.00
CC 201	gilsomite	lb	1247		839.49
CF 607	Latex Down Plug 5 1/2	SA	1		400.00
CF 1001	CMT Packer Shoe D.S	SA	1		3,700.00
CF 1651	Cont.	SA	7		770.00
CF 1901	Baskets	SA	21		290.00
CE 155	Super Flush II	gal	500		2,650.00
CL 161	Mud Fluid	gal	500		430.00
E 100	Picked mi	mi	30		127.50
E 101	Heavy Sgnt mi	mi	60		420.00
E 113	Bulk Oil	TM	352		364.00
CE 205	Depth Meter 4000-5000	SA	1		2,520.00
CE 240	Blenders - mixer	SK	250		350.00
CE 504	Play Contain Road	SA	1		250.00
5003	Spillway Separator	SA	1		175.00
SUB TOTAL					14,455.68

CHEMICAL / ACID DATA:			

SERVICE & EQUIPMENT	%TAX ON \$	
MATERIALS	%TAX ON \$	
TOTAL		14,455.68

SERVICE REPRESENTATIVE:

THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY:

FIELD SERVICE ORDER NO. _____

(WELL OWNER OPERATOR CONTRACTOR OR AGENT)

Customer <i>CH. of Fair Oil</i>	Lease No.	Date <i>10-09-12</i>
Lease <i>Ch. of Fair</i>	Well # <i>2</i>	
Field Order # <i>1257</i>	Station <i>Pratt KS</i>	Casing <i>5 1/2</i>
		Depth <i>4994</i>
Type Job <i>CNW 5 1/2 long string</i>	Formation	Legal Description <i>35-31-12</i>
		County <i>BARBERS</i>
		State <i>KS</i>

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size	Tubing Size	Shots/Ft		Acid	RATE	PRESS	ISIP	
<i>5 1/2</i>								
Depth <i>4994</i>	Depth	From	To	Pre Pad	Max		5 Min.	
Volume <i>110</i>	Volume	From	To	Pad	Min		10 Min.	
Max Press <i>2,000</i>	Max Press	From	To	Frac	Avg		15 Min.	<input checked="" type="checkbox"/>
Well Connection <i>PC</i>	Annulus Vol.	From	To		HHP Used		Annulus Pressure	
Plug Depth <i>4921</i>	Packer Depth	From	To	Flush	Gas Volume		Total Load	

Customer Representative	Station Manager <i>DAVE SCOTT</i>	Treater <i>Robert Sullivan</i>
Service Units <i>37900 33708 22920 19960 71010</i>		
Driver Names <i>Sullivan Wright Phyc - Colway</i>		

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
<i>3:15</i>					<i>on bc softy noisy</i>
					<i>RUN 114 STS 5 1/2 15.5 csg</i>
					<i>PACKER STOP ON BOTTOM 4994'</i>
					<i>circ csg 1/2 wdr 30 min</i>
<i>7:50</i>					<i>CASING ON BOTTOM</i>
<i>8:00</i>					<i>Hook 'Rj Break circ.</i>
<i>8:10</i>					<i>DROP BALL</i>
<i>8:20</i>	<i>950</i>				<i>Set Packer Stop ANN Finish circ</i>
<i>9:45</i>	<i>300</i>		<i>12</i>	<i>3.8</i>	<i>st mud flush</i>
			<i>3</i>		<i>SPACEK</i>
			<i>17</i>		<i>mix Super Fluid</i>
			<i>3</i>		<i>SPACEK.</i>
	<i>400</i>		<i>51</i>	<i>4.5</i>	<i>mix 200 sk AA-2 cont mix @ 15 ppv</i>
					<i>cont mix dr shut down wash lines, pump?</i>
					<i>Release Plug</i>
				<i>5.5</i>	<i>st Disp</i>
	<i>350</i>		<i>74</i>		<i>lit + 15'</i>
	<i>500</i>			<i>4</i>	<i>slow rate</i>
<i>10:15</i>	<i>1800</i>		<i>118</i>	<i>2</i>	<i>Plug down</i>
			<i>13</i>		<i>Phy Rtl x m.h/ SOB Complete</i>



PAGE 1 of 1	CUST NO 1000719	INVOICE DATE 10/01/2012
INVOICE NUMBER 1718 - 91015741		

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 Chieftain 2
 O LOCATION
 B COUNTY Barber
 S STATE KS
 I JOB DESCRIPTION Cement-New Well Casing/Pi
 T JOB CONTACT
 E

JOB #	EQUIPMENT #	PURCHASE ORDER NO.	TERMS	DUE DATE
40517286	19843		Net - 30 days	10/31/2012

	QTY	U of M	UNIT PRICE	INVOICE AMOUNT
<i>For Service Dates: 09/28/2012 to 09/28/2012</i>				
0040517286				
171806887A Cement-New Well Casing/Pi 09/28/2012				
Cement 8 5/8" Surface				
60/40 POZ	300.00	EA	9.00	2,699.99 T
Celloflake	75.00	EA	2.78	208.13 T
Calcium Chloride	774.00	EA	0.79	609.53 T
"Wooden Cmt Plug, 8 5/8" ""	1.00	EA	120.00	120.00
"Unit Mileage Chg (PU, cars one way)"	30.00	MI	3.19	95.63
Heavy Equipment Mileage	60.00	MI	5.25	315.00
"Proppant & Bulk Del. Chgs., per ton mil	387.00	EA	1.20	464.40
Depth Charge: 0-500'	1.00	EA	750.00	750.00
Blending & Mixing Service Charge	300.00	BAG	1.05	315.00
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
 OCT 07 2012
 912/BC

PLEASE REMIT TO:	SEND OTHER CORRESPONDENCE TO:	SUB TOTAL	5,896.43
BASIC ENERGY SERVICES, LP	BASIC ENERGY SERVICES, LP	TAX	256.79
PO BOX 841903	PO BOX 10460	INVOICE TOTAL	6,153.22
DALLAS, TX 75284-1903	MIDLAND, TX 79702		





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

FIELD SERVICE TICKET
1718 06887 A

DATE _____ TICKET NO. _____

DATE OF JOB 9-28-2012 DISTRICT		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 CHIEFTAIN WELL NO. 2						
ADDRESS		COUNTY BARBER STATE Ks.						
CITY STATE		SERVICE CREW LESLEY, MARQUEZ, LAWRENCE						
AUTHORIZED BY		JOB TYPE: CNW - 8 5/8" S.P.						
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED 9-28-12 DATE	AM	TIME
37586	5.5							1:00
19889-19843	5.5					ARRIVED AT JOB	AM	3:30
19831-19862	5.5					START OPERATION	AM	7:00
						FINISH OPERATION	AM	2:00
						RELEASED	AM	9:00
						MILES FROM STATION TO WELL		30

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
CP 103	60/40 F02	SK	300		3,600.00
CC 102	CELL FLAKE	lb	75		277.50
CC 109	CALCIUM CHLORIDE	lb	774		812.70
CF 153	WOODEN CMT. PLUG, 8 5/8"	EA	1		160.00
E 100	PICKUP MILEAGE	MI	30		127.50
E 101	HEAVY EQUIPMENT MILEAGE	MI	60		420.00
E 113	BULK DELIVERY CHARGE	TM	387		619.20
CE 200	DEPTH CHARGE; 0-500'	HR	1-4		1,000.00
CE 240	BLENDING SERVICE CHARGE	SK	300		420.00
CE 504	PLUG CONTAINER CHARGE	JOB	1		250.00
S 003	SERVICE SUPERVISOR	EA	1		175.00

SUB TOTAL **DLS \$5,896.43**

CHEMICAL / ACID DATA:			

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

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

BASIC

energy services, L.P.

TREATMENT REPORT

Customer CHIEFTAIN OIL CO., INC.	Lease No.	Date 9-28-2012
Lease CHIEFTAIN	Well # 2	
Field Order # 06887	Station PRATT, KS.	Casing 8 5/8" Depth
Type Job CNW-8 5/8" S.P.	Formation TD-326'	County BARBER State Ks.
		Legal Description 35-31-12

PIPE DATA		PERFORATING DATA		FLUID USED	TREATMENT RESUME		
Casing Size 8 5/8" x 24'	Tubing Size	Shots/Ft	CMT-	Acid 300 SKS. 60/40 POZ.	RATE	PRESS	ISIP
Depth 500'	Depth	From	To	Pre Pad @ 1.2 CU FT	Max		5 Min.
Volume 20.73 BBL	Volume	From	To	Pad	Min		10 Min.
Max Press 500	Max Press	From	To	Frac	Avg		15 Min.
Well Connection P.C.	Annulus Vol.	From	To		HHP Used		Annulus Pressure
Plug Depth 500'	Packer Depth	From	To	Flush 19.5 BBL	Gas Volume		Total Load

Customer Representative RON MOLZ	Station Manager D. SCOTT	Treater K. LESLEY
Service Units 37586 19889 19843 19831 19862		
Driver Names LESLEY MARQUEZ - LAWRENCE -		

Time	Casing Pressure	Tubing Pressure	Bbbs. Pumped	Rate	Service Log
3:30 AM					ON LOCATION - SAFETY MEETING
					RUN 7 JTS. 8 5/8" x 24" CSG.
7:10 AM					CSG. ON BOTTOM
7:15 AM					HOO UP TO CSG. / BREAK CIRC. W/ RIG
7:38 AM	250		5	6	H2O AHEAD
7:39 AM	200		65	6	MIX 300 SKS. 60/40 POZ @ 14.8 PPG
7:50 AM					SHUT DOWN - RELEASE PLUG
7:56 AM	0		0	5	START DISPLACEMENT
7:59 AM	100		15	3	SLOW RATE
8:00 AM	100		19.5	3	PLUG @ DESIRED DEPTH
					CIRC. THRO JOB
					CIRC. 10 BBL TO PIT

JOB COMPLETE,
THANKS -
KEVEN LESLEY

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

November 27, 2012

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

Re: ACO1
API 15-007-23944-00-00
Chieftain SWD 1
NE/4 Sec.35-31S-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