



KANSAS CORPORATION COMMISSION 1104303  
OIL & GAS CONSERVATION DIVISION

Form ACO-1

June 2009

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
- Conv. to GSW
- Plug Back: \_\_\_\_\_ Plug Back Total Depth \_\_\_\_\_
- 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

County: \_\_\_\_\_

Lease Name: \_\_\_\_\_ Well #: \_\_\_\_\_

Field Name: \_\_\_\_\_

Producing Formation: \_\_\_\_\_

Elevation: Ground: \_\_\_\_\_ Kelly Bushing: \_\_\_\_\_

Total 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**

- Letter of Confidentiality Received  
Date: \_\_\_\_\_
- Confidential Release Date: \_\_\_\_\_
- Wireline Log Received
- Geologist Report Received
- UIC Distribution
- ALT  I  II  III Approved by: \_\_\_\_\_ Date: \_\_\_\_\_



1104303

Operator Name: \_\_\_\_\_ Lease Name: \_\_\_\_\_ Well #: \_\_\_\_\_

Sec. \_\_\_\_\_ Twp. \_\_\_\_\_ S. R. \_\_\_\_\_  East  West County: \_\_\_\_\_

**INSTRUCTIONS:** Show important tops and base 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. Attach complete copy of all Electric Wire-line Logs surveyed. Attach final geological well site report.

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 Electric Log Submitted Electronically <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If no, Submit Copy)</i>  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
_____ Perforate _____ Protect Casing _____ Plug Back TD _____ Plug Off Zone				

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
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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	Palmer 3
Doc ID	1104303

All Electric Logs Run

Geologist Log
Daul Compensated Porosity Log
Dual Induction Log
Sector Bond / Gamma Ray CCL Log

Form	ACO1 - Well Completion
Operator	Chieftain Oil Co., Inc.
Well Name	Palmer 3
Doc ID	1104303

Tops

Name	Top	Datum
Heebner	3487	-2020
Lansing	3738	-2271
Cherokee	4400	-2933
Mississippian	4430	-2763
Chattanooga	4711	-3244
Viola	4750	-3283
Simpson	4817	-3450
Arbuckle	4975	-3508
Total Depth	5007	-3540



PAGE 1 of 1	CUST NO 100J719	INVOICE DATE 08/08/2012
INVOICE NUMBER 1718 - 90973153		

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

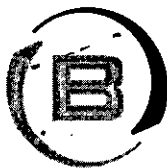
J LEASE NAME Palmer 3  
 O LOCATION  
 B COUNTY Barber  
 S STATE KS  
 I JOB DESCRIPTION Cement-New Well Casing/Pi  
 T  
 E JOB CONTACT

JOB #	EQUIPMENT #	PURCHASE ORDER NO.		TERMS	DUE DATE
40496541	19843			Net - 30 days	09/07/2012
<i>For Service Dates: 08/07/2012 to 08/07/2012</i>		QTY	U of M	UNIT PRICE	INVOICE AMOUNT
0040496541					
171806858A Cement-New Well Casing/Pi 08/07/2012					
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

~~PAID~~  
 AUG 09 2012  
 9121BC

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 06858 A

DATE \_\_\_\_\_ TICKET NO. \_\_\_\_\_

DATE OF JOB <u>8-7-2012</u> 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 <u>CHIEFTAIN OIL CO., INC.</u>		LEASE <u>PALMER</u> WELL NO. <u>3</u>							
ADDRESS _____		COUNTY <u>BARBER</u> STATE <u>Ks.</u>							
CITY _____ STATE _____		SERVICE CREW <u>LESLEY, MARNEZ, PIERSON</u>							
AUTHORIZED BY _____		JOB TYPE: <u>CNW - 8 5/8" S.P.</u>							
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	TIME
<u>37586</u>	<u>1</u>						<u>8-7-12</u>		<u>1:00</u>
<u>19829-19843</u>	<u>1</u>					ARRIVED AT JOB			<u>2:30</u>
<u>19831-19862</u>	<u>1</u>					START OPERATION			<u>5:30</u>
						FINISH OPERATION			<u>11:30</u>
						RELEASED			<u>7:00</u>
						MILES FROM STATION TO WELL			<u>45</u>

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	<u>60/40 POZ</u>	SK	<u>300</u>		<u>3,600.00</u>
CC 102	<u>CELL-FLAKE</u>	lb	<u>75</u>		<u>277.50</u>
CC 109	<u>CALCIUM CHLORIDE</u>	lb	<u>774</u>		<u>812.70</u>
CF 153	<u>WOODEN CMT. PLUG, 8 5/8"</u>	EA	<u>1</u>		<u>160.00</u>
E 100	<u>PICKUP MILEAGE</u>	MI	<u>45</u>		<u>191.25</u>
E 101	<u>HEAVY EQUIPMENT MILEAGE</u>	MI	<u>90</u>		<u>630.00</u>
E 113	<u>BULK DELIVERY CHARGE</u>	TM	<u>581</u>		<u>928.80</u>
CE 200	<u>DEPTH CHARGE, 0-500'</u>	HR	<u>1-4</u>		<u>1,000.00</u>
CE 240	<u>BLENDED SERVICE CHARGE</u>	SK	<u>300</u>		<u>420.00</u>
CE 504	<u>PLUG CONTAINER CHARGE</u>	YB	<u>1</u>		<u>250.00</u>
S 003	<u>SERVICE SUPERVISOR</u>	EA	<u>1</u>		<u>175.00</u>
					SUB TOTAL <u>6,333.94</u>

CHEMICAL / ACID DATA:			

SERVICE & EQUIPMENT	%TAX ON \$	<u>6,333.94</u>
MATERIALS	%TAX ON \$	
TOTAL		

SERVICE REPRESENTATIVE: Lesley THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: [Signature]  
FIELD SERVICE ORDER NO. \_\_\_\_\_ (WELL OWNER OPERATOR CONTRACTOR OR AGENT)

Customer	CHIEFTAIN OIL	Lease No.		Date	8-7-2012	
Lease	PALMER	Well #	3			
Field Order #	Station PRATT, Ks.	Casing	8 5/8"	Depth	County BARBER	State Ks.
Type Job	CNW-8 5/8" S.P.	Formation	TD-315'	Legal Description	34-32-10	

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size	Tubing Size	Shots/Ft	CMT-	Acid	300SK 60/40POZ	RATE	PRESS	ISIP
Depth	Depth	From	To	Pre Pad	@ 1.21 CUFT <sup>3</sup>	Max		5 Min.
Volume	Volume	From	To	Pad		Min		10 Min.
Max Press	Max Press	From	To	Frac		Avg		15 Min.
Well Connection	Annulus Vol.	From	To			HHP Used		Annulus Pressure
Plug Depth	Packer Depth	From	To	Flush	19 BBL	Gas Volume		Total Load

Customer Representative	LARRY	Station Manager	D. SCOTT	Treater	K. LESLEY
Service Units	37586	19889	19843	19831	19862
Driver Names	LESLEY	MARQUEZ	PIERSON		

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
2:30 AM					ON LOCATION - SAFETY MEETING
					RUN 7 STS. 8 5/8" x 24" CSG.
5:30 AM					CSG. ON BOTTOM
5:40 AM					HOOK UP TO CSG. / BREAK CIRC. W/ RIG
6:00 AM			5	6	H2O AHEAD
6:01 AM			65	6	MIX 300SKS. 60/40POZ @ 14.8 PPG
6:12 AM					RELEASE PLUG
6:15 AM	0		0	5	START DISPLACEMENT
6:18 AM	100		15	3	SLOW RATE
6:20 AM	100		19	3	PLUG @ DESIRED DEPTH
					CIRC. THRU JOB
					CIRC. 10 BBL TO PIT
					JOB COMPLETE,
					THANKS -
					KEVEN LESLEY



PAGE	CUST NO	INVOICE DATE
1 of 1	1000719	08/21/2012
INVOICE NUMBER		
1718 - 90982553		

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 Palmer 3  
 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
40501683	20920		Net - 30 days	09/20/2012

	QTY	U of M	UNIT PRICE	INVOICE AMOUNT
<i>For Service Dates: 08/19/2012 to 08/19/2012</i>				
0040501683				
171806786A Cement-New Well Casing/Pi 08/19/2012				
Cement 5 1/2" Longstring				
AA2 Cement	250.00	EA	12.75	3,187.40 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" (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	577.49
"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; 4001'-5000'	1.00	EA	1,889.96	1,889.96
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 05 2012  
 9121BC

PLEASE REMIT TO:	SEND OTHER CORRESPONDENCE TO:	SUB TOTAL	12,717.75
BASIC ENERGY SERVICES, LP	BASIC ENERGY SERVICES, LP	TAX	541.18
PO BOX 841903	PO BOX 10460	INVOICE TOTAL	13,258.93
DALLAS, TX 75284-1903	MIDLAND, TX 79702		







**BASIC**<sup>SM</sup>  
ENERGY SERVICES  
PRESSURE PUMPING & WIRELINE

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

FIELD SERVICE TICKET  
1718 06786 A

DATE \_\_\_\_\_ TICKET NO. \_\_\_\_\_

DATE OF JOB <b>08-19-12</b> DISTRICT <b>PRATT 145</b>				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 <b>Chiofain Oil</b>				LEASE <b>PALMER</b> 3 WELL NO.			
ADDRESS				COUNTY <b>BARBER</b> STATE <b>KC</b>			
CITY STATE				SERVICE CREW <b>Sullivan, Wright, Pierson</b>			
AUTHORIZED BY				JOB TYPE: <b>CRW 5 1/2" Logging</b>			
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE <b>8-19-12</b> TIME <b>9:00</b>
<b>33708-20920</b>	<b>50 m</b>					ARRIVED AT JOB	<b>AM (PM) 12:00</b>
<b>19831-19862</b>	<b>50 m</b>					START OPERATION	<b>AM (PM) 6:00</b>
<b>37900</b>						FINISH OPERATION	<b>AM (PM) 6:50</b>
						RELEASED	<b>AM (PM) 7:45</b>
						MILES FROM STATION TO WELL	<b>45</b>

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

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

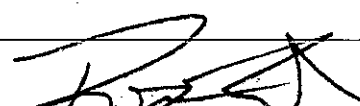
ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
CP 105	AA 2 cut	sk	200		3,400.00
CP 105	AA-2 cut	sk	50		850.00
CC 105	C-41 D/AOANUC	lb	47		189.00
CC 111	SALT	lb	1238		619.00
CC 115	C-44	lb	235		1,210.25
CC 129	FLA-322 Bundless	lb	186		1,410.00
CC 201	Gilswite	lb	1250		837.50
CF 607	LATCH down Plug	SA	1		400.00
CF 1251	Auto Fill shoe	SA	1		360.00
CF 1691	Turnbuckle	SA	7		770.00
CF-1901	BASKET	SA	2		580.00
C 204	CLAYMAX KCC	GAL	5		175.00
CC 151	MUD Wash	GAL	500		420.00
CC 155	Super Hole TI	GAL	500		765.00

SUB TOTAL **64**

CHEMICAL / ACID DATA:			

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

*Thank you*

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



**BASIC**<sup>SM</sup>  
ENERGY SERVICES  
PRESSURE PUMPING & WIRELINE

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

FIELD SERVICE TICKET

1718 ~~00787-A~~

continuation of

DATE TICKET NO. 1718 06786A

DATE OF JOB: <i>8-19-12</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>Chickadee Oil</i>		LEASE: <i>PALMER</i>		WELL NO.:		<i>3</i>				
ADDRESS:		COUNTY: <i>BARBER</i>		STATE: <i>Ks</i>						
CITY:		SERVICE CREW: <i>Sullivan, Wright, Pearson</i>								
AUTHORIZED BY:		JOB TYPE: <i>CNW 5 1/2 long 5-2</i>								
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	PM	TIME
						ARRIVED AT JOB				
						START OPERATION				
						FINISH OPERATION				
						RELEASED				
						MILES FROM STATION TO WELL				

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

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

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
E 100	<i>Diaper mi</i>	<i>mi</i>	<i>45</i>		<i>191.25</i>
E 101	<i>House Gas mi</i>	<i>m</i>	<i>90</i>		<i>630.00</i>
E 113	<i>Bulk Delivery</i>	<i>TM</i>	<i>529</i>		<i>846.00</i>
CE 305	<i>Depth change 4001-5000</i>	<i>GA</i>	<i>1</i>		<i>2,520.00</i>
CE 240	<i>Blending - mixing</i>	<i>SK</i>	<i>250</i>		<i>250.00</i>
CE 504	<i>plus constant rental</i>	<i>PA</i>	<i>1</i>		<i>250.00</i>
S 003	<i>Seawater Separator</i>	<i>SL</i>	<i>1</i>		<i>175.00</i>

CHEMICAL / ACID DATA:			

SUB TOTAL		<i>HC</i>	<i>12,717.75</i>
SERVICE & EQUIPMENT	%TAX ON \$		
MATERIALS	%TAX ON \$		
TOTAL		<i>Thank you</i>	

SERVICE REPRESENTATIVE: *Robert Johnson*  
FIELD SERVICE ORDER NO.:

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

Customer: <i>Chickadee Oil</i>	Lease No.	Date: <i>06-19-12</i>
Lease: <i>PALMER</i>	Well #: <i>3</i>	
Field Order #: <i>6786</i>	Station: <i>Pratt KS</i>	Casing: <i>5 1/2</i>
		Depth: <i>3001</i>
Type Job: <i>CNW 5 1/2 Long Step</i>	Formation:	County: <i>BARBER</i>
		State: <i>KS</i>
		Legal Description: <i>3-33-10</i>

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size	Tubing Size	Shots/Ft		Acid	RATE	PRESS	ISIP	
<i>5 1/2</i>				Pre Pad	Max		5 Min.	
Depth: <i>3001' 78"</i>	Depth	From	To	Pad	Min		10 Min.	
Volume: <i>118 1/2</i>	Volume	From	To	Frac	Avg		15 Min.	
Max Press: <i>2,000</i>	Max Press	From	To		HHP Used		Annulus Pressure	
Well Connection: <i>P.C.</i>	Annulus Vol.	From	To	Flush	Gas Volume		Total Load	
Plug Depth: <i>4180'</i>	Packer Depth	From	To					

Customer Representative	Station Manager: <i>DAVE SCOTT</i>	Treater: <i>Robert L. Hill</i>
Service Units: <i>37900 33708 20920 19881 19862</i>		
Driver Names: <i>Sullivan White Pierson</i>		

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
<i>12:00</i>					<i>arr loc soft, meeting</i>
					<i>Run 119 575 5 1/2 155 csg.</i>
					<i>circ. csg 1 1/2 HR 1 1/2 way in hole</i>
<i>4:50</i>					<i>casd on bottom</i>
<i>5:00</i>	<i>200</i>				<i>hook up to circ. csg.</i>
<i>6:00</i>			<i>12</i>	<i>3.5</i>	<i>st mud fluid</i>
			<i>3</i>		<i>space</i>
			<i>12</i>		<i>mix Super Thick II</i>
			<i>5</i>	<i>4.5</i>	<i>space</i>
			<i>51</i>		<i>mix cont 200 sk AA-7 cont c. 15.000</i>
					<i>cont mix sl. sh + down wash, pump, lining</i>
					<i>Release Plug</i>
				<i>6</i>	<i>st. Push</i>
	<i>300</i>		<i>74</i>		<i>Lift Psi</i>
	<i>600</i>			<i>4</i>	<i>Shut Plate</i>
<i>6:50</i>	<i>2,000</i>		<i>118</i>		<i>Plug down</i>
			<i>7</i>		<i>plug R4 w/ 30 sk</i>
			<i>5</i>		<i>plug M.H. w/ 20 sk</i>
					<i>SOB complete</i>

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

December 10, 2012

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

Re: ACO1  
API 15-007-23907-00-00  
Palmer 3  
SW/4 Sec.34-32S-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

Conservation Division  
Finney State Office Building  
130 S. Market, Rm. 2078  
Wichita, KS 67202-3802



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Mark Sievers, Chairman  
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December 13, 2012

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

Re: ACO-1  
API 15-007-23907-00-00  
Palmer 3  
SW/4 Sec.34-32S-10W  
Barber County, Kansas

Dear Ron Molz:

K.A.R. 82-3-107 provides for all completion information to be filed within 120 days of the spud date. Subsection(e)(2) of that regulation states "All rights to confidentiality shall be lost if the filings are not timely."

The above referenced well was spudded on 08/06/2012 and the ACO-1 was received on December 10, 2012 (not within the 120 days timely requirement).

Therefore, your request for confidential treatment of data contained within the ACO-1 filing cannot be granted at this time.

If you should have any questions, please do not hesitate to contact me at (316)337-6200.

Sincerely,

Production Department