



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1108910
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: _____



1108910

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> _____ <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	Chieftain Oil Co., Inc.
Well Name	Chieftain 3
Doc ID	1108910

All Electric Logs Run

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

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

January 21, 2013

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

Re: ACO1
API 15-007-22254-00-01
Chieftain 3
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



PAGE 1 of 1	CUST NO 1000719	INVOICE DATE 10/17/2012
INVOICE NUMBER 1718 - 91027806		

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 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
40524100	19843		Net - 30 days	11/16/2012

For Service Dates: 10/16/2012 to 10/16/2012

0040524100

171806897A Cement-New Well Casing/Pi 10/16/2012
 Cement 5 1/2" Longstring

ENTERED
 NOV 09 2012
 9304 BGM

	QTY	U of M	UNIT PRICE	INVOICE AMOUNT
AA2 Cement	230.00	EA	12.75	2,932.36 T
C-41P	44.00	EA	3.00	131.99 T
Salt	1,143.00	EA	0.37	428.60 T
C-44	217.00	EA	3.86	838.12 T
FLA-322	174.00	EA	5.62	978.70 T
Gilsonite	1,150.00	EA	0.50	577.85 T
Mud Flush	500.00	EA	0.64	322.48 T
Super Flush II	500.00	EA	1.15	573.72 T
Claymax KCL Substitute	5.00	EA	26.25	131.24 T
"Latch Down Plug & Baffle, 5 1/2" (Blu	1.00	EA	299.98	299.98
"Auto Fill Float Collar, 5 1/2" (Blue)"	1.00	EA	269.99	269.99
"Turbolizer, 5 1/2" (Blue)"	7.00	EA	82.50	577.47
"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	314.98
"Proppant & Bulk Del. Chgs., per ton mil	326.00	EA	1.20	391.18
Depth Charge; 4001'-5000'	1.00	EA	1,889.90	1,889.90
Blending & Mixing Service Charge	230.00	BAG	1.05	241.49
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

PLEASE REMIT TO:	SEND OTHER CORRESPONDENCE TO:	SUB TOTAL	11,531.89
BASIC ENERGY SERVICES, LP	BASIC ENERGY SERVICES, LP	TAX	504.80
PO BOX 841903	PO BOX 10460	INVOICE TOTAL	12,036.69
DALLAS, TX 75284-1903	MIDLAND, TX 79702		





BASICSM
ENERGY SERVICES
PRESSURE PUMPING & WIRELINE

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

FIELD SERVICE TICKET

1718 06897 A

DATE _____ TICKET NO. _____

DATE OF JOB <u>10-16-2012</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.</u>		LEASE <u>CHIEFTAIN</u> _____ WELL NO. <u>3</u>								
ADDRESS _____		COUNTY <u>BARBER</u> STATE <u>Ks.</u>								
CITY _____ STATE _____		SERVICE CREW <u>LESLEY, MARQUEZ, CALLAWAY, REEDS</u>								
AUTHORIZED BY _____		JOB TYPE: <u>CNW - 5 1/2" L.S.</u>								
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	PM	TIME
<u>37586</u>	<u>9</u>						<u>10-16-12</u>			<u>12:00</u>
<u>19889-19843</u>	<u>9</u>					ARRIVED AT JOB				<u>2:30</u>
<u>19831-19862</u>	<u>9</u>					START OPERATION				<u>3:00</u>
						FINISH OPERATION				<u>10:40</u>
						RELEASED				<u>11:30</u>
						MILES FROM STATION TO WELL				<u>30</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: [Signature]
(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

ITEM/PRICE - REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
CP 105	AA2 CEMENT	SK	200		3,400.00
CP 105	AA2 CEMENT	SK	30		510.00
CC 105	C-411P DEFOAMER	lb	44		176.00
CC 111	SALT	lb	1143		571.50
CC 115	C-44	lb	217		1,117.55
CC 129	FLA-322 LOW FLUIDLOSS	lb	174		1,305.00
CC 201	GILSONITE	lb	1150		770.50
CF 607	LATCH DOWN PLUG & BAFFLE, 5 1/2"	EA	1		400.00
CF 1251	AUTO FILL FLOAT SHADE, 5 1/4"	EA	1		310.00
CF 11051	TURBOLIZER, 5 1/2"	EA	7		770.00
CF 1901	BASKET 5 1/2"	EA	81		290.00
C 704	CLAYMAX, KCL SOB.	GAL	5		175.00
CP 151	MUD FLUSH	GAL	500		430.00
CC 155	SUPER FLUSH II	GAL	500		765.00
E 100	PICKUP MILEAGE	MI	30		127.50
E 101	HEAVY EQUIPMENT MILEAGE	MI	60		480.00
E 113	BULK DELIVERY CHARGE	TM	326		520.30
CE 205	DEPTH CHARGE: 4001-5000'	HR	1.4		2,520.00
CE 240	BLENDING SERVICE CHARGE	SK	230		322.00
CE 504	PLUG CONTAINER CHARGE	JOBS	1	250.00	250.00
5.00-3	CHEMICAL / ACID DATA: SERVICE SUPERVISOR	EA	1	175.00	175.00
SUBTOTAL					11,531.89
SERVICE & EQUIPMENT					%TAX ON \$
MATERIALS					%TAX ON \$
TOTAL					

SERVICE REPRESENTATIVE [Signature]
FIELD SERVICE ORDER NO. _____

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

Customer 'HIEFTAIN' OIL CO.	Lease No.	Date 10-16-2012
Lease 'HIEFTAIN'	Well # 3	
Field Order # 06577	Station PRATT, KS.	Casing 5 1/2"
Type Job CNW-5 1/2" L.S.	Formation TD-4788'	Legal Description 35-31-12
	Depth	County BARBER
		State KS.

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size 5 1/2 x 15.5	Tubing Size	Shots/Ft CMT-		Acid 200 SKS AA-2		RATE	PRESS	ISIP
Depth 4782.94	Depth	From	To	Pre Pad @ 1.43 CUFT³	Max			5 Min.
Volume 113.888L	Volume	From	To	Pad	Min			10 Min.
Max Press 1500	Max Press	From	To	Frac	Avg			15 Min.
Well Connection P.L.	Annulus Vol.	From	To		HHP Used			Annulus Pressure
Plug Depth 4740.02	Packer Depth	From	To	Flush 112.8 BBL W/ 2% KCL	Gas Volume			Total Load

Customer Representative RYAN MOLZ	Station Manager D. SCOTT	Treater K. LESLEY
Service Units 37586 19889 19843 19831 19862		
Driver Names LESLEY MARQUEZ GALLAWAY REED		

Time	Casing Pressure	Tubing Pressure	Bbbls. Pumped	Rate	Service Log
2:30 PM					ON LOCATION - SAFETY MEETING
6:00 PM					RUN 110 JTS. 5 1/2" x 15.5" CSG.
					TURBO - 3, 6, 7, 9, 10, 11, 13
					BASKET - 3 3
7:00 - 7:30 PM					CIRC. 1/2 WAY IN WELL BORE
8:25 PM					CSG. ON BOTTOM
8:30 PM					HOOK UP TO CSG. / BREAK CIRC. W/ RIG
9:45 PM	300		12	6	MUD FLUSH
9:47 PM	300		3	6	H ₂ O SPACER
9:48 PM	250		12	6	SUPER FLOSH II
9:50 PM	250		3	6	H ₂ O SPACER
9:51 PM	200		51	6	MIX 200 SKS. AA-2 PMT. @ 15.0 PPG
9:59 PM					CLEAR PUMP & LINE / DROP L.D. PLUG
10:10 PM	0		0	6	START DISPLACEMENT W/ 2% KCL
10:25 PM	200		90	6	LIFT PRESSURE
10:30 PM	500		100	4	SLOW RATE
10:40 PM	1500		113	3	PLUG DOWN - HELD
					CIRC. THRU JOB
					PLUG R.H.
					JOB COMPLETE,
					THANKS -
					KEVEN LESLEY