



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1212192
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: _____

1212192

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. <i>(Submit ACO-5)</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	AHS Cattle Co. 3
Doc ID	1212192

All Electric Logs Run

Geologist Log
Phased Induction Shallow Focus PE Log
Compensated Neutron PEL Density Micro Log
Composite Log
Sonic Cement Bond Log
Borehole Volume Caliper Log

Form	ACO1 - Well Completion
Operator	Chieftain Oil Co., Inc.
Well Name	AHS Cattle Co. 3
Doc ID	1212192

Tops

Name	Top	Datum
Kansas City	4372	-2960
Mississippian	4810	-3398
Kinderhook SH	5054	-3642
Chattanooga SH	5134	-3722
Misener SD	5156	-3744
Viola	5224	-3812
Upper Simpson SD	5340	-3928
Lower Simpson SD	5471	-4059
Arbuckle	5522	-4110
Total Depth	5598	-4186



PAGE 1 of 1	CU NO 1000719	INVOICE DATE 04/15/2014
INVOICE NUMBER 1718 - 91463999		

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 AHS Cattle Co 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
40712490	19905		Net - 30 days	05/15/2014

	QTY	U of M	UNIT PRICE	INVOICE AMOUNT
For Service Dates: 04/11/2014 to 04/11/2014				
0040712490				
171810216A Cement-New Well Casing/Pi 04/11/2014 Cement Conductor				
60/40 POZ	350.00	EA	9.12	3,191.65 T
Celloflake	88.00	EA	2.81	247.43 T
Calcium Chloride	903.00	EA	0.80	720.51 T
"Unit Mileage Chg (PU, cars one way)"	50.00	MI	3.23	161.48
Heavy Equipment Mileage	100.00	MI	5.32	531.94
"Proppant & Bulk Del. Chgs., per ton mil	753.00	EA	1.67	1,258.87
Depth Charge; 0-500'	1.00	EA	759.91	759.91
Blending & Mixing Service Charge	350.00	BAG	1.06	372.36
"Service Supervisor, first 8 hrs on loc.	1.00	EA	132.98	132.98

APR 24 2014
9121BC

PLEASE REMIT TO:	SEND OTHER CORRESPONDENCE TO:	SUB TOTAL	7,377.13
BASIC ENERGY SERVICES, LP	BASIC ENERGY SERVICES, LP	TAX	297.41
PO BOX 841903	801 CHERRY ST, STE 2100	INVOICE TOTAL	7,674.54
DALLAS, TX 75284-1903	FORT WORTH, TX 76102		





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 10216 A

DATE _____ TICKET NO. _____

DATE OF JOB <u>4-11-14</u> DISTRICT <u>P1401</u>		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>Chickasha Oil Company</u>		LEASE <u>AHS CATTIE CO</u>		WELL NO. <u>3</u>	
ADDRESS		COUNTY <u>BAIRD</u>		STATE <u>K</u>	
CITY		STATE		SERVICE CREW <u>MATTAI, KUCHAI, PHYC</u>	
AUTHORIZED BY		JOB TYPE: <u>CNW CONDUIT</u>			

EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	PM	TIME
<u>37556</u>	<u>.5</u>						<u>4-11-14</u>		<input checked="" type="checkbox"/>	<u>2:00</u>
						ARRIVED AT JOB			<input checked="" type="checkbox"/>	<u>5:55</u>
<u>77E86/19905</u>	<u>.5</u>					START OPERATION			<input checked="" type="checkbox"/>	<u>8:35</u>
						FINISH OPERATION			<input checked="" type="checkbox"/>	<u>9:03</u>
<u>19831/19861</u>	<u>.5</u>					RELEASED			<input checked="" type="checkbox"/>	<u>9:45</u>
						MILES FROM STATION TO WELL				<u>50</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: X Ronald C. Burns
(WELL OWNER, OPERATOR, CONTRACTOR OR AGENT)

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
<u>CP 103</u>	<u>60/40 POZ</u>	<u>SK</u>	<u>350</u>		<u>4,200 00</u>
<u>CC 102</u>	<u>Celloflok</u>	<u>lb</u>	<u>88</u>		<u>325 60</u>
<u>CC 109</u>	<u>Calcium chloride</u>	<u>lb</u>	<u>903</u>		<u>948 15</u>
<u>E 100</u>	<u>P.U. Miles</u>	<u>ml</u>	<u>50</u>		<u>212 50</u>
<u>E 101</u>	<u>Heavy eq. Miles</u>	<u>ml</u>	<u>100</u>		<u>700 00</u>
<u>E 113</u>	<u>PROP + Bulk Del.</u>	<u>TM</u>	<u>753</u>		<u>1,655 50</u>
<u>ce 200</u>	<u>Depth Charge 0-500'</u>	<u>4hr</u>	<u>1</u>		<u>1,000 00</u>
<u>ce 240</u>	<u>Blend + mix charge</u>	<u>SK</u>	<u>350</u>		<u>490 00</u>
<u>S 003</u>	<u>Service Supervisor</u>	<u>ea</u>	<u>1</u>		<u>175 00</u>

CHEMICAL / ACID DATA:			

SUB TOTAL		<u>K6 7,377 13</u>
SERVICE & EQUIPMENT	%TAX ON \$	
MATERIALS	%TAX ON \$	
TOTAL		

SERVICE REPRESENTATIVE Mike Mattai THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: X Ronald C. Burns
(WELL OWNER OPERATOR CONTRACTOR OR AGENT)

FIELD SERVICE ORDER NO.

Customer CHRISTIAN COMPANY	Lease No.	Date 4-11-14			
Lease AHS 10216	Well # 3				
Field Order # 10216	Station P1011	Casing 3 3/8	Depth 298.52	County BAIRD	State KS
Type Job CANN CONNECTION	Formation	Legal Description 12-35-12			

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size 3 3/8	Tubing Size	Shots/Ft		Acid 350 GAL	6 1/4 POC	RATE	PRESS	HSIP
Depth 298.52	Depth	From	To	Pre Pad		Max		5 Min.
Volume 46.4	Volume	From	To	Pad		Min		10 Min.
Max Press	Max Press	From	To	Frac		Avg		15 Min.
Well Connection 5V	Annulus Vol.	From	To			HHP Used		Annulus Pressure
Plug Depth 218.51	Packer Depth	From	To	Flush 43.5		Gas Volume		Total Load

Customer Representative ROD MOLZ	Station Manager KEVIN GUILLEY	Treater MIKE MATTHE
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Service Units	37586	77686	19905	19931	19862				
Driver Names	MATTHE	KU	MIN		PHYE				

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
5:00					ON LOCATION / STARTING AT 5:00
7:00					RUN 13 3/8 49# CASING
8:15					CANN CONNECTION
8:28					11:20 AM UP TO COMPANY / 13:00 AM W.R.
8:35	100		3	5	PUMP 3 BBL 11
8:57	100		75	6	MAX 350 GAL 6 1/4 POC
8:55	150		-	5	START 11:00 AM
9:03	200		43.5	-	PUMP 1500, SHUT IN W 11
					10 BBL 200 TO PIT

JOB COMPLETE
Thank You!
MIKE MATTHE



INVOICE

PO Box 93999
Southlake, TX 76092

Invoice Number: 142852

Invoice Date: Apr 22, 2014

Page: 1

Voice: (817) 546-7282
Fax: (817) 246-3361

Bill To:
Chieftain Oil Company Inc. P O Box 124 Kiowa, KS 67070-0124

Customer ID	Field Ticket #	Payment Terms	
Chieft	62378	Net 30 Days	
Job Location	Camp Location	Service Date	Due Date
KS1-02	Medicine Lodge	Apr 22, 2014	5/22/14

Quantity	Item	Description	Unit Price	Amount
1.00	WELL NAME	AHS Cattle Co #3		
225.00	CEMENT MATERIALS	ASC Class A	20.90	4,702.50
31.00	CEMENT MATERIALS	Powdered Defoamer	9.80	303.80
63.00	CEMENT MATERIALS	FL-160	18.90	1,190.70
1,125.00	CEMENT MATERIALS	Kol Seal	0.98	1,102.50
50.00	CEMENT MATERIALS	60/40 Poz 4% Blend--No Charge		
14.00	CEMENT MATERIALS	KCL	34.40	481.60
12.00	CEMENT MATERIALS	Super Flush	58.70	704.40
391.54	CEMENT SERVICE	Cubic Feet Charge	2.48	971.02
325.88	CEMENT SERVICE	Ton Mileage Charge	2.60	847.29
1.00	CEMENT SERVICE	Production Casing	2,765.75	2,765.75
20.00	CEMENT SERVICE	Light Vehicle Mileage	4.40	88.00
20.00	CEMENT SERVICE	Pump Truck Mileage	7.70	154.00
1.00	CEMENT SERVICE	Manifold Rental	275.00	275.00
1.00	EQUIPMENT SALES	5-1/2 Latch Down Plug	325.00	325.00
1.00	EQUIPMENT SALES	5-1/2 AFU Float Shoe	545.00	545.00
7.00	EQUIPMENT SALES	5-1/2 Centralizer	57.00	399.00
2.00	EQUIPMENT SALES	5-1/2 Basket	395.00	790.00
1.00	CEMENT SUPERVISOR	Jason Thimesch		
1.00	OPERATOR ASSISTANT	Carl Rackley		
1.00	CEMENT SUPERVISOR	Jake Heard		

ENTERED
MAY 06 2014
9304 BC

ALL PRICES ARE NET, PAYABLE 30 DAYS FOLLOWING DATE OF INVOICE. 1 1/2% CHARGED THEREAFTER. IF ACCOUNT IS CURRENT, TAKE DISCOUNT OF

\$ 4,380.76

ONLY IF PAID ON OR BEFORE

May 17, 2014

Subtotal	15,645.56
Sales Tax	753.93
Total Invoice Amount	16,399.49
Payment/Credit Applied	
TOTAL	16,399.49

12/10/13

ALLIED OIL & GAS SERVICES, LLC 062378

Federal Tax I.D. # 20-8651475

REMIT TO P.O. BOX 93999
SOUTHLAKE, TEXAS 76092

SERVICE POINT:
Medicine Lodge KS

DATE <u>4/22/14</u>	SEC. <u>12</u>	TWP. <u>35s</u>	RANGE <u>12w</u>	CALLED OUT <u>500 AM</u>	ON LOCATION <u>700 AM</u>	JOB START <u>1200 AM</u>	JOB FINISH <u>100 PM</u>
LEASE <u>AHSC Oil Co</u> WELL # <u>3</u>			LOCATION <u>Kiowa Jct + 281, West into</u>		COUNTY <u>Barber</u>	STATE <u>KS</u>	
OLD OR (NEW) (Circle one)							

CONTRACTOR Fossil Drilling
 TYPE OF JOB Production
 HOLE SIZE 7 7/8 T.D. 5600
 CASING SIZE 5 1/2 DEPTH 5600
 TUBING SIZE _____ DEPTH _____
 DRILL PIPE _____ DEPTH _____
 TOOL _____ DEPTH _____
 PRES. MAX 1800 MINIMUM _____
 MEAS. LINE _____ SHOE JOINT 21"
 CEMENT LEFT IN CSG. 21'
 PERFS. _____
 DISPLACEMENT 133 BBLs 2% KCl Water

OWNER Chieftain Oil Co.
 CEMENT
 AMOUNT ORDERED 50sx 60:40:4% Gel,
225sx Class A ASC + 5% Kalseal + 3% FL-160 + Defoam,
12 BBLs ASF, 14 Gal KCl

EQUIPMENT

PUMP TRUCK CEMENTER Jason Thimmesch
 # 892/555 HELPER Ray Packley, Jake Heard
 BULK TRUCK
 # 561/553 DRIVER Hector (TWS)
 BULK TRUCK
 # _____ DRIVER _____

COMMON	@	_____	_____
POZMIX	@	_____	_____
GEL	@	_____	_____
CHLORIDE	@	_____	_____
ASC Class A	225sx @	<u>20.90</u>	<u>4702.5</u>
Powder Defoamer	371lb @	<u>9.80</u>	<u>303.80</u>
FL-160	671lb @	<u>18.90</u>	<u>1190.70</u>
Kalseal	1125lb @	<u>0.98</u>	<u>1102.50</u>
Allied 60/40 Poz 4% Defoam	50sx @	_____	<u>0.00</u>
KCl	14gal @	<u>34.40</u>	<u>481.60</u>
Allied Super Flash	12 BBL @	<u>58.70</u>	<u>704.40</u>
_____	@	_____	_____
_____	@	_____	_____
HANDLING	@	_____	_____

REMARKS:
Float did not hold, shut in with
700 PSI

MILEAGE 2375.94 = 28% TOTAL 8485.50

SERVICE

DEPTH OF JOB <u>5600</u>	_____	_____
PUMP TRUCK CHARGE	_____	<u>2765.75</u>
EXTRA FOOTAGE LV	<u>20m @ 4.40</u>	<u>88.00</u>
MILEAGE	<u>20m @ 7.70</u>	<u>154.00</u>
MANIFOLD	@	<u>275</u>
Handling	<u>391.54 cu ft @ 2.48</u>	<u>971.03</u>
Drayage	<u>325.98 mmi @ 2.60</u>	<u>847.29</u>
_____	_____	_____
_____	_____	_____
<u>1428.29 = 28%</u>	TOTAL	<u>5101.07</u>

CHARGE TO: Chieftain Oil Co.
 STREET _____
 CITY _____ STATE _____ ZIP _____

PLUG & FLOAT EQUIPMENT

<u>5 1/2</u>	_____	_____
Latch down Plug	1 @	<u>325.00</u>
AFU Float Shoe	1 @	<u>545.00</u>
Centralizers	7 @ <u>57.00</u>	<u>399.00</u>
Cement Bucket	2 @ <u>395.00</u>	<u>790.00</u>
_____	@	_____

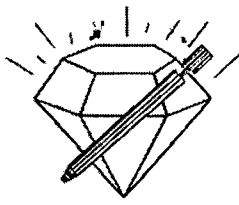
576.52 = 28% TOTAL 2059.00

To: Allied Oil & Gas Services, LLC.
 You are hereby requested to rent cementing equipment and furnish cementer and helper(s) to assist owner or contractor to do work as is listed. The above work was done to satisfaction and supervision of owner agent or contractor. I have read and understand the "GENERAL TERMS AND CONDITIONS" listed on the reverse side.

SALES TAX (If Any) _____
 TOTAL CHARGES 15645.57

PRINTED NAME Ryan Motz
 SIGNATURE [Signature]

DISCOUNT _____ IF PAID IN 30 DAYS
Net \$11264.81



DIAMOND TESTING, LLC
P.O. Box 157
HOISINGTON, KANSAS 67544
(620) 653-7550 • (800) 542-7313
STC/Ahscattleco3dst1

Company Chieftain Oil Company, Inc. Lease & Well No. AHS Cattle Co. No. 3
Elevation 1388 GL Formation Misner Effective Pay _____ Ft. Ticket No. J3223
Date 4-19-14 Sec. 12 Twp. 35S Range 12W County Barber State Kansas
Test Approved By David Barker Diamond Representative John C. Riedl

Formation Test No. 1 Interval Tested from 5,154 ft. to 5,180 ft. Total Depth 5,180 ft
Packer Depth 5,149 ft. Size 6 3/4 in. Packer Depth _____ ft. Size _____ in.
Packer Depth 5,154 ft. Size 6 3/4 in. Packer Depth _____ ft. Size _____ in.
Depth of Selective Zone Set _____ ft.

Top Recorder Depth (Inside) 5,157 ft. Recorder Number 30046 Cap. 6,000 psi.
Bottom Recorder Depth (Outside) 5,177 ft. Recorder Number 13498 Cap. 4,000 psi.
Below Straddle Recorder Depth _____ ft. Recorder Number _____ Cap. _____ psi.

Drilling Contractor Fossil Drilling, Inc. - Rig 3 Drill Collar Length 250 ft I.D. 2 1/4 in.
Mud Type Chemical Viscosity 63 Weight Pipe Length _____ ft I.D. _____ in.
Weight 9.2 Water Loss 8.8 cc. Drill Pipe Length 4,878 ft I.D. 3 1/2 in.
Chlorides 4,000 P.P.M. Test Tool Length 26 ft Tool Size 3 1/2-IF in.
Jars: Make Sterling Serial Number 1 Anchor Length 26 ft. Size 4 1/2-FH in.
Did Well Flow? No Reversed Out Yes Surface Choke Size 1 in. Bottom Choke Size 5/8 in.
Main Hole Size 7 7/8 in. Tool Joint Size 4 1/2-XH in.

Blow: 1st Open: Strong blow. Gas to surface in 7 mins. Gauged 130 MCF/D throughout. Strong blow back during shut-in.

2nd Open: Gas to surface throughout. Stabilized at 75 MCF/D. Strong blow back during shut-in.

Recovered 1,850 ft. of gassy oil = 23.998000 bbls. (Gravity: 40 @ 60°)

Recovered _____ ft. of _____
Recovered _____ ft. of _____
Recovered _____ ft. of _____
Recovered _____ ft. of _____
Recovered _____ ft. of _____

Remarks Tool Sample Grind Out: 30%-gas; 70%-oil

Time Set Packer(s) 8:40 A.M. Time Started off Bottom 11:30 A.M. Maximum Temperature 136°
Initial Hydrostatic Pressure.....(A) 2536 P.S.I.
Initial Flow Period.....Minutes 30 (B) 130 P.S.I. to (C) 235 P.S.I.
Initial Closed In Period.....Minutes 60 (D) 1945 P.S.I.
Final Flow Period.....Minutes 20 (E) 261 P.S.I. to (F) 347 P.S.I.
Final Closed In Period.....Minutes 60 (G) 1936 P.S.I.
Final Hydrostatic Pressure.....(H) 2465 P.S.I.

GENERAL INFORMATION

Client Information:

Company: CHIEFTAIN OIL CO. INC.

Contact: JOHN MOLZ

Phone: Fax: e-mail:

Site Information:

Contact: DAVE BARKER

Phone: Fax: e-mail:

Well Information:

Name: AHS CATTLE CO. #3

Operator: CHIEFTAIN OIL CO. INC.

Location-Downhole:

Location-Surface: S12/35S/12W

Test Information:

Company: DIAMOND TESTING

Representative: JOHN RIEDL

Supervisor: DAVE BARKER

Test Type: DST #1 CONVENTIONAL Job Number: J3223

Test Unit:

Start Date: 2014/04/19 Start Time: 07:00:00

End Date: 2014/04/19 End Time: 16:10:00

Report Date: 2014/04/19 Prepared By: JOHN RIEDL

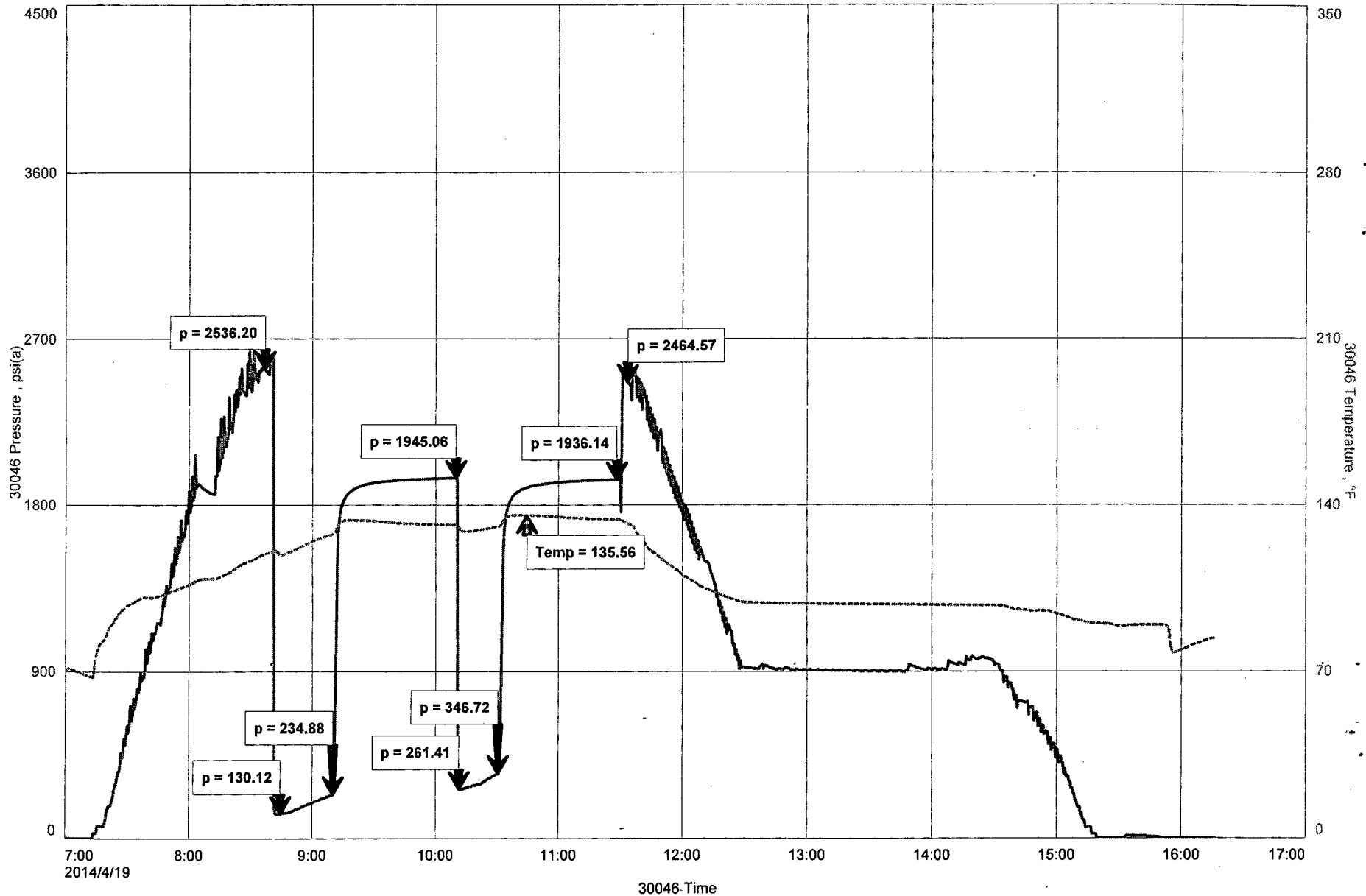
Remarks: Qualified By: DAVE BARKER

RECOVERY: GAS TO SURFACE; 1850' GASSY OIL

CHIEFTAIN OIL CO. INC.
Start Test Date: 2014/04/19
Final Test Date: 2014/04/19

AHS CATTLE CO. #3
Formation: MISNER
Job Number: J3223

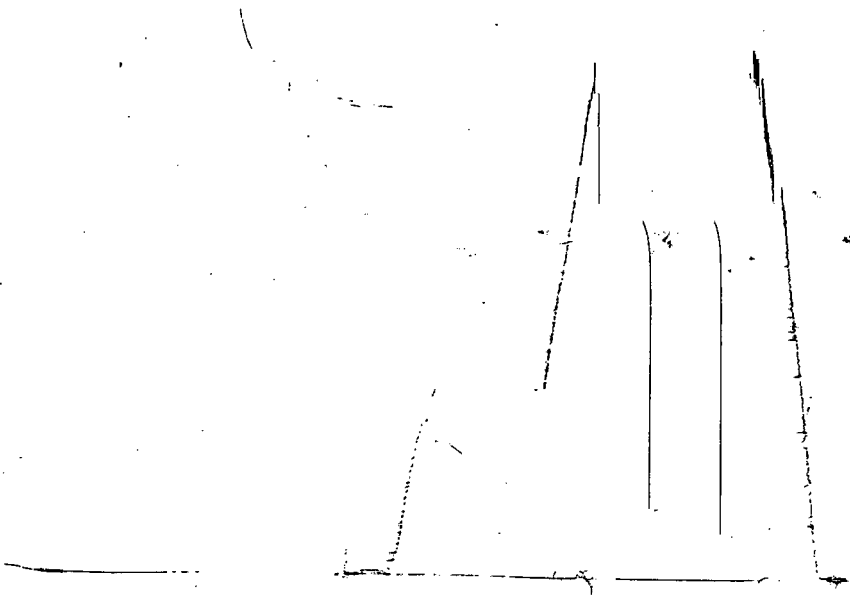
AHS CATTLE CO. #3



COPY FROM
ARTS CENTER

285
4/19/24

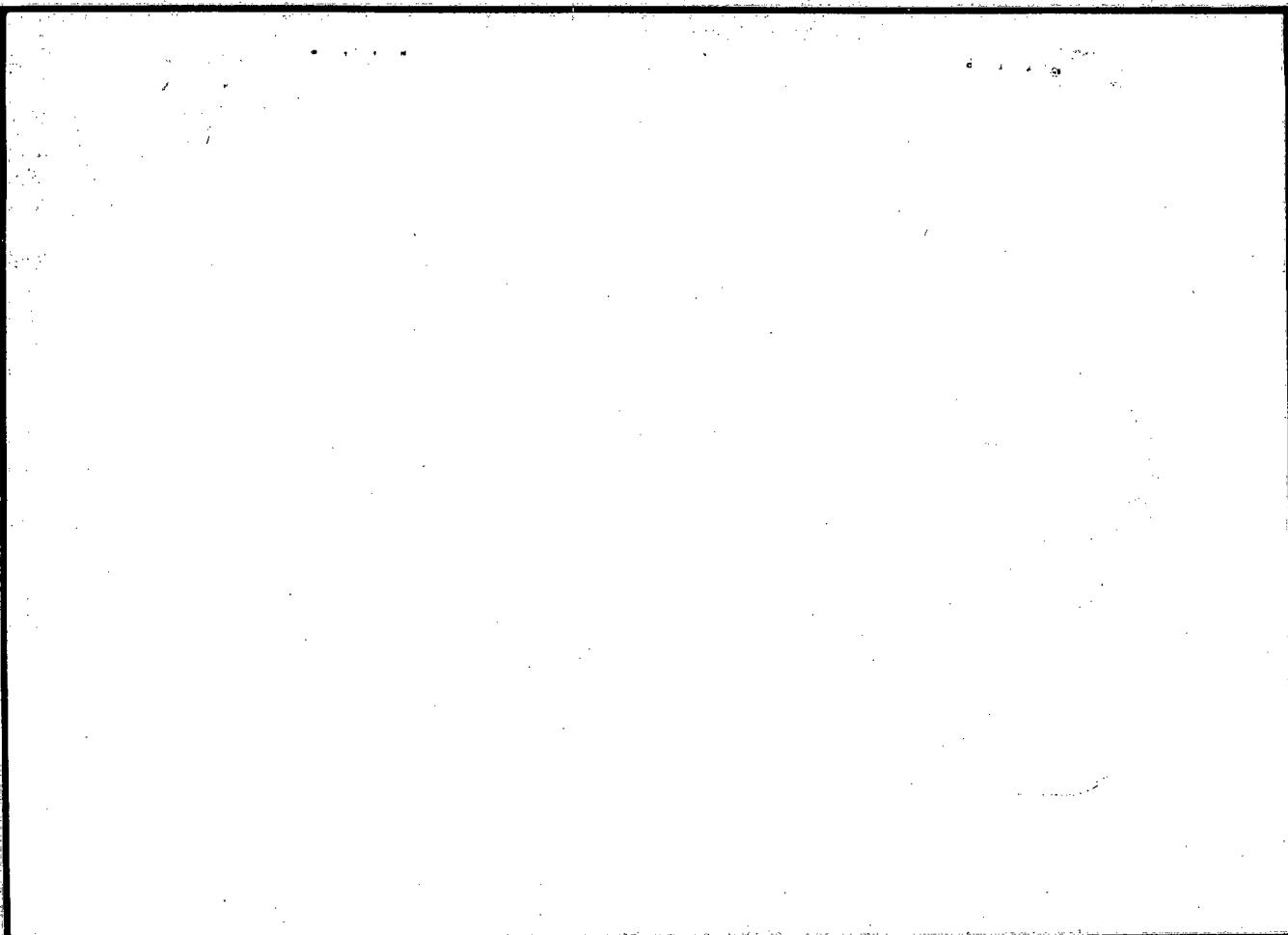
REF 13498
OUTSIDE



NOMENCLATURE

b	== Approximate Radius of Investigation	Feet
b¹	== Approximate Radius of Investigation (Net Pay Zone h¹)	Feet
D.R.	== Damage Ratio	—
EI	== Elevation	Feet
GD	== B.T. Gauge Depth (From Surface Reference)	Feet
h	== Interval Tested	Feet
h¹	== Net Pay Thickness	Feet
K	== Permeability	md
K¹	== Permeability (From Net Pay Zone h¹)	md
m	== Slope Extrapolated Pressure Plot (Psi²/cycle Gas)	psi/cycle
OF¹	== Maximum Indicated Flow Rate	MCF/D
OF²	== Minimum Indicated Flow Rate	MCF/D
OF³	== Theoretical Open Flow Potential with/Damage Removed Max.	MCF/D
OF⁴	== Theoretical Open Flow Potential with/Damage Removed Min.	MCF/D
P^S	== Extrapolated Static Pressure	Psig.
P^F	== Final Flow Pressure	Psig.
P^{OT}	== Potentiometric Surface (Fresh Water*)	Feet
Q	== Average Adjusted Production Rate During Test	bbls/day
Q¹	== Theoretical Production w/Damage Removed	bbls/day
Q^g	== Measured Gas Production Rate	MCF/D
R	== Corrected Recovery	bbls
r^w	== Radius of Well Bore	Feet
t	== Flow Time	Minutes
t^o	== Total Flow Time	Minutes
T	== Temperature Rankine	°R
Z	== Compressibility Factor	—
u	== Viscosity Gas or Liquid	CP
Log	== Common Log	

* Potentiometric Surface Reference to Rotary Table When Elevation Not Given, Fresh Water Corrected to 100° F.



This is an actual photograph of recorder chart.

POINT	PRESSURE	
	Electronic Reading	
(A) Initial Hydrostatic Mud	2536	PSI
(B) First Initial Flow Pressure	130	PSI
(C) First Final Flow Pressure.....	235	PSI
(D) Initial Closed-in Pressure.....	1945	PSI
(E) Second Initial Flow Pressure.....	261	PSI
(F) Second Final Flow Pressure.....	347	PSI
(G) Final Closed-in Pressure	1936	PSI
(H) Final Hydrostatic Mud.....	2465	PSI