



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1213665
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: _____

1213665

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. <input type="checkbox"/> Commingled <i>(Submit ACO-5)</i> <i>(Submit ACO-4)</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	Rathgeber 4
Doc ID	1213665

All Electric Logs Run

Geologist Log
Borehole Volume Caliper Log
Sonic Cement Bond Log
Composite Log

Form	ACO1 - Well Completion
Operator	Chieftain Oil Co., Inc.
Well Name	Rathgeber 4
Doc ID	1213665

Tops

Name	Top	Datum
Heebner	3816	-2412
Lansing	4355	-2951
Cherokee	4730	-3326
Mississippian	4796	-3392
Kinderhook	4944	-3540
Viola	5194	-3790
Simpson	5296	-3892
Simpson Sand	5322	-3913
Arbuckle	5500	-4096
Total Depth	5553	-4149

ALLIED

OIL & GAS SERVICES, LLC

PO Box 93999
Southlake, TX 76092

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

INVOICE

Invoice Number: 143555
Invoice Date: May 27, 2014
Page: 1

Bill To:

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

PAID
JUL 08 2014
9121

Customer ID	Field Ticket #	Payment Terms	
Chieft	62393	Net 30 Days	
Job Location	Camp Location	Service Date	Due Date
KS1-01	Medicine Lodge	May 27, 2014	6/26/14

Quantity	Item	Description	Unit Price	Amount
1.00	WELL NAME	Rathgeber #4		
180.00	CEMENT MATERIALS	Class A Common	17.90	3,222.00
120.00	CEMENT MATERIALS	Pozmix	9.35	1,122.00
5.00	CEMENT MATERIALS	Gel	23.40	117.00
10.00	CEMENT MATERIALS	Chloride	64.00	640.00
75.00	CEMENT MATERIALS	Flo Seal	2.97	222.75
335.30	CEMENT SERVICE	Cubic Feet Charge	2.48	831.54
271.65	CEMENT SERVICE	Ton Mileage Charge	2.60	706.29
1.00	CEMENT SERVICE	Surface	1,512.75	1,512.75
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 SUPERVISOR	Jason Thimesch		
1.00	CEMENT SUPERVISOR	Jake Heard		
1.00	OPERATOR ASSISTANT	Kenneth Jack		

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

\$ 2,240.25

ONLY IF PAID ON OR BEFORE

Jun 26, 2014

Subtotal	8,616.33
Sales Tax	380.65
Total Invoice Amount	8,996.98
Payment/Credit Applied	
TOTAL	8,996.98

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INVOICE

PO Box 93999
Southlake, TX 76092

Invoice Number: 143700

Invoice Date: Jun 5, 2014

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

Page: 1

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

JUL 09 2014
 9304

Customer ID	Field Ticket #	Payment Terms	
Chieft	62398	Net 30 Days	
Job Location	Camp Location	Service Date	Due Date
KS1-02	Medicine Lodge	Jun 5, 2014	7/5/14

Quantity	Item	Description	Unit Price	Amount
1.00	WELL NAME	Rathgeber #4		
50.00	CEMENT MATERIALS	60/40/4 Blend -- No Charge		
40.00	CEMENT MATERIALS	60/40/4 Blend	18.92	756.80
200.00	CEMENT MATERIALS	ASC Class A	23.50	4,700.00
1,000.00	CEMENT MATERIALS	Kol Seal	0.98	980.00
56.40	CEMENT MATERIALS	FL-160	18.90	1,065.96
28.00	CEMENT MATERIALS	Defoamer	4.85	135.80
13.50	CEMENT MATERIALS	Cla Pro	34.40	464.40
352.50	CEMENT SERVICE	Cubic Feet Charge	2.48	874.20
304.32	CEMENT SERVICE	Ton Mileage Charge	2.75	836.88
1.00	CEMENT SERVICE	Production Casing	3,099.25	3,099.25
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 Head Rental	275.00	275.00
1.00	EQUIPMENT SALES	5-1/2 AFU Float Shoe	545.00	545.00
1.00	EQUIPMENT SALES	5-1/2 Latch Down Plug	660.00	660.00
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	CEMENT SUPERVISOR	Ron Gilley		
1.00	OPERATOR ASSISTANT	Carl Sparks		

Subtotal	15,824.29
Sales Tax	750.53
Total Invoice Amount	16,574.82
Payment/Credit Applied	
TOTAL	16,574.82

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

\$ 5,222.03

ONLY IF PAID ON OR BEFORE
Jul 5, 2014



ALLIED OIL & GAS SERVICES, LLC 062398

Federal Tax I.D. # 20-8651475

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

SERVICE POINT:
Medicine Lodge

DATE <u>6-5-14</u>	SEC. <u>6</u>	TWP. <u>35s</u>	RANGE <u>11w</u>	CALLED OUT <u>5:30</u>	ON LOCATION <u>8:00</u>	JOB START <u>1200 Noon</u>	JOB FINISH <u>130PM</u>
LEASE <u>Rathgeber</u>		WELL# <u>4</u>	LOCATION <u>281 & Kiowa Jct, 1/4 N, E/S</u>		COUNTY <u>Barber</u>	STATE <u>Ks</u>	
OLD OR <u>NEW</u> (Circle one)							

CONTRACTOR Fossil Drilling OWNER Cheifton Oil

TYPE OF JOB Production

HOLE SIZE 7 7/8 T.D. 5585

CASING SIZE 5 1/2 DEPTH 5585

TUBING SIZE _____ DEPTH _____

DRILL PIPE _____ DEPTH _____

TOOL _____ DEPTH _____

PRES. MAX 2000 MINIMUM _____

MEAS. LINE _____ SHOE JOINT 24'

CEMENT LEFT IN CSG. 24'

PERFS. _____

DISPLACEMENT 133 1/2 BBL 2% KCL H₂O

EQUIPMENT

PUMP TRUCK CEMENTER Sason Thinich

558-545 HELPER Ron Galley

BULK TRUCK _____

381-252 DRIVER Carl Sparks

BULK TRUCK _____

_____ DRIVER _____

REMARKS:

Held tailgate meeting
Plug Rat & Mouse 50' x 60' 40' 4" gel
Ran 40' x scavenger
Ran 200' x ASC Cement
Stop wash pump & lines
Release plug start displacement
Slow @ 10 bbls left to 3 BPM
Bump Plug 700' over
Release Float did Hold

CHARGE TO: Cheifton Oil

STREET _____

CITY _____ STATE _____ ZIP _____

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.

PRINTED NAME X Rob Raleigh

SIGNATURE X [Signature]

CEMENT

AMOUNT ORDERED 90' x 60' 40' 4" gel

200' x "A" ASC + 5# Kalseal + 3%

FI-160 + Defoamer, 13 Gal KCL

60:40:4 50' x Rat + mouse @ 18.92 N/C

scavenger 40' x 60:40:4 @ 18.92 756.80

GEL @ _____

CHLORIDE @ _____

ASC Class A 200' x @ 22.50 4700.00

Kalseal 1060 @ .98 980.00

FI-160 56.4 @ 18.90 1065.96

Defoamer 28 @ 4.85 135.80

Clapnor 13 1/2 Gals 34.40 464.40

HANDLING @ _____

MILEAGE @ _____

33% = 2673.97 TOTAL 8102.96

SERVICE

DEPTH OF JOB 5585

PUMP TRUCK CHARGE _____ 3099.25

EXTRA FOOTAGE LV 20m @ 4.40 88.00

MILEAGE 20m @ 7.70 154.00

MANIFOLD & Head @ _____ 275.00

Handling 352.5 cuft @ 2.48 874.20

Dayrate 15 @ 20 @ 2.75 836.90

33% = 1758.02 TOTAL 5327.35

5 1/2 **PLUG & FLOAT EQUIPMENT**

1- AFU float shoe @ 545.00 545.00

1-batch down plug @ 660.00 660.00

7-Centralizers @ 57.60 399.00

2-Baskets @ 395.00 790.00

33% = 790.02 TOTAL 2394.00

SALES TAX (If Any) _____

TOTAL CHARGES 15,824.31

DISCOUNT _____ IF PAID IN 30 DAYS

Net \$ 10,602.28



TRILOBITE TESTING, INC.

DRILL STEM TEST REPORT

Chieftain Oil Company, Inc.

6-35s-11w Barber Co. Ks.

101 S 5th St.
P.O. Box 124
Kiowa, Ks. 67070
ATTN: Arden Ratzlaff

Rathgeber #4

Job Ticket: 54179

DST#: 1

Test Start: 2014.06.02 @ 18:43:20

GENERAL INFORMATION:

Formation: **Misener**

Deviated: No Whipstock: 0.00 ft (KB)

Time Tool Opened: 21:59:05

Time Test Ended: 03:49:35

Test Type: Conventional Bottom Hole (Initial)

Tester: Matt Smith

Unit No: 53

Interval: 5142.00 ft (KB) To 5166.00 ft (KB) (TVD)

Reference Elevations: 1404.00 ft (KB)

Total Depth: 5166.00 ft (KB) (TVD)

1392.00 ft (CF)

Hole Diameter: 7.88 inches Hole Condition: Poor

KB to GR/CF: 12.00 ft

Serial #: 6773 Outside

Press @ Run Depth: 95.49 psig @ 5143.00 ft (KB)

Capacity: 8000.00 psig

Start Date: 2014.06.02

End Date: 2014.06.03

Last Calib.: 2014.06.03

Start Time: 18:43:25

End Time: 03:49:35

Time On Btm: 2014.06.02 @ 21:41:50

Time Off Btm: 2014.06.03 @ 01:21:50

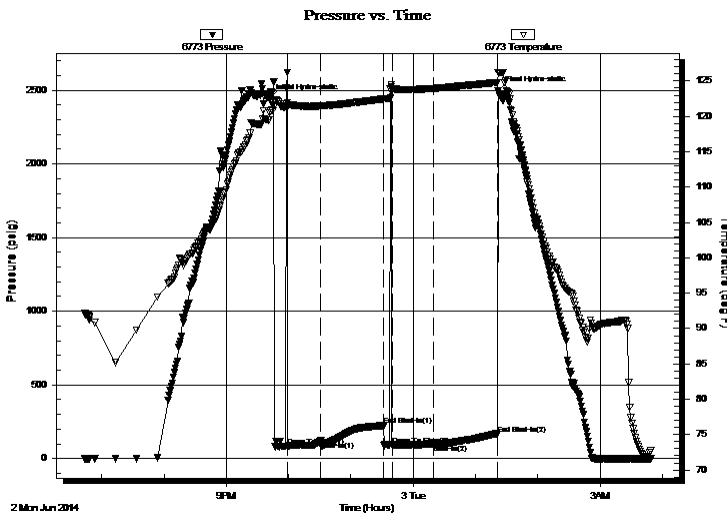
TEST COMMENT: IF: Weak blow . Surf., DEad after 9 mins. Flushed.

IS!: No blow .

FF: No blow . Flushed.

FS!: No blow .

PRESSURE SUMMARY



Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	2443.69	120.51	Initial Hydro-static
18	83.67	121.38	Open To Flow (1)
50	120.90	121.47	Shut-In(1)
110	223.70	122.47	End Shut-In(1)
118	91.73	123.90	Open To Flow (2)
158	95.49	123.95	Shut-In(2)
219	166.60	124.79	End Shut-In(2)
220	2496.94	126.18	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
180.00	DRLG Mud w / trace oil 100%m	0.89

Gas Rates

Choke (inches)	Pressure (psig)	Gas Rate (Mcf/d)



**TRILOBITE
TESTING, INC.**

DRILL STEM TEST REPORT

FLUID SUMMARY

Chieftain Oil Company, Inc.

6-35s-11w Barber Co. Ks.

101 S 5th St.
P.O. Box 124
Kiowa, Ks. 67070
ATTN: Arden Ratzlaff

Rathgeber #4

Job Ticket: 54179

DST#: 1

Test Start: 2014.06.02 @ 18:43:20

Mud and Cushion Information

Mud Type: Gel Chem

Cushion Type:

Oil API:

deg API

Mud Weight: 9.00 lb/gal

Cushion Length:

ft

Water Salinity:

5700 ppm

Viscosity: 44.00 sec/qt

Cushion Volume:

bbf

Water Loss: 8.99 in³

Gas Cushion Type:

Resistivity: 0.00 ohm.m

Gas Cushion Pressure:

psig

Salinity: 5700.00 ppm

Filter Cake: 0.20 inches

Recovery Information

Recovery Table

Length ft	Description	Volume bbf
180.00	DRLG Mud w / trace oil 100%m	0.885

Total Length: 180.00 ft Total Volume: 0.885 bbf

Num Fluid Samples: 0

Num Gas Bombs: 0

Serial #: none

Laboratory Name:

Laboratory Location:

Recovery Comments:

Pressure vs. Time

