



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1225524
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
-----------------------------------	-----------------	---

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: _____

1225524

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> <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
--	--	---

Form	ACO1 - Well Completion
Operator	Chieftain Oil Co., Inc.
Well Name	Molz 24
Doc ID	1225524

Tops

Name	Top	Datum
Kansas City	4380	-2986
Cherokee SH	4754	-3360
Mississippian SH	4818	-3424
Kinderhook SH	5072	-3678
Misener	5170	-3776
Maquoketa SH	5192	-3798
Viola	5238	-3844
Base Viola	5326	-3932
Simpson SD	5344	-3950
Arbuckle	5550	-4156
Total Depth	5605	



PAGE	CUST NO	YARD #	INVOICE DATE
1 of 1	1000719	1718	09/05/2014
INVOICE NUMBER			
91587128			

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 Molz 24
 O LOCATION
 B COUNTY Barber
 S STATE KS
 I JOB DESCRIPTION Cement-New Well Casing/Pi
 T
 E JOB CONTACT

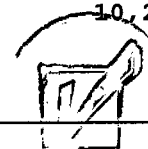
JOB #	EQUIPMENT #	PURCHASE ORDER NO.		TERMS	DUE DATE
40762661	27463			Net - 30 days	10/05/2014
<i>For Service Dates: 09/03/2014 to 09/03/2014</i>					
0040762661			QTY	U of M	INVOICE AMOUNT
171811237A Cement-New Well Casing/Pi 09/03/2014					
Cement 5 1/2" Longstring					
60/40 POZ		80.00	EA	8.04	643.20 T
AA2 Cement		150.00	EA	11.39	1,708.50 T
C-41P		29.00	EA	2.68	77.72 T
Salt		743.00	EA	0.34	248.91 T
C-44		141.00	EA	3.45	486.52 T
FLA-322		113.00	EA	5.03	567.83 T
Mud Flush		500.00	EA	1.01	502.50 T
Gilsonite		750.00	EA	0.45	336.68 T
"Latch Down Plug & Baffle, 5 1/2" (Blu		1.00	EA	268.00	268.00
"Auto Fill Float Shoe 5 1/2" (Blue)"		1.00	EA	241.20	241.20
"Turbolizer, 5 1/2" (Blue)"		9.00	EA	73.70	663.30
"5 1/2" Basket (Blue)"		2.00	EA	194.30	388.60
"Unit Mileage Chg (PU, cars one way)"		50.00	MI	2.85	142.38
Heavy Equipment Mileage		100.00	MI	4.69	469.00
"Proppant & Bulk Del. Chgs., per ton mil		535.00	EA	1.47	788.59
Depth Charge; 5001-6000'		1.00	EA	1,929.58	1,929.58
Blending & Mixing Service Charge		230.00	BAG	0.94	215.74
Plug Container Util. Chg.		1.00	EA	167.50	167.50
"Service Supervisor, first 8 hrs on loc.		1.00	EA	117.25	117.25

SEP 09 2014
 9304 BC

PLEASE REMIT TO: BASIC ENERGY SERVICES, LP
 PO BOX 841903
 DALLAS, TX 75284-1903

SEND OTHER CORRESPONDENCE TO:
 BASIC ENERGY SERVICES, LP
 801 CHERRY ST, STE 2100
 FORT WORTH, TX 76102

SUB TOTAL 9,963.00
 TAX 326.89
 INVOICE TOTAL 10,289.89





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 11237 A

DATE _____ TICKET NO. _____

DATE OF JOB 09-03-14 DISTRICT PRATT KS		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.		LEASE MOLTZ 24 WELL NO.							
ADDRESS		COUNTY BARBER STATE KS							
CITY STATE		SERVICE CREW Sullivan, Engling, Beach							
AUTHORIZED BY		JOB TYPE: CNW 5 1/2 Logging							
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED 9-3-14	DATE	AM/PM	TIME
27463	1 hr								8:00
19903-19860	1 hr					ARRIVED AT JOB		AM/PM	10:30
37900						START OPERATION		AM/PM	3:20
						FINISH OPERATION		AM/PM	4:15
						RELEASED		AM/PM	5:00
						MILES FROM STATION TO WELL			50

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]*
(WELLOWNER, OPERATOR, CONTRACTOR OR AGENT)

ITEM/PRICE REF. NO.	MATERIAL, EQUIPMENT AND SERVICES USED	UNIT	QUANTITY	UNIT PRICE	\$ AMOUNT
CP 103	60/40 P02 CAT	SK	50		600 00
CP 105	KA-7 cat	SK	150		2,150 00
CP 103	60/40 P02	SK	30		360 00
CC 105	C-44 P	lb	29		116 00
CC 111	SALT	lb	743		271 50
CC 115	C-44	lb	141		726 15
CC 129	FLA-322	lb	113		847 50
CC 201	G. sulfate	lb	750		502 50
CF 607	LATCH down PLUG - BAFFLE 5 1/2	SA	1		400 00
CF 1251	Auto. F. H. SHOCK	SA	1		360 00
CF 1651	Turboliner	SA	7		990 00
CF 1901	BASKET	SA	2		580 00
CE 151	MUD FLUSH	ml	500		750 00
E 100	pickups	mi	50		212 50
F 101	Hi rise seat	mi	100		700 00
F 112	Bulk' Del.	TM	535		1,177 00
CE 206	Asph. Anch	SA	1		2,880 00
CE 240	13/16" dia - misc	SK	230		322 00
CE 504	PLUG CONTAIN DENTAL	SA	1		250 00
S 003	Sol. sup. chemicals	SK	1		175 00
SUB TOTAL					9963.00

CHEMICAL / ACID DATA:			

SERVICE & EQUIPMENT	%TAX ON \$	9963.00
MATERIALS	%TAX ON \$	
TOTAL		

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

FIELD SERVICE ORDER NO.

BASIC

energy services, L.P.

TREATMENT REPORT

Customer CHIEFTAIN OIL	Lease No.	Date 09-03-14
Lease MOLT	Well # 24	
Field Order # 11237	Station PRATT	Casing 3 1/2
		Depth 5666'
		County BARBER
		State KS
Type Job CNW 5 1/2完井	Formation	Legal Description 11-25-12

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size	Tubing Size	Shots/Ft		Acid	RATE	PRESS	ISIP	
3 1/2								
Depth 5666	Depth	From	To	Pre Pad	Max		5 Min.	
Volume 134	Volume	From	To	Pad	Min		10 Min.	
Max Press 2,000	Max Press	From	To	Frac	Avg		15 Min.	
Well Connection P.C.	Annulus Vol.	From	To		HHP Used		Annulus Pressure	
Plug Depth 5644'	Packer Depth	From	To	Flush	Gas Volume		Total Load	

Customer Representative	Station Manager DAVE JETT	Treater Robert J. Hill
Service Units 37900 27463 19903 17860		
Driver Names Callahan Eric Beachy		

Time	Casing Pressure	Tubing Pressure	Bbbls. Pumped	Rate	Service Log
10:30					on loc
					Run 5 1/2 15-7 csp
					Back 2-15 cont 4, 7, 9, 11, 13, 16, 17, 19, 20
					circ csp 1/2 way 30 min
					C
2:00					CASIN on Bottom
2:10					Hook up circ.
3:20			12	3.5	It mud flush
			21		mix scavenger cont @ 12 ppf 50 sk
			38		mix MA-2 cont 150 sk @ 15 ppf
					cont mixed shut down wash, pump, line
					Release Plug
				5.5	It Dis
					Lift PSI
	550			4	Slow Rate
4:10	1,850		134		Plug down
			7		plug RH w/ 30 sk 60/40 202
					5013 Complete
					Thank you



PAGE	CUST NO	YARD #	INVOICE DATE
1 of 1	1000719	1718	08/29/2014
INVOICE NUMBER			
91583206			

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

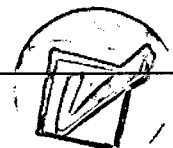
J LEASE NAME Molz 24
 O LOCATION
 B COUNTY Barber
 S STATE KS
 I JOB DESCRIPTION Cement-New Well Casing/Pi
 T
 E JOB CONTACT

JOB #	EQUIPMENT #	PURCHASE ORDER NO.	TERMS	DUE DATE
40760207	19905		Net - 30 days	09/28/2014

	QTY	U of M	UNIT PRICE	INVOICE AMOUNT
For Service Dates: 08/27/2014 to 08/27/2014				
0040760207				
171811049A Cement-New Well Casing/Pi 08/27/2014 Cement 13 3/8 Conductor				
60/40 POZ	350.00	EA	7.92	2,771.70 T
Celloflake	88.00	EA	2.44	214.87 T
Calcium Chloride	903.00	EA	0.69	625.71 T
"Unit Mileage Chg (PU, cars one way)"	50.00	MI	2.80	140.23
Heavy Equipment Mileage	100.00	MI	4.62	461.95
"Proppant & Bulk Del. Chgs., per ton mil	753.00	EA	1.45	1,093.24
Depth Charge; 0-500'	1.00	EA	659.93	659.93
Blending & Mixing Service Charge	350.00	BAG	0.92	323.36
High Head Charge (Over 6')	1.00	EA	197.98	197.98
"Service Supervisor, first 8 hrs on loc.	1.00	EA	115.49	115.49

PAID
 SEP 08 2014
 9121 BC

PLEASE REMIT TO:	SEND OTHER CORRESPONDENCE TO:	SUB TOTAL	6,604.46
BASIC ENERGY SERVICES, LP	BASIC ENERGY SERVICES, LP	TAX	258.28
PO BOX 841903	801 CHERRY ST, STE 2100	INVOICE TOTAL	6,862.74
DALLAS, TX 75284-1903	FORT WORTH, TX 76102		





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 2200 A

11-35-12

DATE _____ TICKET NO. _____

DATE OF JOB 6-27-14	DISTRICT Pratt	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 LLC		LEASE molz		24		WELL NO.	
ADDRESS		COUNTY Barber		STATE KS			
CITY		STATE		SERVICE CREW ED Ayon JCR			
AUTHORIZED BY		JOB TYPE: CROW CONDUCTOR					
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE AM PM TIME
77485-1995	45						5-26-14 PM 2:00
77485-2110	45						5-26-14 AM 2:15
6744							5-27-14 AM 10:15
							2 PM 11:00
							1 PM 1:00
							MILES FROM STATION TO WELL 50

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	60/40 Puz	Sib	350		4,200 00	
CC 102	cell of flake	lb	88		325 00	
CC 109	Calcium Chloride	lb	903		945 15	
E 100	Pickup Mileage	Mi	50		212 50	
E 101	heavy Mileage	Mi	100		700 00	
E 113	Billis Delivery	Mi	753		1,655 50	
CE 200	Depth Charge	Yds			1,000 00	
CE 240	Mining Charge	Sib	350		490 00	
S 003	Supervisor	Day	1		175 00	
SE 503	High Head	JOB	1		300 00	
SUB TOTAL						6,164 45

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: _____
--	---

(WELL OWNER OPERATOR CONTRACTOR OR AGENT)

FIELD SERVICE ORDER NO.

BASIC

energy services, L.P.

TREATMENT REPORT

Customer <i>Chief Tain Oil Co. Inc</i>		Lease No.	Date <i>6-27-14</i>
Lease <i>MOLZ</i>	Well # <i>24</i>		
Field Order # <i>11049</i>	Station <i>Pratt</i>	Casing <i>13 3/8</i>	Depth <i>250</i>
Type Job <i>CN W CONDUCTOR</i>		County <i>Barber</i>	State <i>KS</i>
		Formation	Legal Description <i>11-35-12</i>

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size	Tubing Size	Shots/Ft		Acid	RATE	PRESS	ISIP	
<i>1 3/8</i>				Pre Pad			5 Min.	
Depth 250 <i>250</i>	Depth	From	To	Pad	Min		10 Min.	
Volume 40 <i>36</i>	Volume	From	To	Frac	Avg		15 Min.	
Max Press	Max Press	From	To		HHP Used		Annulus Pressure	
Well Connection	Annulus Vol.	From	To	Flush	Gas Volume		Total Load	
Plug Depth 250 <i>230</i>	Backer Depth	From	To					

Customer Representative <i>Ryan</i>		Station Manager <i>Kevin</i>		Treater <i>Joe</i>	
Service Units	<i>77686</i>	<i>19905</i>	<i>19960</i>	<i>21010</i>	<i>Joe</i>
Driver Names	<i>ED</i>	<i>Aaron</i>			<i>28443</i>

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
<i>2215</i>					<i>ONLOC/Safety meeting</i>
					<i>Run 7 JTS of 13 3/8 csg @ 48#</i>
<i>2315</i>					<i>START Running csg</i>
					<i>csg on Bottom / Break circ with Big</i>
					<i>Hook up to Pump TR/S START JOB</i>
<i>1015</i>			<i>5</i>	<i>5</i>	<i>H2O spacer</i>
			<i>75</i>	<i>5</i>	<i>mix 350 SK of 60/40 POZ @ 14.8#</i>
			<i>3</i>	<i>3</i>	<i>START DISP.</i>
<i>1040</i>	<i>300</i>		<i>3</i>	<i>3</i>	<i>CEMENT TO SURFACE</i>
<i>1100</i>	<i>200</i>		<i>36</i>	<i>0</i>	<i>Plug Down</i>
					<i>36 BAL cement TO PIT</i>
					<i>JOB COMPLETE</i>
					<i>Thank you Joe</i>



Date: 19-Sep-14

Well Name:	Location:	Customer Rep:	Field Order #
MOLZ #24	SEC 11-35S-12W	RYAN MOLZ	10333A

Stage:	Formation:	Treat Via:	Allowable Pressure Tbg	Csg	Well Type:
	MISSISSIPPI	CASING		3,000	OIL

County:	State:	Well Age:	PackerType:	PackerDepth:	Csg Size:
BARBER	KS	NEW			5.5

Type Of Service:	25 TANK HYBRID FRAC	Csg Depth	Tbg Size:	Tbg Depth:	Liner Size:
Customer Name:	CHIEFTAIN OIL & GAS	Liner Depth:	Liner Top:	Liner Bot:	Total Depth:
Address:		Open Hole:	Csg Vol:	BHT:	
Remarks:			116		
		Perf Depths:	Perfs:	TotalPerfs:	
		4820	4870	50	

TIME	INJECTION RATE		PRESSURE		REMARKS	PROP (lbs)	FOAM/FLD (gls)	FLUID (bbls)
	FLUID	N2/CO2	STP	ANNULUS				
10:33	0.0		3582		PSI TEST			
10:36	38.2		11		ST PREPAD		13,440	320.0
10:37	39.1		659		HOLE LOADED			
10:40	50.8		659		INCREASE RATE			
10:43	70.4		1067		ST 2#	12,000	6,000	156.0
10:45	71.7		1021		ON BOTTOM			
10:45	71.5		1019		ST PAD		79,560	1,894.0
10:49	80.3		1382		INCREASE RATE			
11:09	80.3		1387		ST .1#	1,000	10,000	239.0
11:10	80.3		1381		ON BOTTOM			
11:12	80.3		1378		ST .2#	2,000	10,000	240.0
11:13	80.4		1365		ON BOTTOM			
11:15	80.4		1370		ST .3#	4,500	15,000	362.0
11:16	80.6		1362		ON BOTTOM			
11:20	80.4		1365		ST .4#	6,000	15,000	364.0
11:21	80.4		1355		ON BOTTOM			
11:24	95.0		1864		ST .5#	7,500	15,000	366.0
11:25	95.1		1846		ON BOTTOM			
11:28	95.0		1833		ST .6#	9,000	15,000	367.0
11:29	95.2		1819		ON BOTTOM			
11:31	95.6		1803		ST .7#	17,500	25,000	614.0
11:33	95.5		1798		ON BOTTOM			
11:38	95.3		1763		ST .8#	20,000	25,000	617.0
11:39	95.6		1758		ON BOTTOM			

Customer Acknowledgement:	Service Rating:	Treater:	PRODUCTS USED
	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory	JUSTIN BAILEY	



Date: 19-Sep-14

11:45	95.6		1744	ST .9#	22,500	25,000	620.0
11:46	95.5		1734	ON BOTTOM			
11:51	95.4		1720	ST 1#	35,000	35,000	871.0
11:52	95.6		1720	ON BOTTOM			
12:00	95.5		1683	ST 1.25#	43,750	35,000	881.0
12:01	95.6		1694	ON BOTTOM			
12:09	95.7		1679	ST 1.5#	52,500	35,000	890.0
12:10	95.5		1671	ON BOTTOM			
12:19	95.8		1664	ST 1.75#	43,750	25,000	643.0
12:20	95.6		1661	ON BOTTOM			
12:25	79.9		1112	ST 2#	44,000	22,000	572.0
12:27	79.4		1061	ON BOTTOM			
12:33	79.3		1096	ST 2.25#	49,500	22,000	578.0
12:34	79.3		1173	ON BOTTOM			
12:40	79.2		1245	ST 2.5#	55,000	11,351	301.0
12:41	79.1		1264	ON BOTTOM			
12:44	79.2		1218	ST 3# RESIN	9,000	3,000	81.0
12:45	79.0		1142	ST 3.5# RESIN	105	3,000	94.0
12:45	79.1		1177	RESIN ON BOTTOM			
12:46	79.0		1181	ST FLUSH		6,300	150.0
12:46	79.3		1232	3.5# RESIN ON BOTTOM			
12:48	0.0		475	SHUT DOWN JOB COMPLETE			
12:54	0.0		415	5 MIN			
12:59	0.0		404	10 MIN			
13:04	0.0		375	15 MIN			
Total:					434,605	451,651	11,220.0

Summary

Max Fl. Rate	Avg Fl. Rate	Max Psi	Avg Psi
95.8	81.1	3,649	1,392

Customer Acknowledgement:

Service Rating:

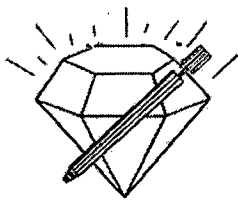
- Satisfactory
 Unsatisfactory

Treater:

JUSTIN BAILEY

PRODUCTS USED

--



DIAMOND TESTING, LLC
P.O. Box 157
HOISINGTON, KANSAS 67544
(620) 653-7550 • (800) 542-7313
molz24dst1

Company Chieftain Oil Company, Inc. Lease & Well No. Molz No. 24
Elevation 1386 GL Formation Misener Effective Pay Ft. Ticket No. K163
Date 9-1-14 Sec. 11 Twp. 35S Range 12W County Barber State Kansas
Test Approved By David Barker Diamond Representative Jason McLemore

Formation Test No. 1 Interval Tested from 5,171 ft. to 5,204 ft. Total Depth 5,204 ft.
Packer Depth 5,166 ft. Size 6 3/4 in. Packer Depth ft. Size in.
Packer Depth 5,171 ft. Size 6 3/4 in. Packer Depth ft. Size in.
Depth of Selective Zone Set ft.

Top Recorder Depth (Inside) 5,152 ft. Recorder Number 5513 Cap. 5,000 psi.
Bottom Recorder Depth (Outside) 5,153 ft. Recorder Number 5588 Cap. 6,000 psi.
Below Straddle Recorder Depth ft. Recorder Number Cap. psi.

Drilling Contractor Fossil Drilling, Inc. - Rig 2 Drill Collar Length 148 ft. I.D. 2 1/4 in.
Mud Type Chemical Viscosity 54 Weight Pipe Length ft. I.D. in.
Weight 9.5 Water Loss 12.0 cc. Drill Pipe Length 4,991 ft. I.D. 3 in.
Chlorides 3,800 P.P.M. Test Tool Length 32 ft. Tool Size 3 1/2-IF in.
Jars: Make Sterling Serial Number 6 Anchor Length 33 ft. Size 4 1/2-FH in.
Did Well Flow? No Reversed Out No Surface Choke Size 1 in. Bottom Choke Size 5/8 in.
Main Hole Size 7 7/8 in. Tool Joint Size 4-FH in.

Blow: 1st Open: Hit bridge 4 stands off bottom. Pulled tool.
2nd Open: N/A

Recovered ft. of
Recovered ft. of
Recovered ft. of
Recovered ft. of
Recovered ft. of
Recovered ft. of
Remarks MISRUN!

Time Set Packer(s) Time Started off Bottom Maximum Temperature
Initial Hydrostatic Pressure.....(A) P.S.I.
Initial Flow Period.....Minutes 0 (B) P.S.I. to (C) P.S.I.
Initial Closed In Period.....Minutes 0 (D) P.S.I.
Final Flow Period.....Minutes 0 (E) P.S.I. to (F) P.S.I.
Final Closed In Period.....Minutes 0 (G) P.S.I.
Final Hydrostatic Pressure.....(H) P.S.I.



JASON MCLEMORE

CELL # 620-617-0527

General Information

Company Name	Chieftain Oil and Gas	Job Number	K163
Contact	Ron Molz	Representative	Jason McLemore
Well Name	Molz #24	Well Operator	Chieftain Oil and Gas
Unique Well ID	DST #1 Misener 5171-5204	Prepared By	Jason McLemore
Surface Location	11-35s-12w-Barber	Qualified By	Dave Barker
Field	Wildcat	Test Unit	6
Well Type	Vertical		

Test Information

Test Type	Drill Stem Test	Representative	Jason McLemore
Formation	Misener	Well Operator	Chieftain Oil and Gas
Well Fluid Type	01 Oil	Report Date	2014/09/01
Test Purpose (AEUB)	Initial Test	Prepared By	Jason McLemore

Start Test Date	2014/09/01	Start Test Time	07:46:00
Final Test Date	2014/09/01	Final Test Time	12:17:00

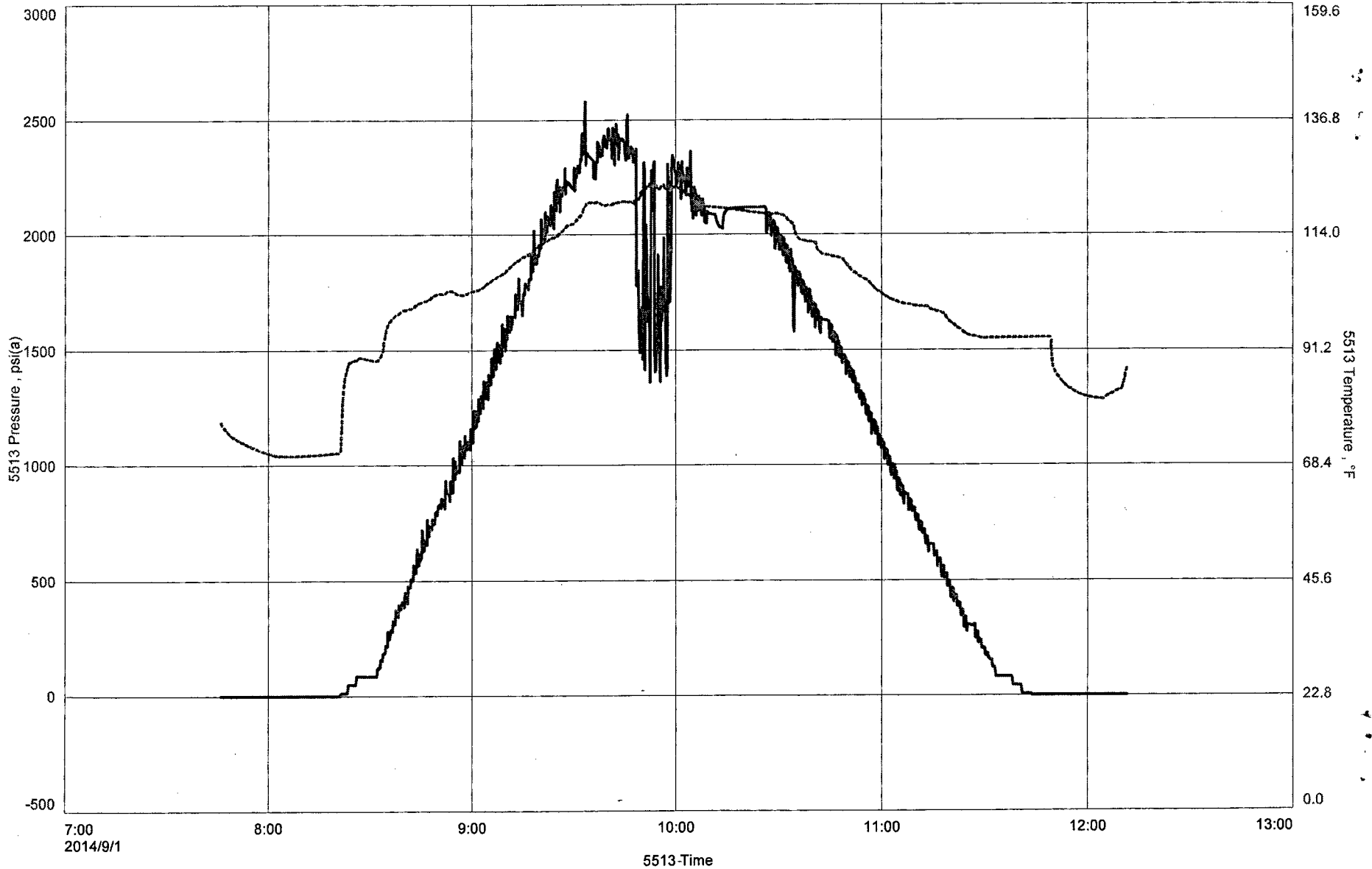
Test Results

Hit bridge 4 stands off bottom. Pulled tool.

Chieftain Oil and Gas
DST #1 Misener 5171-5204
Start Test Date: 2014/09/01
Final Test Date: 2014/09/01

Molz #24
Formation: Misener
Pool: Wildcat
Job Number: K163

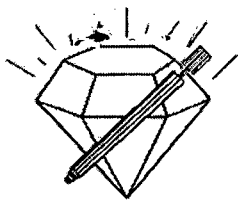
Molz #24



NOMENCLATURE

b	== Approximate Radius of Investigation	Feet
b¹	== Approximate Radius of Investigation (Net Pay Zone h ¹)	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 h ¹)	md
m	== Slope Extrapolated Pressure Plot (Psi ² /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^{PT}	== 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.



DIAMOND TESTING, LLC
P.O. Box 157
HOISINGTON, KANSAS 67544
(620) 653-7550 • (800) 542-7313
molz24dst2

Company Chieftain Oil Company, Inc. Lease & Well No. Molz No. 24
Elevation 1386 GL Formation Misener Effective Pay Ft. Ticket No. K164
Date 9-1-14 Sec. 11 Twp. 35S Range 12W County Barber State Kansas
Test Approved By David Barker Diamond Representative Jason McLemore

Formation Test No. 2 Interval Tested from 5,171 ft. to 5,204 ft. Total Depth 5,204 ft.
Packer Depth 5,166 ft. Size 6 3/4 in. Packer Depth ft. Size in.
Packer Depth 5,171 ft. Size 6 3/4 in. Packer Depth ft. Size in.
Depth of Selective Zone Set ft.

Top Recorder Depth (Inside) 5,152 ft. Recorder Number 5513 Cap. 5,000 psi.
Bottom Recorder Depth (Outside) 5,153 ft. Recorder Number 5588 Cap. 6,000 psi.
Below Straddle Recorder Depth ft. Recorder Number Cap. psi.

Drilling Contractor Fossil Drilling, Inc. - Rig 2 Drill Collar Length 148 ft I.D. 2 1/4 in.
Mud Type Chemical Viscosity 54 Weight Pipe Length ft I.D. in.
Weight 9.5 Water Loss 12.0 cc. Drill Pipe Length 4,991 ft I.D. 3 in.
Chlorides 3,800 P.P.M. Test Tool Length 32 ft Tool Size 3 1/2-IF in.
Jars: Make Sterling Serial Number 6 Anchor Length 33 ft. Size 4 1/2-FH in.
Did Well Flow? No Reversed Out No Surface Choke Size 1 in. Bottom Choke Size 5/8 in.
Main Hole Size 7 7/8 in. Tool Joint Size 4-FH in.

Blow: 1st Open: 16 ft. of fill on bottom. Operator opted to look at it on the log. Pulled tool

2nd Open: N/A

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

Remarks MISRUN!

Time Set Packer(s) Time Started off Bottom Maximum Temperature
Initial Hydrostatic Pressure.....(A) P.S.I.
Initial Flow Period.....Minutes 0 (B) P.S.I. to (C) P.S.I.
Initial Closed In Period.....Minutes 0 (D) P.S.I.
Final Flow Period.....Minutes 0 (E) P.S.I. to (F) P.S.I.
Final Closed In Period.....Minutes 0 (G) P.S.I.
Final Hydrostatic Pressure.....(H) P.S.I.



JASON MCLEMORE

CELL # 620-617-0527

General Information

Company Name	Chieftain Oil and Gas	Job Number	K164
Contact	Ron Molz	Representative	Jason McLemore
Well Name	Molz #24	Well Operator	Chieftain Oil and Gas
Unique Well ID	DST #2 Misener 5171-5204	Prepared By	Jason McLemore
Surface Location	11-35s-12w-Barber	Qualified By	Dave Barker
Field	Wildcat	Vertical Test Unit	6
Well Type			

Test Information

Test Type	Drill Stem Test	Representative	Jason McLemore
Formation	Misener	Well Operator	Chieftain Oil and Gas
Well Fluid Type	01 Oil	Report Date	2014/09/02
Test Purpose (AEUB)	Initial Test	Prepared By	Jason McLemore
Start Test Date	2014/09/01	Start Test Time	19:56:00
Final Test Date	2014/09/02	Final Test Time	02:00:00

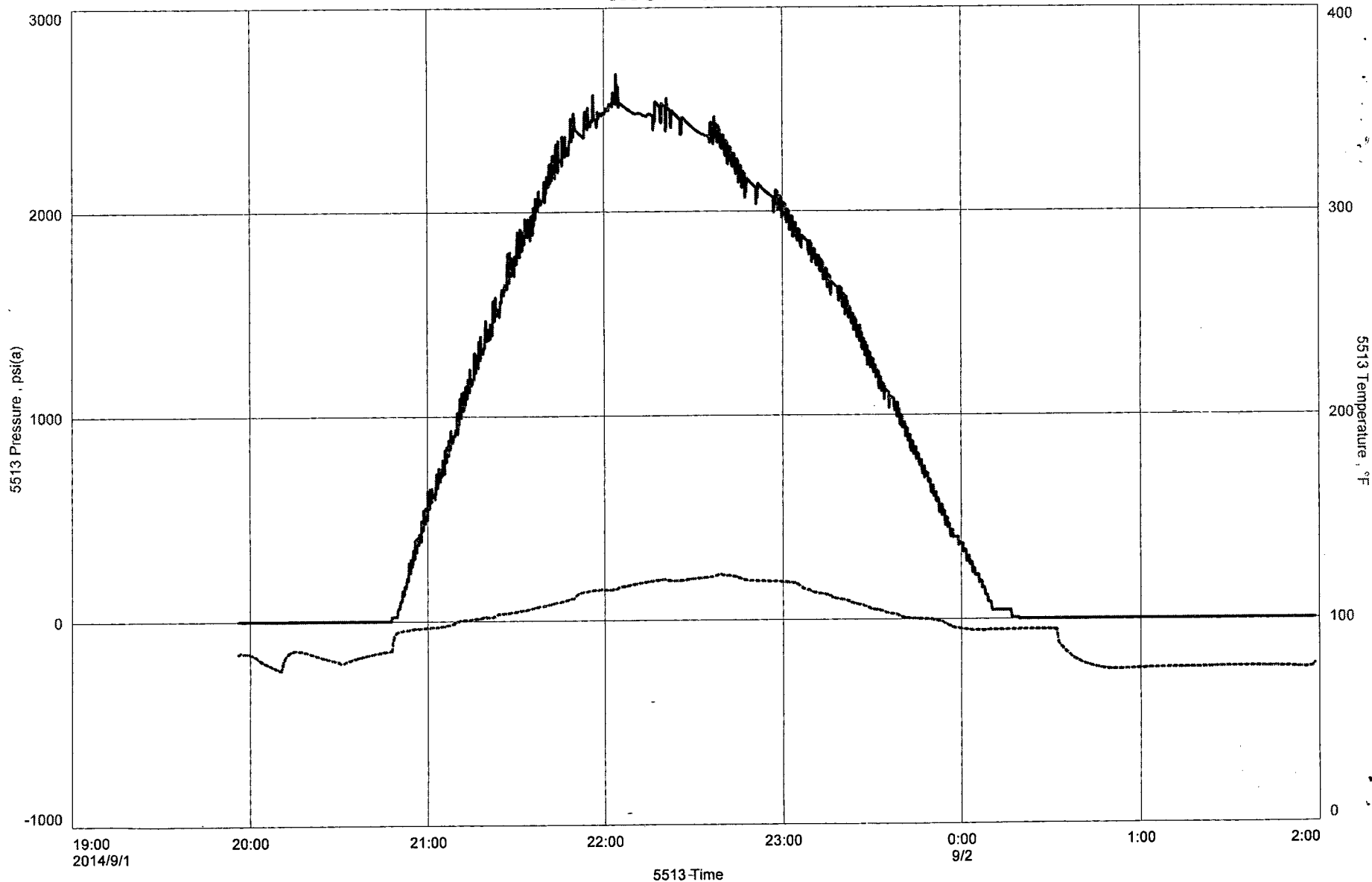
Test Results

16' of fill on bottom. Operator opted to look at it on the log. Pulled tool.

Chieftain Oil and Gas
DST #2 Misener 5171-5204
Start Test Date: 2014/09/01
Final Test Date: 2014/09/02

Molz #24
Formation: Misener
Pool: Wildcat
Job Number: K164

Molz #24



NOMENCLATURE

b	== Approximate Radius of Investigation	Feet
b¹	== Approximate Radius of Investigation (Net Pay Zone h ¹).....	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 h ¹)	md
m	== Slope Extrapolated Pressure Plot (Psi ² /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.