



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1233386
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: _____

1233386

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
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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> _____	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	Chieftain Oil Co., Inc.
Well Name	Douglas-Kent 4-18
Doc ID	1233386

Tops

Name	Top	Datum
Elgin Sand	3550	-2137
Heebner	3708	-2295
Lansing	3964	-2551
Mississippian	4620	-3207
Kinderhook	4864	-3451
Chattanooga	4938	-3525
Maquoketa	4986	-3573
Viola	5010	-3597
Upper Simpson Sand	5112	-3699
Arbuckle	5276	-3863
Total Depth	5360	



PAGE	CUST NC	YARD #	INVOICE DATE
1 of 1	1000719	1718	10/14/2014
INVOICE NUMBER			
91621113			

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

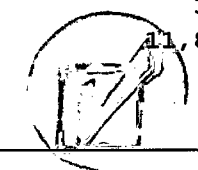
J **LEASE NAME** Douglas-Kent 4-18
 O **LOCATION**
 B **COUNTY** Barber
 S **STATE** KS
 I **JOB DESCRIPTION** Cement-New Well Casing/Pi
 T **JOB CONTACT**
 E

JOB #	EQUIPMENT #	PURCHASE ORDER NO.	TERMS	DUE DATE
40775945	19843		Net - 30 days	11/13/2014

	QTY	U of M	UNIT PRICE	INVOICE AMOUNT
<i>For Service Dates: 10/11/2014 to 10/11/2014</i>				
0040775945				
171811462A Cement-New Well Casing/Pi				
Cement 5 1/2" Longstring				
60/40 POZ	80.00	EA	9.24	739.20 T
AA2 Cement	150.00	EA	13.09	1,963.50 T
Celloflake	29.00	EA	3.08	89.32 T
Salt	743.00	EA	0.39	286.06 T
C-44	141.00	EA	3.97	559.14 T
FLA-322	113.00	EA	5.78	652.58 T
Mud Flush	500.00	EA	1.16	577.50 T
Gilsonite	750.00	EA	0.52	386.93 T
"Latch Down Plug & Baffle, 5 1/2" (Blu	1.00	EA	308.00	308.00
"Auto Fill Float Shoe 5 1/2" (Blue)"	1.00	EA	277.20	277.20
"Turbolizer, 5 1/2" (Blue)"	9.00	EA	84.70	762.30
"5 1/2" Basket (Blue)"	2.00	EA	223.30	446.60
"Unit Mileage Chg (PU, cars one way)"	50.00	MI	3.27	163.63
Heavy Equipment Mileage	100.00	MI	5.39	539.00
"Proppant & Bulk Del. Chgs., per ton mil	525.00	EA	1.69	889.35
Depth Charge; 5001-6000'	1.00	EA	2,217.58	2,217.58
Blending & Mixing Service Charge	230.00	BAG	1.08	247.94
Plug Container Util. Chg.	1.00	EA	192.50	192.50
"Service Supervisor, first 8 hrs on loc.	1.00	EA	134.75	134.75

PAID 10/16/2014
9304 BC

PLEASE REMIT TO:	SEND OTHER CORRESPONDENCE TO:	SUB TOTAL	11,433.08
BASIC ENERGY SERVICES, LP	BASIC ENERGY SERVICES, LP	TAX	375.68
PO BOX 841903	801 CHERRY ST, STE 2100	INVOICE TOTAL	11,808.76
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

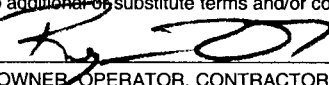
FIELD SERVICE TICKET
1718 11462 A

DATE _____ TICKET NO. _____

DATE OF JOB 10-11-14 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 Chittain Oil Co., Inc		LEASE Douglas-Kent WELL NO 4-18							
ADDRESS		COUNTY Barber STATE Ks							
CITY STATE		SERVICE CREW Scott, Shawn, Aaron							
AUTHORIZED BY Ryan Maltz		JOB TYPE: 5 1/2 Long string CNW							
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	TIME
38970	1								
19899 19843	1					ARRIVED AT JOB	10-11-14	AM	11:30
19959 19860	1					START OPERATION	10-11-14	AM	14:15
						FINISH OPERATION	10-11-14	AM	5:10
						RELEASED	10-11-14	AM	6:00
						MILES FROM STATION TO WELL			

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

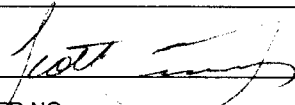

The undersigned is authorized to execute this contract as an agent of the customer. As such, the undersigned agrees and acknowledges that this contract for services, materials, products, and/or supplies includes all of and only those terms and conditions appearing on the front and back of this document. 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
CP103	60140 POZ	SK	50		600 00
CP105	AAZ Cement	SK	150		2550 00
CP103	60140 POZ	SK	30		360 00
CC105	C-41 P	lb	29		116 00
CC111	SuH	lb	743		371 50
CC115	C-44	lb	141		726 15
CC129	FLA-322	lb	113		547 50
CC201	Gilsonite	lb	750		502 50
CF607	Catch Down Plug + Baffle 5 1/2	EA	1		400 00
CF1251	Annul Fill Floal Stop 5 1/2	EA	1		360 00
CF1651	Turbolizer 5 1/2	EA	9		990 00
CF1901	5 1/2 Basket	EA	2		580 00
CC151	Gal Mud Flush	Gal	500		750 00
E100	Unit Mileage Charge Pick up	MI	50		212 15
E101	Heavy Equipment Mileage	MI	100		700 00
E113	Prop + Bulb Delivery Charge	TM	525		1155 00
CE206	Depth Charge 5001 - 6000'	4k.15	1		2580 00
CE240	Blending + Mixing Charge	SK	230		322 00
CL504	Play Container	Job	1		250 00
5003	Service Supervisor	EA	1		175 00
				SUB TOTAL	175 00

CHEMICAL / ACID DATA:

SERVICE & EQUIPMENT	%TAX ON \$	
MATERIALS	%TAX ON \$	
TOTAL		1718 433 08

SERVICE REPRESENTATIVE 	THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY: 
FIELD SERVICE ORDER NO.	(WELL OWNER OPERATOR CONTRACTOR OR AGENT)

Customer <i>Chattahoochee Oil Co., Inc</i>	Lease No.	Date <i>10-11-14</i>
Lease <i>Douglas - Kent</i>	Well # <i>4-18</i>	
Field Order # <i>11462A</i>	Station <i>Pratt</i>	Casing <i>5 1/2</i>
Type Job <i>5 1/2" long string</i>	Formation <i>(NIA)</i>	Depth <i>5353</i>
		County <i>Barber</i>
		State <i>KS</i>
		Legal Description <i>15 - 245 - 116</i>

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size	Tubing Size	Shots/Ft		Acid		RATE	PRESS	ISIP
<i>5 1/2</i>								
Depth <i>5353</i>	Depth	From	To	Pre Pad	Max			5 Min.
Volume <i>127</i>	Volume	From	To	Pad	Min			10 Min.
Max Press <i>2000</i>	Max Press	From	To	Frac	Avg			15 Min.
Well Connection <i>5 1/2</i>	Annulus Vol.	From	To		HHP Used			Annulus Pressure
Plug Depth	Packer Depth	From	To	Flush	Gas Volume			Total Load

Customer Representative <i>Ryan Maltz</i>	Station Manager <i>Kevin Goodley</i>	Treater <i>Scott Givens</i>
Service Units <i>35970</i>	<i>19954</i>	<i>19949</i>
Driver Names <i>Scott</i>	<i>Kevin</i>	<i>Shawn</i>

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
<i>11:35</i>					<i>On location Safety Meeting Rig up</i>
<i>12:10</i>					<i>Flare Equipment Baskets units # 2, 6</i>
<i>1:15</i>					<i>Turbines on 4, 6, 8, 12, 15, 16, 18, 19, 27</i>
<i>3:10</i>					<i>Circulate well Half way 30 min</i>
<i>4:15</i>	<i>700</i>		<i>5</i>	<i>3.5</i>	<i>Pump 1170 Speed</i>
<i>4:17</i>	<i>700</i>		<i>17</i>	<i>3.5</i>	<i>Pump Mud Flush</i>
<i>4:20</i>	<i>700</i>		<i>5</i>	<i>4.5</i>	<i>Pump 1170 Speed</i>
<i>4:21</i>	<i>300</i>		<i>11.5</i>	<i>5</i>	<i>Mix 505Ks 60116 P07 14.5 ppg</i>
<i>4:23</i>	<i>300</i>			<i>5.7</i>	<i>Mix 1505Ks AA7 Cement 15 ppg</i>
<i>4:30</i>	<i>60</i>		<i>38.2</i>		<i>Shut down</i>
					<i>Wash pump + line clean</i>
					<i>Drop plug</i>
<i>4:35</i>	<i>700</i>			<i>5.7</i>	<i>Start 17.5 gal/min</i>
<i>4:51</i>	<i>600</i>		<i>92</i>	<i>5.5</i>	<i>11.4 pressure</i>
<i>4:57</i>	<i>700</i>		<i>25</i>	<i>3.5</i>	<i>Reduce Rate</i>
<i>5:00</i>	<i>700</i>		<i>10</i>	<i>3.5</i>	<i>Plug landed</i>
<i>5:00</i>	<i>1700</i>				<i>Pressure up on plug</i>
<i>5:07</i>					<i>Release pressure All Returns</i>
<i>5:10</i>	<i>60</i>		<i>6.5</i>	<i>3</i>	<i>Plug back hole 305Ks 60116 P07</i>
					<i>Shut down</i>
					<i>Job complete</i>



PAGE 1 of 1	CUST NC 1000719	YARD # 1718	INVOICE DATE 10/03/2014
INVOICE NUMBER 91613070			

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 Douglas-Kent 4-18
 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
40772136	19843		Net - 30 days	11/02/2014

	QTY	U of M	UNIT PRICE	INVOICE AMOUNT
<i>For Service Dates: 10/02/2014 to 10/02/2014</i>				
0040772136				
171811422A Cement-New Well Casing/Pi 10/02/2014				
Cement 13 3/8 Conductor				
60/40 POZ	350.00	EA	9.24	3,234.19 T
Celloflake	88.00	EA	2.85	250.73 T
Calcium Chloride	903.00	EA	0.81	730.12 T
"Unit Mileage Chg (PU, cars one way)"	45.00	MI	3.27	147.27
Heavy Equipment Mileage	90.00	MI	5.39	485.13
"Proppant & Bulk Del. Chgs., per ton mil	677.00	EA	1.69	1,146.90
Depth Charge; 0-500'	1.00	EA	770.04	770.04
Blending & Mixing Service Charge	350.00	BAG	1.08	377.32
"Service Supervisor, first 8 hrs on loc.	1.00	EA	134.76	134.76

ENTERED
 OCT 07 2014
 912136

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 TAX INVOICE TOTAL	7,276.46 301.38 7,577.84
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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 A

1834 HW

DATE _____ TICKET NO. _____

DATE OF JOB <u>10 2 14</u> DISTRICT <u>KANSAS</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>CHIEF OIL COMPANY</u>		LEASE <u>DOUGLAS-KENT</u> WELL NO. <u>46-14</u>								
ADDRESS		COUNTY <u>BARBER</u> STATE <u>KS</u>								
CITY STATE		SERVICE CREW <u>McWINE ERIC & BOEHLY</u>								
AUTHORIZED BY		JOB TYPE: <u>CNW 13 3/8 CONDUCTOR</u>								
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	PM	TIME
<u>17331-19523</u>	<u>1/1</u>						<u>10 1 14</u>			<u>2530</u>
						ARRIVED AT JOB	<u>10 1 14</u>			<u>7230</u>
<u>17331-75748</u>	<u>1/1</u>					START OPERATION	<u>10 2 14</u>			<u>0225</u>
						FINISH OPERATION	<u>10 2 14</u>			<u>0255</u>
<u>30316</u>	<u>1/2</u>					RELEASED	<u>10 2 14</u>			<u>0245</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	
<u>CP103</u>	<u>60/40 P62</u>	<u>SKS</u>	<u>350</u>		<u>4200</u>	
<u>CC102</u>	<u>CEMENT FLOK</u>	<u>LB</u>	<u>83</u>		<u>375</u>	
<u>CC107</u>	<u>CALCIUM CHLORIDE</u>	<u>LB</u>	<u>903</u>		<u>943</u>	
<u>E100</u>	<u>UNION MILK-900</u>	<u>MT</u>	<u>45</u>		<u>191</u>	
<u>E101</u>	<u>HEAVY DUTY MILK-900</u>	<u>MT</u>	<u>70</u>		<u>630</u>	
<u>E113</u>	<u>PROPANE BULK DELIVERY</u>	<u>TON</u>	<u>677</u>		<u>1489</u>	
<u>CE200</u>	<u>DEFIN CHLORIDE 0.500'</u>	<u>LB</u>	<u>1</u>		<u>1000</u>	
<u>EE240</u>	<u>BLENDING 1 M-X-100 SERVICE CHARGE</u>	<u>SB</u>	<u>350</u>		<u>470</u>	
<u>5003</u>	<u>SERVICE SUPERVISOR</u>	<u>SA</u>	<u>1</u>		<u>175</u>	
					SUB TOTAL	<u>7376</u>

CHEMICAL / ACID DATA:			

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

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

FIELD SERVICE ORDER NO. _____

BASIC

energy services, L.P.

TREATMENT REPORT

Customer: CHIEFMAN OIL CO	Lease No.:	Date: 10-1-14
Lease: DOWNS-KENT	Well #: 4-18	
Field Order #: 11422	Station: PRATT KS	County: BARBER
Casing: 13 3/4		Depth: KS
Type Job: CNW	Formation: 13 3/8 CONDUCTOR	Legal Description: 18-34S-11W

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size	Tubing Size	Shots/Ft		Acid	Rate	PRESS	ISIP	
13 3/8				350 SKS 60/40 POZ				
Depth	Depth	From	To	Pre Pad	Max		5 Min.	
				210 BENTONITE GEL				
Volume	Volume	From	To	Pad	Min		10 Min.	
				310 CALCIUM CHLORIDE				
Max Press	Max Press	From	To	Frac	Avg		15 Min.	
				25 #/SK CELLFRAC				
Well Connection	Annulus Vol.	From	To		HHP Used		Annulus Pressure	
Plug Depth	Packer Depth	From	To	Flush	Gas Volume		Total Load	
278				H2O				

Customer Representative			Station Manager: GORDLEY			Treater: MCGUIR		
Service Units	30316		19889	19843	19831	73768		
Driver Names	MCQUIR		ERNST		BEACHY			

Time	Casing Pressure	Tubing Pressure	Bbbs. Pumped	Rate	Service Log
0230					ON LOCATION SAFETY MTC
					RIG UP WAIT ON RIG TO TD.
					RIG TD @ 304'
					SHORT TRIP & CIRCULATE
					RIG TO CIRCULATE RIG UP
0225				5	START H2O AHEAD
0227			10	4/5	MIX 350 SKS 60/40 POZ @ 14 8#
0245			71		CIRCULATION THRU JOBS
0246			73	45	CEMENT TO SURFACE
					START DISPLACEMENT
0255			411		SHUT DOWN

JOB COMPLETE
THANK YOU
S

****CELLS WITH BLUE BACKGROUND ARE THE ONLY CELLS TO BE EDITED****

Fracture Start Date/Time:	11/12/14 11:41
Fracture End Date/Time:	11/12/14 13:34
State:	Kansas
County:	Barber
API Number:	15-007-24220-0000
Operator Name:	CHIEFTAIN OIL COMPANY
Well Name:	Douglas-Kent 4-18
Federal Well:	
Longitude:	-98.5665243
Latitude:	37.0862241
Long/Lat Projection:	NAD27
True Vertical Depth (TVD):	0'
Total Clean Fluid Volume* (gal):	381,654

(e.g. XX-XXX-XXXX-0000)

Additive	Specific Gravity	Additive Quantity	Mass (lbs)
Water	1.00	381,654	3,184,903
Sand (Proppant)	2.65	276,000	276,000
Plexcide B7	1.33	20	222
Plexcide B7	1.33	20	222
Plexgel Breaker XPA	1.03	62	533
Plexset 730	0.90	122	916
Plexset 730	0.90	122	916
Plexsurf 580 ME	0.95	93	737
Plexsurf 580 ME	0.95	93	737
Plexslick 957	1.11	247	2,288
Claymax	1.09	185	1,683
Plexgel 907L-EB	1.04	283	2,456
Plexgel 907L-EB	1.04	283	2,456
Plexgel 907L-EB	1.04	283	2,456
Plexgel 907L-EB	1.04	283	2,456
Plexgel 907L-EB	1.04	283	2,456
Plexgel Breaker 10L	1.10	4	37

gal
lb
gal
gal
gal
gal
gal
gal
gal
gal
gal
gal
gal
gal
gal
gal
gal

Total Slurry Mass (Lbs)
3,481,475

Ingredients Section:

Trade Name	Supplier	Purpose	Ingredients	Chemical Abstract Service Number (CAS #)	Maximum Ingredient Concentration in Additive (% by mass)**	Mass per Component (LBS)	Maximum Ingredient Concentration in HF Fluid (% by mass)**	Comments
Water	Operator	Carrier/Base Fluid	Water	7732-18-5	100.00%	3,184,903	91.48143%	
Sand (Proppant)	Uniman	Proppant	Crystalline Silica in the form of Quartz	14808-60-7 / 238-878-4	99.90%	275,724	7.91975%	
Plexcide B7	Chemplex	Biocide	Sodium Hydroxide	1310-73-2	4.99%	11	0.00032%	
Plexcide B7	Chemplex	Biocide	Alkaline Bromide Salts (non-hazardous)	NA	0.00%	0	0.00000%	
Plexgel Breaker XPA	Chemplex	Slickwater Breaker	Hydrogen Peroxide	7722-84-1	7.00%	37	0.00107%	
Plexset 730	Chemplex	Activator	Methanol	67-56-1	50.00%	458	0.01316%	
Plexset 730	Chemplex	Activator	Alcohol Ethoxylates	Mixture	60.00%	550	0.01579%	
Plexsurf 580 ME	Chemplex	Product Stabilizer	Methyl Alcohol	67-56-1	10.00%	74	0.00212%	
Plexsurf 580 ME	Chemplex	Product Stabilizer	2-Butoxyethanol	111-76-2	50.00%	369	0.01059%	
Plexslick 957	Chemplex	Friction Reducer	Petroleum Hydrotreated Light Distillate	64742-47-8	25.00%	572	0.01643%	
Claymax	Chemplex	Clay Stabilizer	No Hazardous Ingredient	NA	0.00%	0	0.00000%	
Plexgel 907L-EB	Chemplex	Gelling Agent	Distillates, Hydrotreated Light	64742-47-8	50.00%	1,228	0.03527%	
Plexgel 907L-EB	Chemplex	Gelling Agent	Organophylic Clay	NDA	2.00%	49	0.00141%	
Plexgel 907L-EB	Chemplex	Gelling Agent	Crystalline Silica	14808-60-7	0.06%	1	0.00004%	
Plexgel 907L-EB	Chemplex	Gelling Agent	Alcohol Ethoxylates	34398-01-1	1.00%	25	0.00071%	
Plexgel 907L-EB	Chemplex	Gelling Agent	Guar Gum	9000-30-0	50.00%	1,228	0.03527%	
Plexgel Breaker 10L	Chemplex	Breaker/Gel	No Hazardous Ingredient	NA	0.00%	0	0.00000%	
								Non-MSDS Component
								Non-MSDS Component
								Non-MSDS Component
								Non-MSDS Component

*Total Water Volume sources may include fresh water, produced water, and/or recycled water

** Information is based on the maximum potential for concentration and thus the total may be over 100%

All component information listed was obtained from the supplier's Material Safety Data Sheets (MSDS). As such, the Operator is not responsible for inaccurate and/or incomplete information. Any questions regarding the content of the MSDS should be directed to the supplier who provided it. The Occupational Safety and Health Administration's (OSHA) regulations govern the criteria for the disclosure of this information. Please note that Federal Law protects "proprietary", "trade secret", and "confidential business information" and the criteria for how this information is reported on an MSDS is subject to 29 CFR 1910.1200(i) and Appendix D.