



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1233582
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: _____

1233582

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: _____ _____
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Form	ACO1 - Well Completion
Operator	Chieftain Oil Co., Inc.
Well Name	Diel 6
Doc ID	1233582

All Electric Logs Run

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

Form	ACO1 - Well Completion
Operator	Chieftain Oil Co., Inc.
Well Name	Diel 6
Doc ID	1233582

Tops

Name	Top	Datum
Kansas City	4089	-2727
Stark SH	4256	-2894
Swope	4273	-2911
Cherokee SH	4475	-3113
Mississippian	4510	-3148
Kinderhook SH	4711	-3349
Viola	4837	-3475
Simpson SD	4951	-3589
Arbuckle	5121	-3759
Total Depth	5165	



PAGE	CUST NO	YARD #	INVOICE DATE
1 of 1	1000719	1717	10/20/2014
INVOICE NUMBER			
91625767			

Liberal (620) 624-2277

B CHIEFTAIN OIL COMPANY
 I PO Box: 124
 L KIOWA
 L KS US 67070
 T
 O ATTN: ACCOUNTS PAYABLE

J LEASE NAME Diel #6
 O LOCATION
 B COUNTY Barber
 S STATE KS
 I JOB DESCRIPTION Cement-New Well Casing/Pi
 E JOB CONTACT

Per Ryan

JOB #	EQUIPMENT #	PURCHASE ORDER NO.	TERMS	DUE DATE
40778203	19919		Net - 30 days	11/19/2014

	QTY	U of M	UNIT PRICE	INVOICE AMOUNT
For Service Dates: 10/17/2014 to 10/17/2014				
0040778203				
171706147A Cement-New Well Casing/Pi 10/17/2014 13 3/8" Surface				
60/40 POZ	350.00	EA	9.24	3,234.00 T
Celloflake	88.00	EA	2.85	250.71 T
Calcium Chloride	987.00	EA	0.81	797.99 T
"Unit Mileage Chg (PU, cars one way)"	35.00	MI	3.47	121.28
Heavy Equipment Mileage	70.00	MI	5.78	404.25
"Proppant & Bulk Del. Chgs., per ton mil	575.75	EA	1.93	1,108.32
Depth Charge; 0-500'	1.00	EA	770.00	770.00
"Proppant & Bulk Del. Chgs., per ton mil	350.00	EA	1.08	377.30
"Service Supervisor, first 8 hrs on loc.	1.00	EA	134.75	134.75
"Cement Pumper, Add'l hrs. on Location"	2.00	HR	385.00	770.00

PLEASE REMIT TO:	SEND OTHER CORRESPONDENCE TO:	SUB TOTAL	7,968.60
BASIC ENERGY SERVICES, LP	BASIC ENERGY SERVICES, LP	TAX	306.21
PO BOX 841903	801 CHERRY ST, STE 2100	INVOICE TOTAL	8,274.81
DALLAS, TX 75284-1903	FORT WORTH, TX 76102		



BASICSM
ENERGY SERVICES
PRESSURE PUMPING & WIRELINE

1700 S. Country Estates Rd.
Liberal, Kansas 67905
Phone 620-624-2277

FIELD SERVICE TICKET

1717 06147 A

DATE ^{10/17} TICKET NO.

DATE OF JOB <u>10/17/14</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>Chickasaw Oil Company</u>		LEASE <u>Diel #</u>		WELL NO. <u>#6</u>						
ADDRESS		COUNTY <u>Barber</u>		STATE <u>KS</u>						
CITY STATE		SERVICE CREW <u>Tommy Dawiel Cake</u>								
AUTHORIZED BY <u>Lyce Davis IRB</u>		JOB TYPE: <u>Z42 Surface</u>								
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM	PM	TIME
<u>86573</u>	<u>12^{1/2}</u>					ARRIVED AT JOB	<u>10/17</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>1:30</u>
<u>38117/19919-</u>	<u>12^{1/2}</u>					START OPERATION		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>1:30</u>
<u>19959/73768</u>	<u>12^{1/2}</u>					FINISH OPERATION		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>1:30</u>
						RELEASED		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>2:00</u>
						MILES FROM STATION TO WELL				<u>35</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
<u>CP103</u>	<u>60/40 1oz</u>	<u>SK</u>	<u>350</u>		<u>4200 00</u>
<u>CC102</u>	<u>Celloflake</u>	<u>lb</u>	<u>88</u>		<u>325 10</u>
<u>CC109</u>	<u>Calcium Chloride</u>	<u>lb</u>	<u>987</u>		<u>1636 35</u>
<u>E100</u>	<u>Unit Mileage Charge "Pickup"</u>	<u>mi</u>	<u>35</u>		<u>157 50</u>
<u>E101</u>	<u>Heavy Equipment Mileage</u>	<u>mi</u>	<u>40</u>		<u>525 00</u>
<u>E113</u>	<u>Proppant Bulk Delivery Charge</u>	<u>lb/mi</u>	<u>576</u>		<u>1439 38</u>
<u>CE200</u>	<u>Depth Charge 0-500</u>	<u>4hrs</u>	<u>1</u>		<u>1000 00</u>
<u>CE240</u>	<u>Blending to Mixing Service Charge</u>	<u>SK</u>	<u>350</u>		<u>490 00</u>
<u>S003</u>	<u>Service Supervisor first 8 hrs on loc</u>	<u>eq</u>	<u>1</u>		<u>175 00</u>
<u>CE403</u>	<u>Cement Pump Additional Hrs</u>	<u>eq</u>	<u>2</u>		<u>1000 00</u>

CHEMICAL / ACID DATA:			

IRB

SUB TOTAL 7968 60

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

SERVICE REPRESENTATIVE <u>Tommy Dawiel</u>	THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY <u>[Signature]</u> FOR (WELL OWNER OPERATOR CONTRACTOR OR AGENT)
FIELD SERVICE ORDER NO.	



BASICSM
ENERGY SERVICES
Liberal, Kansas

Cement Report

Customer	Chieftan Oil Company		Lease No.			Date	10/17/14		
Lease	Diel #1		Well #	#6		Service Receipt	1417 06144A		
Casing	13 3/8	Depth	319.77		County	Barber		State	KS
Job Type	Surface		Formation			Legal Description			

Pipe Data		Perforating Data		Cement Data
Casing size	13 3/8	Tubing Size	Shots/Ft	
Depth	319.77	Depth	From	To
Volume	50.70	Volume	From	To
Max Press		Max Press	From	To
Well Connection	Swage	Annulus Vol.	From	To
Plug Depth		Packer Depth	From	To
				Lead 550 sk 60 rbf per @ 14.8
				1.38 6.44
				Tail in

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
0130					On location
0200					Spotter / Safety Mtg w/BES Emp.
0210					Rig up
1215					Safety mtg w/Rig crew / Rig up
1230					Prime up Pressure test 2100
1254	110		86 BBL	5	Start Cementing
1307	30		48 HL	4.5	Start Displacement / Washup downhole
1320			31 gone		Cement Back 17 Left to pump
1330			48 gone		Shutdown
					Shut in Lease Swage & Valve from Pratt
					Job Complete

Service Units	86573	38117/19919	19959/33468		
Driver Names	Tommy M.	Dan Bell	Gabe Mendez		

Ryan Matz
 Customer Representative

 Jerry Bennett
 Station Manager

 Tommy Maxwell
 Cementer



PAGE	CUST NO	YARD #	INVOICE DATE
1 of 1	1000719	1718	10/23/2014
INVOICE NUMBER			
91629907			

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 Diel 6
 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
40779297	27463		Net - 30 days	11/22/2014

For Service Dates: 10/22/2014 to 10/22/2014

0040779297

171811393A Cement-New Well Casing/Pi 10/22/2014
 Cement 5 1/2" Longstring

OCT 28 2014
 9121 BC

	QTY	U of M	UNIT PRICE	INVOICE AMOUNT
AA2 Cement	250.00	EA	13.09	3,272.61
C-41P	47.00	EA	3.08	144.77
Salt	1,238.00	EA	0.39	476.65
C-44	235.00	EA	3.97	931.93
FLA-322	188.00	EA	5.78	1,085.74
Gilsonite	1,250.00	EA	0.52	644.90
Mud Flush	500.00	EA	1.16	577.52
"Latch Down Plug & Baffle, 5 1/2" (Blu	1.00	EA	308.01	308.01
"Auto Fill Float Shoe 5 1/2" (Blue)"	1.00	EA	277.21	277.21
"Turbolizer, 5 1/2" (Blue)"	9.00	EA	84.70	762.33
"5 1/2" Basket (Blue)"	2.00	EA	223.31	446.62
"Unit Mileage Chg (PU, cars one way)"	35.00	MI	3.47	121.28
Heavy Equipment Mileage	70.00	MI	5.78	404.26
"Proppant & Bulk Del. Chgs., per ton mil	411.00	EA	1.93	791.20
Depth Charge; 5001-6000'	1.00	EA	2,217.68	2,217.68
Blending & Mixing Service Charge	250.00	BAG	1.08	269.51
Plug Container Util. Chg.	1.00	EA	192.51	192.51
"Service Supervisor, first 8 hrs on loc.	1.00	EA	134.75	134.75
High Head Charge (Over 6')	1.00	EA	231.01	231.01

PLEASE REMIT TO:	SEND OTHER CORRESPONDENCE TO:	SUB TOTAL	13,290.49
BASIC ENERGY SERVICES, LP	BASIC ENERGY SERVICES, LP	TAX	510.09
PO BOX 841903	801 CHERRY ST, STE 2100	INVOICE TOTAL	13,800.58
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

3-34-11

FIELD SERVICE TICKET
1718 11393 A

DATE _____ TICKET NO. _____

DATE OF JOB 10-22-14 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. Inc		LEASE Diel 6 WELL NO.							
ADDRESS		COUNTY Barber STATE KS							
CITY STATE		SERVICE CREW Josh Gibbson Joe							
AUTHORIZED BY		JOB TYPE: cnw 5 1/2 LS							
EQUIPMENT#	HRS	EQUIPMENT#	HRS	EQUIPMENT#	HRS	TRUCK CALLED	DATE	AM/PM	TIME
27467	1 hr						10-22-14		1015
19960-19960	1 hr					ARRIVED AT JOB			11:30
24447						START OPERATION			16:30
						FINISH OPERATION			17:30
						RELEASED			1800
						MILES FROM STATION TO WELL			35

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 105	AA-2 cement	SK	200		3,400 06	
CP 105	AA-2 cement	SK	50		850 70	
CP 105	C-41P	lb	47		188 00	
CL 111	SALT	lb	1238		619 06	
CL 115	C-44	lb	235		1,210 25	
CL 129	FLA-322	lb	188		1,410 00	
CL 201	GILSONITE	lb	1250		837 50	
CF 607	Latch Down Plug & Baffle 5 1/2	eq	1		400 00	
CF 1251	AUTO fill float shoe 5 1/2	eq	1		360 00	
CF 1651	Turbolizer 5 1/2	eq	9		990 00	
CL 151	mud flush	gal	500		750 06	
E 100	unit mileage charge - Pickups, small vans	Cars mi	35		157 50	
E 101	Heavy Equipment mileage	mi	70		525 00	
E 113	Proppant and Bulk Delivery charge	Tm	411		1,028 13	
CE 206	Depth Charge 5001'-6000'	4hr	1		2,880 00	
CE 240	Blending & Mixing service charge	SK	250		350 00	
CE 504	Plug container utilization charge	JOB	1		250 00	
S 003	Service supervisor	eq	1		175 00	
C 503	Heigh Head Charge	el	1		300 00	
CF 1901	5 1/2' Basket	eq	2		580 00	
					SUB TOTAL	17,260 36
CHEMICAL / ACID DATA:						
SERVICE & EQUIPMENT				%TAX ON \$		
MATERIALS				%TAX ON \$		
Discounted TOTAL					13,290.49	

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>Chieftain Oil Co.</i>	Lease No.	Date <i>10-22-14</i>
Lease <i>Diel</i>	Well # <i>6</i>	
Field Order # <i>11393</i>	Station <i>Pratt</i>	Casing <i>5 1/2</i>
		Depth <i>5,166</i>
Type Job <i>CPW</i>		County <i>Barber</i>
	Formation <i>5 1/2 LS</i>	State <i>KS</i>
		Legal Description <i>3-34-11</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>5,166</i>	Depth	From	To	Pre Pad	Max		5 Min.	
Volume <i>121</i>	Volume	From	To	Pad	Min		10 Min.	
Max Press	Max Press	From	To	Frac	Avg		15 Min.	
Well Connection	Annulus Vol.	From	To		HHP Used		Annulus Pressure	
Plug Depth <i>5,122</i>	Packer Depth	From	To	Flush	Gas Volume		Total Load	

Customer Representative <i>Robbin</i>	Station Manager <i>Kevin</i>	Treater <i>Joe</i>
Service Units <i>27463</i>	<i>19960</i>	<i>19860</i>
Driver Names <i>Josh</i>	<i>Gibbin</i>	<i>Joe</i>
		<i>28443</i>

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
<i>11:30</i>					<i>ONCAL / safety meeting</i>
					<i>Run 121 JTS 05 5/2 csg @ 15.5#</i>
					<i>Turbos on 3, 7, 9, 12, 14, 15, 16, 18, 19, 20</i>
					<i>Basket on 2-10</i>
<i>12:45</i>					<i>Start Running csg / Circ for 30 min @ 1460</i>
<i>13:20</i>					<i>csg on Bottom / Circ with Rig</i>
<i>15:30</i>					<i>Hookup to Pump to start Job</i>
<i>16:30</i>	<i>300</i>		<i>5</i>	<i>5</i>	<i>H2O spacer</i>
			<i>12</i>	<i>5</i>	<i>Mix mud flush</i>
			<i>5</i>	<i>5</i>	<i>H2O spacer</i>
	<i>100</i>		<i>50</i>	<i>5</i>	<i>mix 200 sk of AA2 cement @ 15#</i>
			<i>0</i>	<i>0</i>	<i>Shut down clear Pump & Lines</i>
	<i>100</i>		<i>0</i>	<i>6</i>	<i>Release Plug start H2O DISP.</i>
	<i>400</i>		<i>84</i>	<i>6</i>	<i>LIFT PSI</i>
	<i>1000</i>		<i>111</i>	<i>4</i>	<i>Slow Rate</i>
<i>17:30</i>	<i>2000</i>		<i>121</i>	<i>0</i>	<i>Plug Down</i>
					<i>Plug RTI 5 MH</i>
					<i>JOB COMPLETE</i>
					<i>Thank you Joe</i>

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

Fracture Start Date/Time:	11/20/14 11:13
Fracture End Date/Time:	11/20/14 13:45
State:	Kansas
County:	Barber
API Number:	15-007-24245-0000 (e.g. XX-XXX-XXXXX-0000)
Operator Name:	CHIEFTAIN OIL COMPANY
Well Name:	Diel #6
Federal Well:	
Longitude:	-98.504608
Latitude:	37.1168682
Long/Lat Projection:	NAD27
True Vertical Depth (TVD):	0'
Total Clean Fluid Volume* (gal):	581,280

Additive	Specific Gravity	Additive Quantity	Mass (lbs)
Water	1.00	581,280	4,850,782
Sand (Proppant)	2.65	502,500	502,500
Plexcide B7	1.33	30	333
Plexcide B7	1.33	30	333
Plexgel Breaker XPA	1.03	96	825
Plexset 730	0.90	104	781
Plexset 730	0.90	104	781
Plexsurf 580 ME	0.95	139	1,102
Plexsurf 580 ME	0.95	139	1,102
Plexslic 957	1.11	381	3,529
Claymax	1.09	278	2,529
Plexgel 907L-EB	1.04	372	3,229
Plexgel 907L-EB	1.04	372	3,229
Plexgel 907L-EB	1.04	372	3,229
Plexgel 907L-EB	1.04	372	3,229
Plexgel 907L-EB	1.04	372	3,229
Plexgel Breaker 10L	1.10	4	37

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

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%	4,850,782	90.15022%	
Sand (Proppant)	Uniman	Proppant	Crystalline Silica in the form of Quartz	14808-60-7 / 238-878-4	99.90%	501,998	9.32946%	
Plexcide B7	Chemplex	Biocide	Sodium Hydroxide	1310-73-2	4.99%	17	0.00031%	
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%	58	0.00107%	
Plexset 730	Chemplex	Activator	Methanol	67-56-1	50.00%	391	0.00726%	
Plexset 730	Chemplex	Activator	Alcohol Ethoxylates	Mixture	60.00%	469	0.00871%	
Plexsurf 580 ME	Chemplex	Product Stabilizer	Methyl Alcohol	67-56-1	10.00%	110	0.00205%	
Plexsurf 580 ME	Chemplex	Product Stabilizer	2-Butoxyethanol	111-76-2	50.00%	551	0.01024%	
Plexslic 957	Chemplex	Friction Reducer	Petroleum Hydrotreated Light Distillate	64742-47-8	25.00%	882	0.01640%	
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%	1,614	0.03000%	
Plexgel 907L-EB	Chemplex	Gelling Agent	Organophylic Clay	NDA	2.00%	65	0.00120%	
Plexgel 907L-EB	Chemplex	Gelling Agent	Crystalline Silica	14808-60-7	0.06%	2	0.00004%	
Plexgel 907L-EB	Chemplex	Gelling Agent	Alcohol Ethoxylates	34398-01-1	1.00%	32	0.00060%	
Plexgel 907L-EB	Chemplex	Gelling Agent	Guar Gum	9000-30-0	50.00%	1,614	0.03000%	
Plexgel Breaker 10L	Chemplex	Breaker/Gel	No Hazardous Ingredient	NA	0.00%	0	0.00000%	
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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.