

Confidentiality Requested:

Yes No

Kansas Corporation Commission Oil & Gas Conservation Division 1234652

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 #	API No. 15						
Name:	Spot Description:						
Address 1:	SecTwpS. R 🔲 East 🗌 We						
Address 2:	Feet from						
City: State: Zip:+	Feet from _ East / _ West Line of Section						
Contact Person:	Footages Calculated from Nearest Outside Section Corner:						
Phone: ()	□NE □NW □SE □SW						
CONTRACTOR: License #	GPS Location: Lat:, Long:						
Name:	(e.g. xx.xxxxx) (e.gxxx.xxxxx)						
Wellsite Geologist:	Datum: NAD27 NAD83 WGS84						
Purchaser:	County:						
Designate Type of Completion:	Lease Name: Well #:						
☐ New Well ☐ Re-Entry ☐ Workover	Field Name:						
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:	Producing Formation: Kelly Bushing: Total Vertical Depth: Plug Back Total Depth: Feet Multiple Stage Cementing Collar Used? Yes No If yes, show depth set: Feet If Alternate II completion, cement circulated from:						
Well Name:	feet depth to: w/ sx cmt.						
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 #:	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: License #:						
Spud Date or Date Reached TD Completion Date or Recompletion Date Recompletion Date	Quarter Sec.         TwpS. 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:									



Operator Name:			Well #:							
Sec Twp	S. R	East West	County:							
open and closed, flow	ring and shut-in pressu	ormations penetrated. Dres, whether shut-in pre	ssure reached stati	c level, hydrosta	tic pressures, bott					
		tain Geophysical Data a r newer AND an image f		gs must be ema	iled to kcc-well-lo	gs@kcc.ks.gov	v. Digital electronic log			
Drill Stem Tests Taker (Attach Additional		Yes No			on (Top), Depth an		Sample			
Samples Sent to Geo	logical Survey	Yes No	Nam	Э		Тор	Datum			
Cores Taken Electric Log Run		Yes No								
List All E. Logs Run:										
		0.0000								
		CASING Report all strings set-o	RECORD Ne conductor, surface, inte		ion, 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 / SQU	EEZE RECORD						
Purpose:	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives						
Perforate Protect Casing										
Plug Back TD Plug Off Zone										
Did you perform a hydrau	ulic fracturing treatment or	n this well?		Yes	No (If No, ski	o questions 2 an	nd 3)			
	· · · · · · · · · · · · · · · · · · ·	aulic fracturing treatment ex	_			o question 3)	of the ACO 1)			
was the hydraulic fractur	ring treatment information	submitted to the chemical of	disclosure registry?	Yes	No (If No, fill	out Page Three	of the ACO-1)			
Shots Per Foot		N RECORD - Bridge Plug potage of Each Interval Perf		Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used)  Depth						
TUBING RECORD:	Size:	Set At:	Packer At:	Liner Run:	Yes No					
Date of First, Resumed	Production, SWD or ENH	R. Producing Meth		Gas Lift C	Other <i>(Explain)</i>					
Estimated Production Per 24 Hours	Oil B		Mcf Wate			ias-Oil Ratio	Gravity			
DISPOSITIO	ON OF GAS:	, and a second	METHOD OF COMPLE	TION:		PRODI ICTIC	ON INTERVAL:			
Vented Solo		Open Hole	Perf. Dually	Comp. Cor	nmingled	THODOUTIC	ZIN IINI ELIVAE.			
	bmit ACO-18.)	Other (Specify)	(Submit A		mit ACO-4)					

Form	ACO1 - Well Completion
Operator	Chieftain Oil Co., Inc.
Well Name	AHS Cattle Co. 5R
Doc ID	1234652

#### Casing

Purpose Of String	Size Hole Drilled	Size Casing Set	Weight	Setting Depth	Type Of Cement		Type and Percent Additives
Surface	17.25	13.375	48	304	60/40 Poz	350	



PAGE	CUST NO	YARD #	INVOICE DATE
1 of 1	1000719	1718	09/16/2014

#### INVOICE NUMBER 91595461

Pratt

(620) 672-1201

B CHIEFTAIN OIL COMPANY

I PO Box: 124

L KIOWA

KS US 67070

o ATTN:

ACCOUNTS PAYABLE

LEASE NAME

AHS Cattle Co 5 R

0 LOCATION

В COUNTY

Barber KS

STATE

I JOB DESCRIPTION т

Cement-New Well Casing/Pi

JOB CONTACT

јов #	EQUIPMENT #	PURCHASE	ORDER NO.		TERMS	DUE DATE
40765880	19905	-	-		Net - 30 days	10/16/2014
			QTY	U of M	UNIT PRICE	INVOICE AMOUNT
For Service Dates	: 09/14/2014 to 0	9/14/2014				
0040765880			a 7014			
	nt-New Well Casing/Pi	SEP	2184	•		
Cement 13 3/8" Cor	nductor					
60/40 POZ			350.00	EA	7.92	· ·
Celloflake			88.00	EA	2.44	
Calcium Chloride			903.00		0.69	
"Unit Mileage Chg (f			50.00		2.80	
Heavy Equipment M			100.00 753.00		4.62 1.45	
Depth Charge; 0-50	el. Chgs., per ton mil		1.00		659.93	
Blending & Mixing S			350.00		0.92	
"Service Supervisor,			1.00		115.49	
		•				
•						
	•					
						1
						1 10/18

PLEASE REMIT TO:

SEND OTHER CORRESPONDENCE TO:

BASIC ENERGY SERVICES, LP BASIC ENERGY SERVICES, LP PO BOX 841903 DALLAS, TX 75284-1903

801 CHERRY ST, STE 2100 FORT WORTH, TX 76102

SUB TOTAL TAX 6,406.46 258.28

INVOICE TOTAL

6,664.74

# BASIC\* ENERGY SERVICES PRESSURE PUMPING & WIRELINE

10244 NE Hwy. 61 P.O. Box 8613 Pratt, Kansas 67124 Phone 620-672-1201

#### FIELD SERVICE TICKET

1. 1000

1718 11194 A

	PRESSU	RE PUMP	PING & WIRELINE	12	-35	-12		DATE	TICKET NO		-
DATE OF 9	DISTRICT PIATT	WENT M	OFD □ t	PROD [INJ	□WDW	CUSTOMER ORDER NO.:					
CUSTOMER ChiffTAIN OIL (0 INC						LEASE /	HS	74771+	CO	.WELL NO	5 R
ADDRESS		*				COUNTY \	3A1B	a J	STATE	VS	
CITY			STATE			SERVICE C	REW M	ATTAL, G	59119 11	3 e4 (44	. '
AUTHORIZED B	3Y					JOB TYPE:	inn	CUMI	)		
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ITEM/PRICE	: . T	 	ATERIAL, EQUIPMENT	AND SERV	ICES US	ED.	UNIT	(WELLOWN)	ER, OBERATOR, O	CONTRACTOR OR	
GF 103	1.6		PUZ				5 K	350		4.200	<del>- 1 · ·</del>
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		<del>                                     </del>			MATERIALS	%TAX ON \$		
						TOTAL		$\top$
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SERVICE REPRESENTATIVE M. W. MATTAL

THE ABOVE MATERIAL AND SERVICE ORDERED BY CUSTOMER AND RECEIVED BY:

(WELL OWNER OPERATOR CONTRACTOR OR AGENT)



### TREATMENT REPORT

Customer										Date	9_	14	- 14			
Lease A	15	ΓΓ'- ,	,	We	ell#		5 Ř				1	1-1	17			
Field Order #	Station	Pia	T1				Casing	Depth	54.5°	Count	y Bi	1115-		State 1		
Type Job	CARY	()	lidn . i	<i>,</i>				Formation				Legal De	escription	55 /2		
PIPE DATA PERFORATING DATA							FLUID	USED		,	TREA		RESUME			
Casing Size /, Tubing Size Shots/Ft				AC	<b>财</b> 。	350 SK	60,	MATE	PRE	SS Z /	ISIP	3%((				
Depth		From	1				e Pad		Max	/4 #	(	f°.	5 Min.			
Volume	Volume	From	 \	То		Pa	d	,	Min				10 Min.			
Max Rress	Max Pres	s From	1	То		Fra	ac		Avg				15 Min.	***		
Well Connection		/ol. From	1	То			<del></del>		HHP Used	t			Annulus	Pressure		
Plug Depth, 5	Packer De	epth From	1	То		Flu	ush HL	1.5	Gas Volur	ne			Total Loa	ad		
Customer Rep	presentative	RVA	1		Station	Mar	nager /	UIP Cau	111-y	Trea	ater ,	الماءلا	1111	ትር ድርጎ 		
Service Units	77500		198		1993	-7		709,1	19918							
Driver Names	MATTA			- 5 t	1119	:		15 140	44							
Time	Casing Pressure	Tubing Pressur		s. Pump	ed		Rate		<u>'</u>			ce Log				
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