

4/22/09

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # 33235
Name: Chieftain Oil Co., Inc
Address 1: PO Box 124
Address 2: _____
City: Kiowa State: KS Zip: 67070 + _____
Contact Person: Ron Molz
Phone: (620) 825-4030
CONTRACTOR: License # 33789
Name: D & B Drilling, LLC
Wellsite Geologist: Arden Ratzlaff
Purchaser: American Pipeline
Designate Type of Completion:
 New Well _____ Re-Entry _____ Workover _____
 Oil _____ SWD _____ SIOW _____
 Gas _____ ENHR _____ SIGW _____
_____ CM (Coal Bed Methane) _____ Temp. Abd. _____
_____ Dry _____ Other _____
(Core, WSW, Expl., Cathodic, etc.)

RECEIVED
APR 17 2009

KCC WICHITA

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: _____ Plug Back Total Depth _____
_____ Commingled _____ Docket No.: _____
_____ Dual Completion _____ Docket No.: _____
_____ Other (SWD or Enhr.?) _____ Docket No.: _____
12-2-2008 12-14-2008 1-9-2009
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 007-23406-0000
Spot Description: _____
NW SW NE SW Sec. 24 Twp. 34 S. R. 12 East West
1690 Feet from North / South Line of Section
1645 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Barber
Lease Name: Christensen Well #: 3
Field Name: Rhodes South
Producing Formation: Mississippi
Elevation: Ground: 1450 Kelly Bushing: 1462
Total Depth: 5412 Plug Back Total Depth: 5378
Amount of Surface Pipe Set and Cemented at: 348 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/ _____ ^{sq. cmt.} Alt - Dlg - 5/1/09

Drilling Fluid Management Plan
(Data must be collected from the Reserve Pit)
Chloride content: 10000 ppm Fluid volume: 1500 bbls
Dewatering method used: Haul Off
Location of fluid disposal if hauled offsite: _____
Operator Name: Molz Oil Co., Inc.
Lease Name: Garner SWD License No.: 6006
Quarter NE Sec. 11 Twp. 33S S. R. 10 East West
County: Barber Docket No.: _____

INSTRUCTIONS: An original and two copies of this form shall be filed with the Kansas Corporation Commission, 130 S. Market - Room 2078, Wichita, Kansas 67202, within 120 days of the spud date, recompletion, workover or conversion of a well. Rule 82-3-130, 82-3-106 and 82-3-107 apply. Information of side two of this form will be held confidential for a period of 12 months if requested in writing and submitted with the form (see rule 82-3-107 for confidentiality in excess of 12 months). One copy of all wireline logs and geologist well report shall be attached with this form. ALL CEMENTING TICKETS MUST BE ATTACHED. Submit CP-4 form with all plugged wells. Submit CP-111 form with all temporarily abandoned wells.

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.

Signature: [Signature]
Title: Secretary Date: 4-16-2009

Subscribed and sworn to before me this 16 day of April,
20 09.

Notary Public: AMANDA CORR
Date Commission Expires: 4/11/2011

NOTARY PUBLIC - State of Kansas
AMANDA CORR
My Appt. Expires 4/11/11

KCC Office Use ONLY
 Letter of Confidentiality Received
If Denied, Yes Date: _____
 Wireline Log Received
 Geologist Report Received
_____ UIC Distribution

Operator Name: Chieftain Oil Co., Inc Lease Name: Christensen Well #: 3
 Sec. 24 Twp. 34 S. R. 12 East West County: Barber

INSTRUCTIONS: Show important tops and base 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. Attach copy of all Electric Wireline Logs surveyed. Attach final geological well site report.

Drill Stem Tests Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Electric Log Run <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(Submit Copy)</i> List All E. Logs Run: Gamma Ray Dual Induction Compensated Neutron Density Sonic Bond Geologic	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;">Name</td> <td style="width:20%;">Top</td> <td style="width:20%;">Datum</td> </tr> <tr> <td>Heebner</td> <td>3557</td> <td>-2095</td> </tr> <tr> <td>Lansing</td> <td>4295</td> <td>-2933</td> </tr> <tr> <td>Cherokee</td> <td>4689</td> <td>-3227</td> </tr> <tr> <td>Mississippian</td> <td>4713</td> <td>-3251</td> </tr> <tr> <td>Viola</td> <td>5112</td> <td>-3650</td> </tr> <tr> <td>Simpson</td> <td>5215</td> <td>-3749</td> </tr> <tr> <td>Total Depth</td> <td>5412</td> <td>-3950</td> </tr> </table>	Name	Top	Datum	Heebner	3557	-2095	Lansing	4295	-2933	Cherokee	4689	-3227	Mississippian	4713	-3251	Viola	5112	-3650	Simpson	5215	-3749	Total Depth	5412	-3950
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Mississippian	4713	-3251																							
Viola	5112	-3650																							
Simpson	5215	-3749																							
Total Depth	5412	-3950																							

CASING RECORD <input checked="" 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
Surface	10-3/4	8-5/8	24#	348	60/40 Poz	250	2% Salt
Production	7-7/8	5-1/2	15.5#	5408	Common	225	2% Salt Gas Block

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				

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
4	4714-4718 4720-4738	1000 Gal 7-1/2% Acid	4714-54
2	4744-4754	1500 Gal 15% Acid	
		Frac 12500 bbls Slick Water	
		204000# Sand	

TUBING RECORD: Size: <u>2-7/8</u>	Set At: <u>4800</u>	Packer At: <u> </u>	Liner Run: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date of First. Resumed Production, SWD or Enhr. <u>3-1-2009</u>	Producing Method: <input type="checkbox"/> Flowing <input checked="" type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)		
Estimated Production Per 24 Hours	Oil Bbls. <u>10 bbls</u>	Gas Mcf <u>100 mcf</u>	Water Bbls. <u>90 bbls</u>
			Gas-Oil Ratio <u> </u>
			Gravity <u> </u>

DISPOSITION OF GAS: <input type="checkbox"/> Vented <input checked="" 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 checked="" type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <input type="checkbox"/> Other (Specify) <u> </u>	PRODUCTION INTERVAL: <u> </u> <u> </u>
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24 S. Lincoln Street
 P.O. Box 31
 Russell, KS 67665-2906

Voice: (785) 483-3887
 Fax: (785) 483-5566

INVOICE

Invoice Number: 117614
 Invoice Date: Dec 14, 2008
 Page: 1

ENTERED
 DEC 18 2008

9304 BU

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

Customer ID	Well Name / or Customer ID	Payment Terms
Chieft	Christensen #3	Net 30 Days
Job Location	Camp Location	Service Date
KS1	Medicine Lodge	Dec 14, 2008
		Due Date
		1/13/09

Quantity	Unit	Description	Unit Price	Amount
15.00	MAT	Class A Common	15.45	231.75
10.00	MAT	Pozmix	8.00	80.00
1.00	MAT	Gel	20.80	20.80
200.00	MAT	ASC Class A	18.60	3,720.00
1,000.00	MAT	Kol Seal	0.89	890.00
151.00	MAT	FL-160	13.30	2,008.30
141.00	MAT	Gas Block	11.10	1,565.10
28.00	MAT	Defoamer	8.90	249.20
5.00	MAT	Cla Pro	31.25	156.25
500.00	MAT	Mud Clean	1.27	635.00
500.00	MAT	Mud Clean C	1.55	775.00
287.00	SER	Handling	2.40	688.80
15.00	SER	Mileage 287 sx @.10 per sk per mi	28.70	430.50
1.00	SER	Production Casing	2,295.00	2,295.00
15.00	SER	Mileage Pump Truck	7.00	105.00
1.00	SER	Manifold Head Rental	113.00	113.00
1.00	EQP	AFU Float Shoe	529.00	529.00
1.00	EQP	Latch Down Plug Assembly	462.00	462.00
8.00	EQP	Turbolizer	79.00	632.00
2.00	EQP	Basket	186.00	372.00

RECEIVED
APR 17 2009
KCC WICHITA

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

ONLY IF PAID ON OR BEFORE

Jan 13 2009

Subtotal	15,958.70
Sales Tax	776.56
Total Invoice Amount	16,735.26
Payment/Credit Applied	
TOTAL	16,735.26

15,139.39

ALLIED CEMENTING CO., LLC. 34081

REMIT TO P.O. BOX 31
RUSSELL, KANSAS 67665

SERVICE POINT:
Medicine Lodge, KS

DATE <u>12-14-08</u>	SEC <u>24</u>	TWP. <u>34s</u>	RANGE <u>12w</u>	CALLED OUT <u>3:00pm</u>	ON LOCATION <u>5:00pm</u>	JOB START <u>5:30AM</u>	JOB FINISH <u>6:45AM</u>
LEASE <u>Christensen</u>	WELL # <u>3</u>		LOCATION <u>MM #9 on US 281/3, w/into</u>	COUNTY <u>Barber</u>	STATE <u>KS</u>		
OLD OR <u>NEW</u> (Circle one)							

CONTRACTOR D&B #1

TYPE OF JOB Production Casing

HOLE SIZE 7 7/8 T.D. 5412

CASING SIZE 5 1/2 DEPTH 5408

TUBING SIZE DEPTH

DRILL PIPE DEPTH

TOOL DEPTH

PRES. MAX 1600 MINIMUM -

MEAS. LINE SHOE JOINT 22

CEMENT LEFT IN CSG. 22

PERFS.

DISPLACEMENT 50 Bbls 2% KCL & 79 Bbls Fresh #80

OWNER Chieftan

CEMENT

AMOUNT ORDERED 25sx60:40:4% gel & 200
5x ASC + 5# Kolseal + .8% FC-160 + .75%
Gas Block & Defoamer & 5gal Clappro & 500gal
mud Clean C & 500gal mud Clean

COMMON	<u>15</u>	A	@	<u>15.45</u>	<u>231.75</u>
POZMIX	<u>10</u>		@	<u>8.00</u>	<u>80.00</u>
GEL	<u>1</u>		@	<u>20.80</u>	<u>20.80</u>
CHLORIDE			@		
SC	<u>200</u>		@	<u>18.60</u>	<u>3720.00</u>
KOLSEAL	<u>1000</u>	#	@	<u>.89</u>	<u>890.00</u>
FL-160	<u>151</u>	#	@	<u>13.30</u>	<u>2008.30</u>
Gas Block	<u>141</u>	#	@	<u>11.10</u>	<u>1565.10</u>
De foamer	<u>28</u>	#	@	<u>8.90</u>	<u>249.20</u>
Clappro	<u>5 gal</u>		@	<u>31.25</u>	<u>156.25</u>
Mud Clean	<u>500 gal</u>		@	<u>1.27</u>	<u>635.00</u>
Mud Clean C	<u>500 gal</u>		@	<u>1.55</u>	<u>775.00</u>
			@		
HANDLING	<u>287</u>		@	<u>2.40</u>	<u>688.80</u>
MILEAGE	<u>15 x 287 x .10</u>				<u>430.50</u>
TOTAL					<u>11450.70</u>

EQUIPMENT

PUMP TRUCK CEMENTER Di Felio

352 HELPER Mr. Becker

BULK TRUCK

353-290 DRIVER S. Priddy

BULK TRUCK

DRIVER

REMARKS:

Pipe in Bttm, Break Circ, Pump Pre Flush, Plug
Rat & Mouse Holes w/ 25sx60:40 Cement Mix
200sx tail Cement, Stop Pump, Wash Pump
& Lines, Release Plug, Start Disp. w/ 2%
KCL water, Switch to fresh #80 @ 50 Bbls
See steady increase in PSI, Slow Rate,
Bump Plug at 129 Bbls total
Disp. Release PSI, Float Did Hold

SERVICE

DEPTH OF JOB 5408

PUMP TRUCK CHARGE 2295.00

EXTRA FOOTAGE @

MILEAGE 15 @ 7.00 105.00

MANIFOLD Head Rental @ 113.00 113.00

@

@

TOTAL 2513.00

CHARGE TO: Chieftan Oil

STREET _____

CITY _____ STATE _____ ZIP _____

RECEIVED
APR 17 2009
KCC WICHITA 5 1/2 "

To Allied Cementing Co., 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 Rob Raleigh

SIGNATURE Rob Raleigh

PLUG & FLOAT EQUIPMENT

1-AFU Float Shoe	@	<u>529.00</u>	<u>529.00</u>
1-Latch down Plug Assy.	@	<u>462.00</u>	<u>462.00</u>
8-turbolizers	@	<u>79.00</u>	<u>632.00</u>
2-Baskets	@	<u>186.00</u>	<u>372.00</u>
	@		
TOTAL <u>1995.00</u>			

SALES TAX (If Any) _____

TOTAL CHARGES _____

DISCOUNT _____ IF PAID IN 30 DAYS

ANY APPLICABLE TAX
WILL BE CHARGED
UPON INVOICING



24 S. Lincoln Street
 P.O. Box 31
 Russell, KS 67665-2906

Voice: (785) 483-3887
 Fax: (785) 483-5566

ENTERED
 DEC 10 2008
 9204 BG

INVOICE

Invoice Number: 117405
 Invoice Date: Dec 3, 2008
 Page: 1

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

Customer ID	Well Name / or Customer P.O.	Payment Terms	
Chief	Christensen #3	Net 30 Days	
Job Location	Camp Location	Service Date	Due Date
KS1	Medicine Lodge	Dec 3, 2008	1/2/09

Quantity	Item	Description	Unit Price	Amount
150.00	MAT	Class A Common	15.45	2,317.50
100.00	MAT	Pozmix	8.00	800.00
4.00	MAT	Gel	20.80	83.20
8.00	MAT	Chloride	58.20	465.60
262.00	SER	Handling	2.40	628.80
15.00	SER	Mileage 262 sx @ .10 per sk per mi	26.20	393.00
1.00	SER	Surface	1,018.00	1,018.00
51.00	SER	Extra Footage	0.85	43.35
15.00	SER	Mileage Pump Truck	7.00	105.00
1.00	SER	Head Rental	113.00	113.00
1.00	EQP	Wooden Plug	68.00	68.00

RECEIVED
 APR 17 2009
 KCC WICHITA

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

\$

ONLY IF PAID ON OR BEFORE

Jan 2, 2009

Subtotal	6,035.45
Sales Tax	235.26
Total Invoice Amount	6,270.71
Payment/Credit Applied	
TOTAL	6,270.71

5667.17

ALLIED CEMENTING CO., LLC. 34136

REMIT TO P.O. BOX 31
RUSSELL, KANSAS 67665

SERVICE POINT:
Medicine Lodge, KS

DATE <i>12-3-08</i>	SEC. <i>24</i>	TWP. <i>34S</i>	RANGE <i>12W</i>	CALLED OUT <i>12:30 AM</i>	ON LOCATION <i>2:30 AM</i>	JOB START <i>4:30 AM</i>	JOB FINISH <i>5:00 AM</i>
Christensen LEASE		WELL # <i>3</i>	LOCATION <i>281+160, S to Just before m^g</i>		COUNTY <i>Barber</i>	STATE <i>KS</i>	
OLD OR <u>NEW</u> (Circle one)			<i>W Into</i>				

CONTRACTOR *D+B*
 TYPE OF JOB *SURFACE*
 HOLE SIZE *12 1/4"* T.D. *351'*
 CASING SIZE *8 5/8" 24#* DEPTH *351'*
 TUBING SIZE _____ DEPTH _____
 DRILL PIPE _____ DEPTH _____
 TOOL _____ DEPTH _____
 PRES. MAX *300* MINIMUM *100*
 MEAS. LINE _____ SHOE JOINT _____
 CEMENT LEFT IN CSG. *20' By Request*
 PERFS. _____
 DISPLACEMENT *21 Bbl Fresh water*

OWNER *Chieftain Oil Co.*
 CEMENT AMOUNT ORDERED *250 SF 60:40:2 + 32CC*

EQUIPMENT
 PUMP TRUCK # *372* CEMENTER *Thomas Demorrow*
 HELPER *DARIN F.*
 BULK TRUCK # *364* DRIVER *Matt T.*
 BULK TRUCK # _____ DRIVER _____

COMMON	<i>150</i>	A	@	<i>15.45</i>	<i>2317.50</i>
POZMIX	<i>100</i>		@	<i>8.00</i>	<i>800.00</i>
GEL	<i>4</i>		@	<i>20.80</i>	<i>83.20</i>
CHLORIDE	<i>8</i>		@	<i>58.20</i>	<i>465.60</i>
ASC			@		
RECEIVED					
APR 17 2009					
KCC WICHITA					
HANDLING	<i>262</i>		@	<i>2.40</i>	<i>628.80</i>
MILEAGE	<i>15 x 262 x .10</i>				<i>393.00</i>
					TOTAL <i>4688.10</i>

REMARKS:

Pipe at Bottom, Break circulation, Pump Cement - 250 SF 60:40:2 + 32CC, stop pumps, Release Plug, start Displacement, see lift, slow rate, stop pumps + shut in, Displace w/ 21 Bbl Fresh water, cement circulated to surface

SERVICE

DEPTH OF JOB	<i>351'</i>			
PUMP TRUCK CHARGE				<i>1018.00</i>
EXTRA FOOTAGE	<i>51'</i>	@	<i>.85</i>	<i>43.35</i>
MILEAGE	<i>15</i>	@	<i>7.00</i>	<i>105.00</i>
MANIFOLD		@		
<i>Head Rental</i>		@	<i>113.00</i>	<i>113.00</i>
TOTAL <i>1279.35</i>				

CHARGE TO: *Chieftain Oil Co.*
 STREET _____
 CITY _____ STATE _____ ZIP _____

8 5/8

PLUG & FLOAT EQUIPMENT

<i>wooder Plug</i>	<i>1</i>	@	<i>68.00</i>	<i>68.00</i>
TOTAL <i>68.00</i>				

To Allied Cementing Co., 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.

SALES TAX (If Any) _____
 TOTAL CHARGES _____
 DISCOUNT _____ IF PAID IN 30 DAYS

PRINTED NAME *X Scott Edwards*
 SIGNATURE *X Scott A Edwards*

ANY APPLICABLE TAX WILL BE CHARGED UPON INVOICING