



KANSAS CORPORATION COMMISSION 1092161
OIL & GAS CONSERVATION DIVISION

Form ACO-1
June 2009
Form Must Be Typed
Form must be Signed
All blanks must be Filled

CONFIDENTIAL

WELL COMPLETION FORM

WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # 33235
Name: Chieftain Oil Co., Inc.
Address 1: 101 S. 5th St.; PO Box 124
Address 2: _____
City: KIOWA State: KS Zip: 67070 + 1912
Contact Person: Ron Molz
Phone: (620) 825-4030
CONTRACTOR: License # 34484
Name: Fossil Drilling, Inc.
Wellsite Geologist: Arden Ratzlaff
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
 Conv. to GSW
 Plug Back: _____ Plug Back Total Depth
 Commingled Permit #: _____
 Dual Completion Permit #: _____
 SWD Permit #: _____
 ENHR Permit #: _____
 GSW Permit #: _____

<u>07/07/2012</u>	<u>07/21/2012</u>	<u>08/13/2012</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-007-23891-00-00
Spot Description: _____
SE NW NW SE Sec. 11 Twp. 35 S. R. 12 East West
2300 Feet from North / South Line of Section
2300 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Barber
Lease Name: Molz Well #: 17
Field Name: _____
Producing Formation: Mississippian
Elevation: Ground: 1391 Kelly Bushing: 1404
Total Depth: 5590 Plug Back Total Depth: _____
Amount of Surface Pipe Set and Cemented at: 329 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: 10000 ppm Fluid volume: 1200 bbls
Dewatering method used: Hauled to Disposal
Location of fluid disposal if hauled offsite:
Operator Name: Chieftain Oil Co., Inc.
Lease Name: Garner SWD License #: 33235
Quarter NW Sec. 11 Twp. 33 S. R. 10 East West
County: Barber Permit #: D-28060

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

- Letter of Confidentiality Received
Date: 08/29/2012
 Confidential Release Date: _____
 Wireline Log Received
 Geologist Report Received
 UIC Distribution
ALT I II III Approved by: NAOMI JAMES Date: 08/29/2012