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KCC WICHITA

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form ACO-1
September 1999
Form Must Be Typed

WELL COMPLETION FORM

WELL HISTORY - DESCRIPTION OF WELL & LEASE

ORIGINAL

Operator: License # 33235
Name: Chieftain Oil Co., Inc.
Address: PO Box 124
City/State/Zip: Kiowa, KS 67070
Purchaser: _____
Operator Contact Person: Ron Molz
Phone: (620) 825-4030
Contractor: Name: Duke Drilling
License: 5929

Wellsite Geologist: Arden Ratzlaff

Designate Type of Completion:
 New Well Re-Entry Workover
 Oil SWD SIOW Temp. Abd.
 Gas ENHR SIGW
 Dry Other (Core, WSW, Expl., Cathodic, 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./SWD

Plug Back Plug Back Total Depth

Commingled Docket No. _____

Dual Completion Docket No. _____

Other (SWD or Enhr.?) Docket No. _____

<u>12-3-04</u>	<u>12-14-04</u>	<u>1-25-05</u>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 007-22862-00-00

County: Barber

S/2 SE SE Sec. 33 Twp. 32 S. R. 10 East West

3050 feet from (S) N (circle one) Line of Section

720 feet from (E) W (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:

(circle one) NE SE NW SW

Lease Name: Inslee Well #: 1

Field Name: Sharon

Producing Formation: Mississippi

Elevation: Ground: _____ Kelly Bushing: _____

Total Depth: 4900 Plug Back Total Depth: 4855

Amount of Surface Pipe Set and Cemented at 298 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) ALT I W An

Chloride content 15,000 ppm Fluid volume 1200 bbls

Dewatering method used haul off

Location of fluid disposal if hauled offsite: _____

Operator Name: Molz Oil Co.

Lease Name: Garner SWD License No.: 6006

Quarter NE Sec. 11 Twp. 33S S. R. 10 East West

County: Barber Docket No.: 15007000572200014

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: President Date: 7-27-05

Subscribed and sworn to before me this 27th day of July

Notary Public: [Signature]

Date Commission Expires: _____



KCC Office Use ONLY

AD Letter of Confidentiality Received

If Denied, Yes Date: _____

Wireline Log Received

Geologist Report Received

UIC Distribution

Received
KANSAS CORPORATION COMMISSION
OCT 20 2014
CONSERVATION DIVISION
WICHITA, KS

Operator Name: Chieftain Oil Co., Inc. Lease Name: Inslee Well #: 1
 Sec. 33 Twp. 32 S. R. 10 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 <i>(Attach Additional Sheets)</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Name	Top	Datum
Cores Taken	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Heubner	3498	(-2008)
Electric Log Run <i>(Submit Copy)</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Mississippi	4434	(-2944)
List All E. Logs Run:		Viola	4758	(-3268)
		Simpson	4852	(-3352)

Dual Induction, Compensated Density Neutron, Sonic Bond Log, Sample Log

CASING RECORD <input type="checkbox"/> New <input checked="" 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
Production	7 7/8	5 1/2	15.5	4899	Common	175	5# KD/Seal 1# Gel
Surface	10 3/4	8 5/8	24#	298	Common	250	12 gal claypro

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 (Amount and Kind of Material Used)	Depth
2	4450-60	1000 gal 7 1/2% HCL Acid	4450
		65,000# sand frac	4450

TUBING RECORD		Size 2 7/8	Set At 4500	Packer At	Liner Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date of First, Resumerd Production, SWD or Enhr.		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.	Gas Mcf	Water Bbls	Gas-Oil Ratio	Gravity
	3	120,000	150		25

Disposition of Gas: Vented Sold Used on Lease *(If vented, Submit ACO-18.)*

METHOD OF COMPLETION: Open Hole Perf. Dually Comp. Commingled Other (Specify) _____

Production Interval: _____