



1263162

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 <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey <input type="checkbox"/> Yes <input type="checkbox"/> No 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: _____	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum
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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: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other <i>(Explain)</i> _____					
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> <i>(Submit ACO-4)</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	Roark 1
Doc ID	1263162

All Electric Logs Run

Geological Log
Sector Bond / Gamma Ray CCL Log
Dual Induction Log
Micro Log
Compensated Density / Neutron PE Log

Form	ACO1 - Well Completion
Operator	Chieftain Oil Co., Inc.
Well Name	Roark 1
Doc ID	1263162

Tops

Name	Top	Datum
Heebner	3731	-2396
Kansas City	4312	-2977
Cherokee	4702	-3367
Mississippian	4802	-3467
Viola	5214	-3879
Simpson Sd.	5326	-3991
Arbuckle	5524	-4189
Total Depth	5546	-4211

Summary of Changes

Lease Name and Number: Roark 1

API/Permit #: 15-007-23956-00-00

Doc ID: 1263162

Correction Number: 1

Approved By: NAOMI JAMES

Field Name	Previous Value	New Value
Approved Date	12/13/2012	09/03/2015
Fracturing Question 1		Yes
Fracturing Question 2		No
LocationInfoLink	https://solar.kgs.ku.edu/kcc/detail/locationInformation.cfm?section=10&t../../../../kcc/detail/operatorEditDetail.cfm?docID=1104461	https://kolar.kgs.ku.edu/kcc/detail/locationInformation.cfm?section=10&t../../../../kcc/detail/operatorEditDetail.cfm?docID=1263162
Save Link		
Tubing Size	2-7/8	2.875
Well Type	OIL	GAS



CONFIDENTIAL

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
- Conv. to GSW
- Plug Back: _____ Plug Back Total Depth _____
- 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

County: _____

Lease Name: _____ Well #: _____

Field Name: _____

Producing Formation: _____

Elevation: Ground: _____ Kelly Bushing: _____

Total 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

- Letter of Confidentiality Received
Date: _____
- Confidential Release Date: _____
- Wireline Log Received
- Geologist Report Received
- UIC Distribution
- ALT I II III Approved by: _____ Date: _____

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 <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey <input type="checkbox"/> Yes <input type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Run <input type="checkbox"/> Yes <input type="checkbox"/> No Geologist Report / Mud Logs <input type="checkbox"/> Yes <input type="checkbox"/> No List All E. Logs Run:	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum
--	---

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				

1. Did you perform a hydraulic fracturing treatment on this well? Yes No *(If No, skip questions 2 and 3)*
2. Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons? Yes No *(If No, skip question 3)*
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)*

Date of first Production/Injection or Resumed Production/Injection:	Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other <i>(Explain)</i> _____				
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> <i>(Submit ACO-4)</i>	PRODUCTION INTERVAL: Top Bottom
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Shots Per Foot	Perforation Top	Perforation Bottom	Bridge Plug Type	Bridge Plug Set At	Acid, Fracture, Shot, Cementing Squeeze Record <i>(Amount and Kind of Material Used)</i>

TUBING RECORD:	Size:	Set At:	Packer At:	
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Form	ACO1 - Well Completion
Operator	Chieftain Oil Co., Inc.
Well Name	Roark 1
Doc ID	1104461

All Electric Logs Run

Geological Log
Sector Bond / Gamma Ray CCL Log
Dual Induction Log
Micro Log
Compensated Density / Neutron PE Log

Form	ACO1 - Well Completion
Operator	Chieftain Oil Co., Inc.
Well Name	Roark 1
Doc ID	1104461

Tops

Name	Top	Datum
Heebner	3731	-2396
Kansas City	4312	-2977
Cherokee	4702	-3367
Mississippian	4802	-3467
Viola	5214	-3879
Simpson Sd.	5326	-3991
Arbuckle	5524	-4189
Total Depth	5546	-4211

Form	ACO1 - Well Completion
Operator	Chieftain Oil Co., Inc.
Well Name	Roark 1
Doc ID	1104461

Perforations

Shots Per Foot	Perforation Record	Material Record	Depth
4	4802-4812	500 Gal. 7.5% Acid	4802-4812
		1000 Gal. 15 % Acid	4802-4812
		1500 BBLS Slick Water	
		Frac 60,000 # Sand	

Conservation Division
Finney State Office Building
130 S. Market, Rm. 2078
Wichita, KS 67202-3802



Phone: 316-337-6200
Fax: 316-337-6211
<http://kcc.ks.gov/>

Mark Sievers, Chairman
Thomas E. Wright, Commissioner
Shari Feist Albrecht, Commissioner

Sam Brownback, Governor

December 11, 2012

Ron Molz
Chieftain Oil Co., Inc.
101 S. 5th St.; PO Box 124
KIOWA, KS 67070-1912

Re: ACO1
API 15-007-23956-00-00
Roark 1
SW/4 Sec.10-35S-11W
Barber County, Kansas

Dear Production Department:

We are herewith requesting that the Well Completion Form ACO-1 and attached information for the subject well be held confidential for a period of two years.

Should you have any questions or need additional information regarding subject well, please contact our office.

Respectfully,
Ron Molz



PAGE 1 of 1	CUST NO 1000719	INVOICE DATE 10/12/2012
INVOICE NUMBER 1718 - 91024329		

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 Roark 1
 O LOCATION
 B COUNTY Barber
 S STATE KS
 I JOB DESCRIPTION Cement-New Well Casing/Pi
 T
 E JOB CONTACT

JOB #	EQUIPMENT #	PURCHASE ORDER NO.	TERMS	DUE DATE
40522186	27463		Net - 30 days	11/11/2012

	QTY	U of M	UNIT PRICE	INVOICE AMOUNT
<i>For Service Dates: 10/11/2012 to 10/11/2012</i>				
0040522186				
171806610A Cement-New Well Casing/Pi 10/11/2012				
Cement 13 3/8" Conductor				
60/40 POZ	350.00	EA	9.00	3,149.87 T
Celloflake	88.00	EA	2.77	244.19 T
Calcium Chloride	903.00	EA	0.79	711.08 T
"Unit Mileage Chg (PU, cars one way)"	55.00	MI	3.19	175.31
Heavy Equipment Mileage	110.00	MI	5.25	577.48
"Proppant & Bulk Del. Chgs., per ton mil	828.00	EA	1.20	993.56
Depth Charge; 0-500'	1.00	EA	749.97	749.97
Blending & Mixing Service Charge	350.00	BAG	1.05	367.48
"Service Supervisor, first 8 hrs on loc.	1.00	EA	131.24	131.24

~~CONFIDENTIAL~~
 OCT 17 2012
 9121 BC

PLEASE REMIT TO:	SEND OTHER CORRESPONDENCE TO:	SUB TOTAL	7,100.18
BASIC ENERGY SERVICES, LP	BASIC ENERGY SERVICES, LP	TAX	299.68
PO BOX 841903	PO BOX 10460	INVOICE TOTAL	7,399.86
DALLAS, TX 75284-1903	MIDLAND, TX 79702		



PAGE 1 of 1	CUST NO 1000719	INVOICE DATE 10/24/2012
INVOICE NUMBER 1718 - 91033748		

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 Roark 1
 O LOCATION
 B COUNTY Barber
 S STATE KS
 I JOB DESCRIPTION Cement-New Well Casing/Pi
 T
 E JOB CONTACT

JOB #	EQUIPMENT #	PURCHASE ORDER NO.	TERMS	DUE DATE
40526508	19843		Net - 30 days	11/23/2012

	QTY	U of	UNIT PRICE	INVOICE AMOUNT
<i>For Service Dates: 10/22/2012 to 10/22/2012</i>				
0040526508				
171807264A Cement-New Well Casing/Pi 10/22/2012				
Cement 5 1/2" Longstring				
AA2 Cement	275.00	EA	12.75	3,506.32 T
C-41P	52.00	EA	3.00	156.00 T
Salt	1,364.00	EA	0.38	511.51 T
C-44	259.00	EA	3.86	1,000.41 T
FLA-322	208.00	EA	5.63	1,170.03 T
Gilsonite	1,375.00	EA	0.50	690.95 T
"Latch Down Plug & Baffle, 5 1/2" (Blu	1.00	EA	300.01	300.01
"Auto Fill Float Shoe 5 1/2" (Blue)"	1.00	EA	270.01	270.01
"Turbolizer, 5 1/2" (Blue)"	7.00	EA	82.50	577.51
"5 1/2" Basket (Blue)"	2.00	EA	217.51	435.01
Claymax KCL Substitute	5.00	EA	26.25	131.25 T
Mud Flush	500.00	EA	0.65	322.51 T
Super Flush II	500.00	EA	1.15	573.76 T
"Unit Mileage Chg (PU, cars one way)"	55.00	MI	3.19	175.32
Heavy Equipment Mileage	110.00	MI	5.25	577.51
"Proppant & Bulk Del. Chgs., per ton mil	712.00	EA	1.20	854.42
Depth Charge; 5001-6000'	1.00	EA	2,160.05	2,160.05
Blending & Mixing Service Charge	275.00	BAG	1.05	288.76
Plug Container Util. Chg.	1.00	EA	187.50	187.50
"Service Supervisor, first 8 hrs on loc.	1.00	EA	131.25	131.25

ENTERED
 OCT 29 2012
 9304BC

PLEASE REMIT TO:	SEND OTHER CORRESPONDENCE TO:	SUB TOTAL	14,020.09
BASIC ENERGY SERVICES, LP	BASIC ENERGY SERVICES, LP	TAX	588.58
PO BOX 841903	PO BOX 10460	INVOICE TOTAL	14,608.67
DALLAS, TX 75284-1903	MIDLAND, TX 79702		



Customer <i>Chickadee O.I.D.</i>	Lease No.	Date <i>10-22-12</i>
Lease <i>ROACK</i>	Well # <i>1</i>	
Field Order # <i>7264</i>	Station <i>PRATT KS</i>	Casing <i>5 1/2"</i>
		Depth <i>5542'</i>
Type Job <i>CNW</i>	Formation <i>5 1/2" Longstay</i>	County <i>BARBER</i>
		Legal Description <i>10-35-11</i>
		State <i>KS</i>

PIPE DATA		PERFORATING DATA		FLUID USED		TREATMENT RESUME		
Casing Size	Tubing Size	Shots/Ft		Acid	RATE	PRESS	ISIP	
<i>5 1/2"</i>				Pre Pad			5 Min.	
Depth <i>5542</i>	Depth	From	To	Pad	Min		10 Min.	
Volume <i>131</i>	Volume	From	To	Frac	Avg		15 Min.	
Max Press <i>2,000</i>	Max Press	From	To		HHP Used		Annulus Pressure	
Well Connection <i>P.C.</i>	Annulus Vol.	From	To	Flush	Gas Volume		Total Load	
Plug Depth <i>5497</i>	Packer Depth	From	To					

Customer Representative	Station Manager <i>DAVE SCOTT</i>	Treater <i>Robert Johnson</i>
-------------------------	--------------------------------------	----------------------------------

Service Units	<i>37900</i>	<i>19889</i>	<i>19843</i>	<i>70959</i>	<i>19918</i>				
Driver Names	<i>Sullivan</i>	<i>Wright</i>	<i>Phyc</i>						

Time	Casing Pressure	Tubing Pressure	Bbls. Pumped	Rate	Service Log
<i>8:30</i>					<i>on bc</i>
					<i>Trucks on base soft, more</i>
					<i>Run 130 JTS 5 1/2" 15.5 sp.</i>
					<i>circulate 30 min 1/2 way</i>
<i>4:25</i>					<i>CASING on Bottom</i>
<i>4:35</i>					<i>Hook up circ.</i>
<i>5:45</i>	<i>150</i>		<i>12</i>	<i>3</i>	<i>At min fluid</i>
			<i>3</i>		<i>SPACER</i>
			<i>12</i>		<i>At Super Fluid</i>
			<i>3</i>		<i>SPACER</i>
				<i>5.5</i>	<i>mix cont 225 SK MA-2-cont 15 g/gal</i>
			<i>58</i>		<i>cont mix-d shut down wash pump like</i>
					<i>Release Plug</i>
				<i>10</i>	<i>At Dump</i>
	<i>250</i>		<i>90</i>		<i>lift 1 PSI</i>
	<i>550</i>		<i>110</i>	<i>4</i>	<i>Slow Rate</i>
<i>6:45</i>	<i>1500</i>		<i>131</i>		<i>Plug down</i>
			<i>8</i>	<i>2</i>	<i>Plug RH w/ 30 sk</i>
			<i>6</i>		<i>Plug on 4 1/2 rods</i>
					<i>Job complete</i>
					<i>Thank you</i>