



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1084440
OIL & GAS CONSERVATION DIVISION

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 # _____

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
- Plug Back Conv. to GSW Conv. to Producer
- 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

GPS Location: Lat: _____, Long: _____
(e.g. xx.xxxxx) (e.g. -xxx.xxxxx)

Datum: NAD27 NAD83 WGS84

County: _____

Lease Name: _____ Well #: _____

Field Name: _____

Producing Formation: _____

Elevation: Ground: _____ Kelly Bushing: _____

Total Vertical 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

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

1084440

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 <i>(Attach Additional Sheets)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name	Top	Datum
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:				

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:
 Flowing Pumping Gas Lift Other *(Explain)* _____

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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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
Ward Loyd, Commissioner
Thomas E. Wright, Commissioner

Sam Brownback, Governor

June 13, 2012

Mark Haas
Haas Petroleum, LLC
11551 ASH ST., STE 205
LEAWOOD, KS 66211

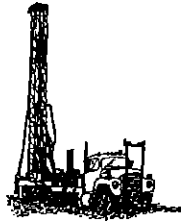
Re: ACO1
API 15-003-25198-00-00
Foster 2-HP
SW/4 Sec.11-23S-19E
Anderson County, Kansas

Dear Production Department:

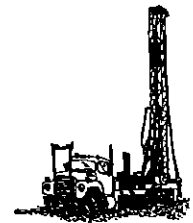
We are herewith requesting that the Well Completion Form ACO-1 and attached information for the subject well be held confidential for a period of two years.

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

Respectfully,
Mark Haas



LEIS OIL SERVICES

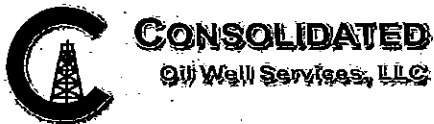


111 East Mary • Yates Center, Kansas 66783 • (620) 625-3676

Operator License #: 33640	API: 15-03-25198-00-00
Operator: Haas Petroleum, LLC	Lease Name: Foster
Address: 800 W. 47 th , Suite 409	Well #: 2-HP
Phone #: (816) 531-5922	Spud Date: 04/30/12 Completed: 05/01/12
Contractor License #: 32079	Location: N2-N2-SW-SW of 11-23S-19E
T.D.: 833 T.D. of Pipe: 828	1100 Ft from South Line
Surface Pipe Size: 7" Depth: 21'	860 Ft from West Line
Kind of Well : Oil	County: Anderson

LOG

Thickness	Strata	From	To	Thickness	Strata	From	To
4	Soil	0	4	44	Shale	710	754
13	Lime	4	17	24	Oil Sand/bleed	754	778
114	Shale	17	131	55	Shale	778	833
36	Lime	131	167				
34	Shale	167	201				
8	Lime	201	209				
27	Shale	209	236				
96	Lime	236	332				
8	Shale	332	340				
7	Lime	340	347				
1	Shale	347	348				
18	Lime	348	366				
182	Shale	366	548				
3	Lime	548	551				
5	Shale	551	556				
11	Lime	556	567				
65	Shale	567	632				
8	Lime	632	640				
11	Shale	640	651				
6	Lime	651	657				
18	Shale	657	675				
9	Lime	675	684				
10	Shale	684	694				
5	Lime	694	699		T.D.		833
8	Shale	699	707		T.D. of pipe		828
3	Lime	707	710				



TICKET NUMBER 36707

LOCATION Oklawaha KS

FOREMAN Fred Maden

PO Box 884, Chanute, KS 66720
620-431-9210 or 800-467-8676

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
5/2/12	3451	Foster # 2-HP	SW 21	23	19	AN
CUSTOMER			TRUCK #	DRIVER	TRUCK #	DRIVER
Haas Petroleum			506	FREMAD	Safety	MTJ
MAILING ADDRESS			495	HARBEE	HB	
11551 Ash St. Ste 205			370	KEICAR	KC	
CITY	STATE	ZIP CODE	548	MIKHAA	MT	
Leawood	KS	66211				
Kansas City	MO					

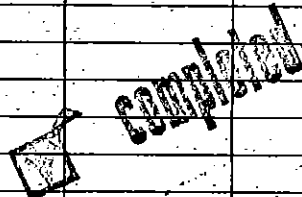
JOB TYPE long string HOLE SIZE 5 7/8 HOLE DEPTH 8.33' CASING SIZE & WEIGHT 2 7/8 EUE
 CASING DEPTH 825' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT In CASING 2 1/2" Plug
 DISPLACEMENT 4.81 DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Establish circulation. Mix & Pump 100# Gel Flush, Mix & Pump
 108 sks 50/50 por mix cement 2% Gel. Cement to Surface.
 Flush pump & lines clean. Displace 2 1/2" Rubber plug to
 TD. Pressure to 800# PSI. Release pressure to set
 float valve. Shut in casing.

Jahan Lets Drilling

Fred Maden

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	495	1030 ⁰⁰
5406	45m.	MILEAGE	495	180 ⁰⁰
5402	828	Casing footage		N/C
5407A	208.98	Ton Miles	548	280 ⁰³
5502C	2 hrs	80. BBL Vee Truck	370	180 ⁰⁰
1124	108 SKS	50/50 Por Mix Cement		1182 ⁶⁰
1115B	286 #	Premium Gel		60 ⁰⁶
4402	1	2 1/2" Rubber Plug		26 ⁰⁰
			7.6%	SALES TAX
				ESTIMATED TOTAL
				99 ¹⁰
				3039 ⁷¹



AVIN 8737 AUTHORIZATION [Signature] TITLE 249577 DATE _____

I acknowledge that the payment terms, unless specifically amended in writing on the front of the form or in the customer's account records, at our office, and conditions of service on the back of this form are in effect for services identified on this form