



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1086068
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
-----------------------------------	-----------------	---

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: _____

1086068

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: _____ _____
--	---	---

SKYY DRILLING LLC

DAILY DRILLING REPORT

OPERATOR _____ DATE 5/8 2012
 LEASE NAME S. COR. 62 HP LOCATION 505 (FEL) FWL 216D FSL (FNL)
 (FROM SECTION LINE)

WELL NO. _____ RIG NO. _____ SEC. 14 TWP 16 RA 21 COUNTY Miami

FORMATION	FROM	TO	FIRST TOWER:	HOURS WORKED
soil			DRILLER: _____	
clay	0	4	TOOL DRESSER: _____	
lime	4	16	REMARK: _____	
shale	16	24	top oil sand 394 to 525	
lime	24	29	oil sand stop 525 to 529	
coal	29	43	shale 529 to 530	
lime	43	50	lime 530 to 559	
red bud	50	90	shale 559 to 565	
shale	90	93	lime 565 to 573	
lime	93	118	shale 573 to 577	
shale	118	136	lime 577 to 591	
lime	136	214	shale 591 to 595	
shale	214	232	lime 595 to 618	

FORMATION	FROM	TO	SECOND TOWER:	HOURS WORKED
lime	232	241	DRILLER: _____	
shale	241	243	TOOL DRESSER: _____	
lime	243	260	REMARK: _____	
shale	260	268	shale 618 to 626	
lime	268	291	lime 626 to 637	
shale	291	297	shale 637 to 647	
lime	297	302	lime 647 to 670	
shale	302	308	top oil sand 670 to 671	
lime	308	327	oil + sand shale 671 to 675	
shale	327	336	gray shale w/ oil sand 675 to 678	
lime	336	339	shale 678 to 679	
shale	339	381		
lime	381	383	Well Drilled 730 TD	
shale	383	394		



CONSOLIDATED
Oil Well Services, LLC

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

TICKET NUMBER 36597

LOCATION Ottawa, KS

FOREMAN Casey Kennedy

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
5/11/12	3451	Cone #62-HP	SE 14	16	21	MI
CUSTOMER <u>Haas, Mark</u>						
MAILING ADDRESS <u>11551 Ash St, Suite 205</u>						
CITY <u>Leawood</u>		STATE <u>KS</u>	ZIP CODE <u>66211</u>			
			TRUCK #	DRIVER	TRUCK #	DRIVER
			<u>481</u>	<u>Casey Ken</u>	<u>CK</u>	
			<u>6666</u>	<u>Gar Moo</u>	<u>GM</u>	
			<u>675</u>	<u>Kei Det</u>	<u>KD</u>	
			<u>611</u>	<u>Joe Kuo</u>	<u>JK</u>	

JOB TYPE Longstring HOLE SIZE 5 5/8" HOLE DEPTH 730' CASING SIZE & WEIGHT 2 7/8" EUE
 CASING DEPTH 724' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 2 1/2" rubber plug
 DISPLACEMENT 4.21 bbls DISPLACEMENT PSI _____ MIX PSI _____ RATE 5.6 bpm

REMARKS: hold safety meeting, established circulation, mixed & pumped 100 # Premium Gel followed by 10 bbls fresh water, mixed & pumped 97 sks 50/50 Pozmix cement w/ 2% gel per sk, cement to surface, flushed pump clean, pumped 2 1/2" rubber plug to casing TD w/ 4.21 bbls fresh water, pressured to 800 PSI, released pressure, shut in casing

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE		1030.00
54006	20 mi	MILEAGE		80.00
54002	724'	Casing Footage		
5407	minimum	ton mileage		350.00
5502C	2 hrs	80 Vac		180.00
1124	97 sks	50/50 Pozmix cement		1062.15
1118B	263 #	Premium Gel		55.23
4402	1	2 7/8" rubber plug		28.00
			7.55%	86.47
			SALES TAX	
			ESTIMATED TOTAL	2871.85

Rayin 3737

AUTHORIZATION [Signature]

TITLE 249850

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

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 28, 2012

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

Re: ACO1
API 15-121-29095-00-00
S Cone 62-HP
NE/4 Sec.14-16S-21E
Miami 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