



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1087542
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: _____

1087542

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: <input type="checkbox"/> Yes <input type="checkbox"/> No
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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> _____
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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> <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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SKYY DRILLING LLC

DAILY DRILLING REPORT

OPERATOR _____ DATE 3/16 2012
 LEASE NAME Fichter 2IHP LOCATION _____ FEL/FWL _____ FSL/FNL _____

(FROM SECTION LINE)

WELL NO. _____ RIG NO. _____ SEC. 5 TWP 16 RA 21 COUNTY _____

FORMATION	FROM	TO	FIRST TOWER:	HOURS WORKED
soil			DRILLER: _____	
clay	0	4	TOOL DRESSER: _____	
lime	4	29	REMARK: _____	
coal	29	53		
lime	53	61	shale 645 to 647	
shale	61	118	lime 647 to 671	
lime	118	141	top oil sand 671 to 687	
shale	141	152	shale 687 to 701	
lime	152	158	lime 701 to 721	
shale	158	174	shale 721 to 726	
lime	174	208	coal 726 to 731	
shale	208	248	shale 731 to 743	
Red bed	248	268		

FORMATION	FROM	TO	SECOND TOWER:	HOURS WORKED
lime	268	272	DRILLER: _____	
red bed	272	290	TOOL DRESSER: _____	
lime	290	297	REMARK: _____	
shale	297	416		
lime	416	528	well drilled to 750'	
Top oil sand	528	530	casing pipe -	
shale	530	539		
lime	539	578		
shale	578	604		
lime	604	609		
shale	609	615		
lime	615	631		
shale	631	637		
lime	637	645		



MIDWEST SURVEYS

LOGGING - PERFORATING - CONSULTING SERVICES
P.O. Box 68, Osawatomie, KS 66064
913 / 755 - 2128

GAMMA RAY / NEUTRON / CCL

File No.

API # 15-059-25,939

Company Haas Petroleum, LLC.
Well Fiehler No. 2-1
Field Paola / Rantoul
County Franklin State Kansas

Location 1500' FSL & 790' FEL
SW-SE-NW-SW
Other Services Perforate
Elevation
Sec. 5 Twp. 16s Rge. 21e
Permanent Datum GL Elevation NA
Log Measured From GL
Drilling Measured From GL
K.B. NA
D.F. NA
G.L. NA

Date	4-11-2012		
Run Number	One		
Depth Driller	755.0		
Depth Logger	746.0		
Bottom Logged Interval	745.0		
Top Log Interval	20.0		
Fluid Level	Full		
Type Fluid	Water		
Density / Viscosity	NA		
Salinity - PPM Cl	NA		
Max Recorded Temp	NA		
Estimated Cement Top	0.0		
Equipment No.	Location	104	Osawatomie
Recorded By	Gary Windisch		
Witnessed By	John Haas		

BORE-HOLE RECORD				CASING RECORD			
RUN	BIT	FROM	TO	SIZE	WGT.	FROM	TO
One	9.875"	0.0	20.0	7.00"		0.0	20.0
Two	5.625"	20.0	755.0	2.875"		0.0	746.0

<<< Fold Here >>>

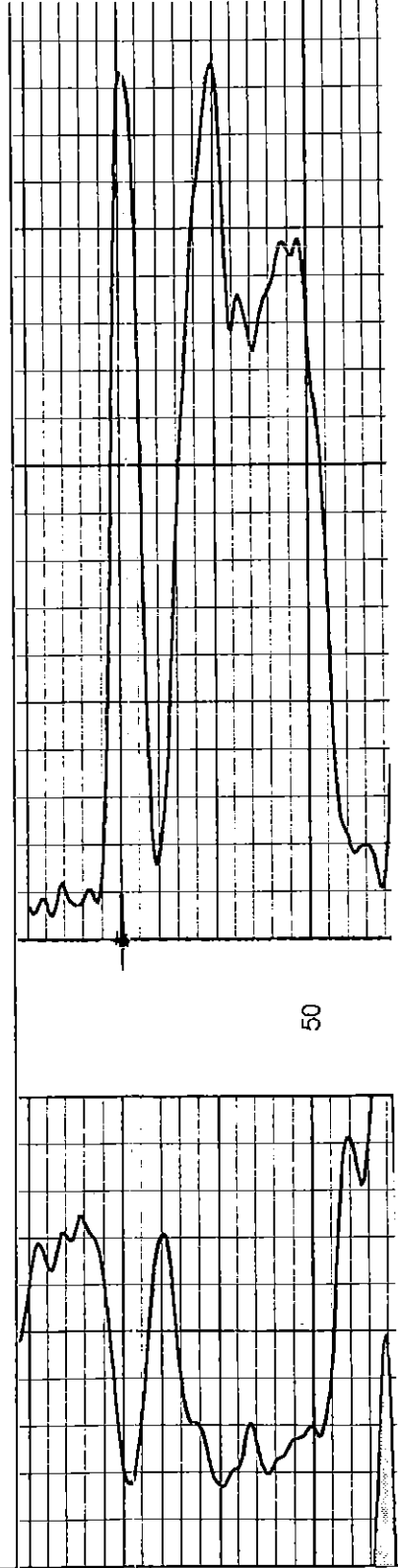
All interpretations are opinions based on inferences from electrical or other measurements and we cannot and do not guarantee the accuracy or correctness of any interpretation, and we shall not, except in the case of gross or willful negligence on our part, be liable or responsible for any loss, costs, damages, or expenses incurred or sustained by anyone resulting from any interpretation made by any of our officers, agents or employees. These interpretations are also subject to our general terms and conditions set out in our current Price Schedule.

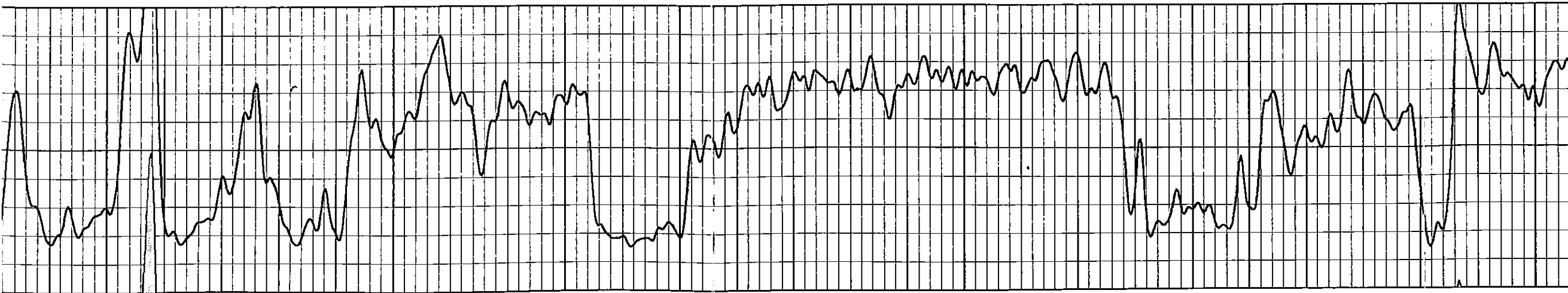
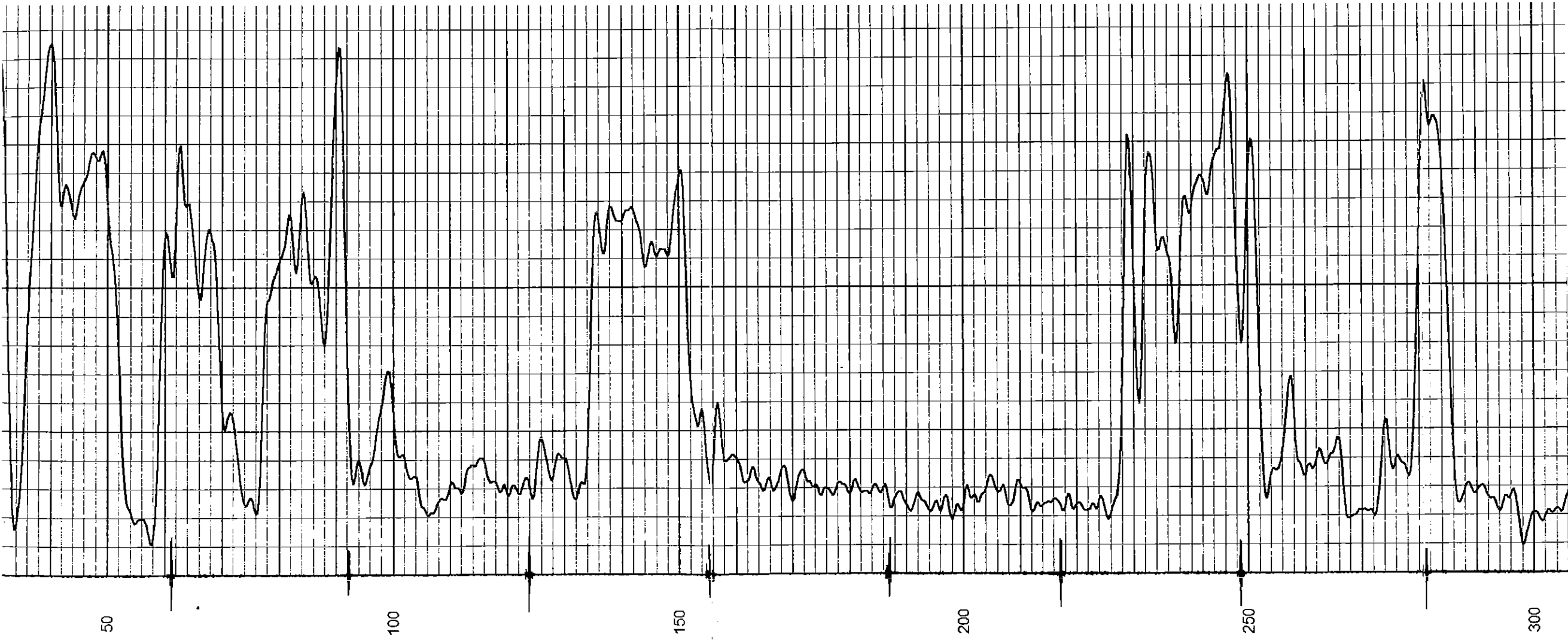
Comments

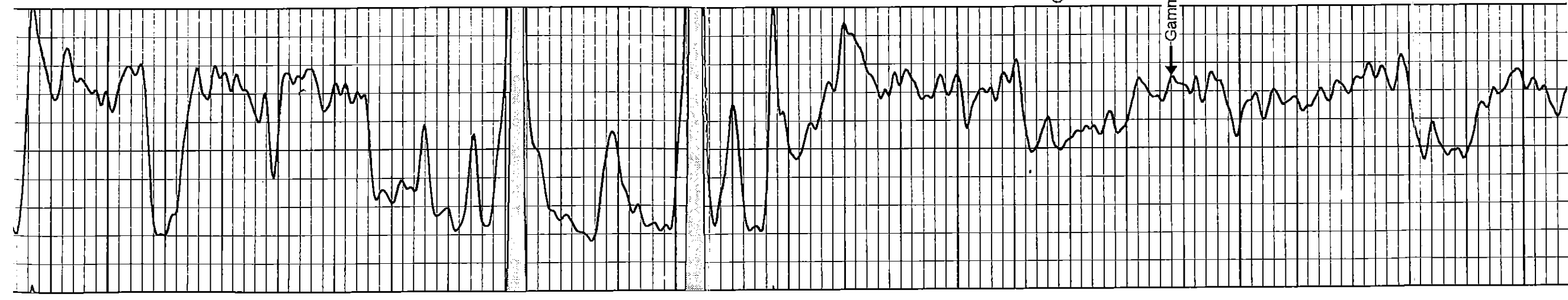
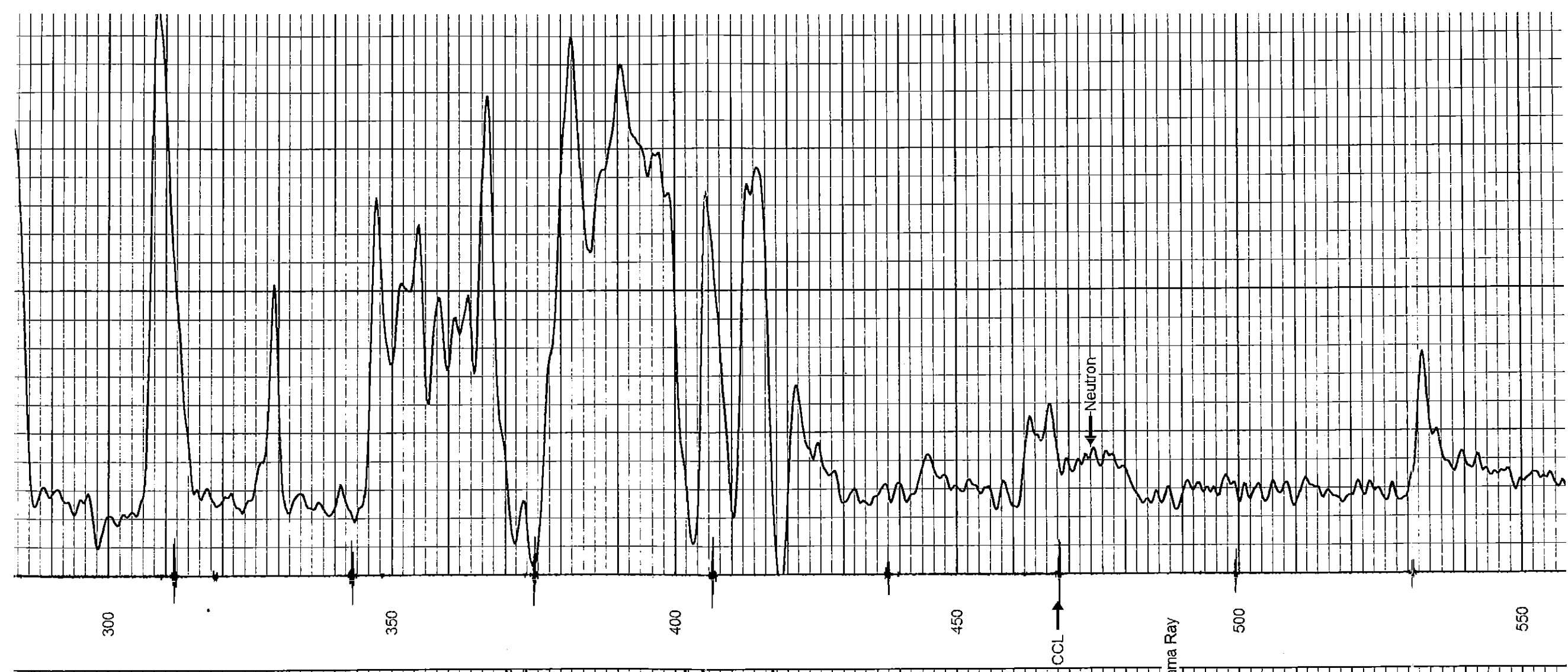
Drilling Contractor :
Haas Petroleum, LLC.

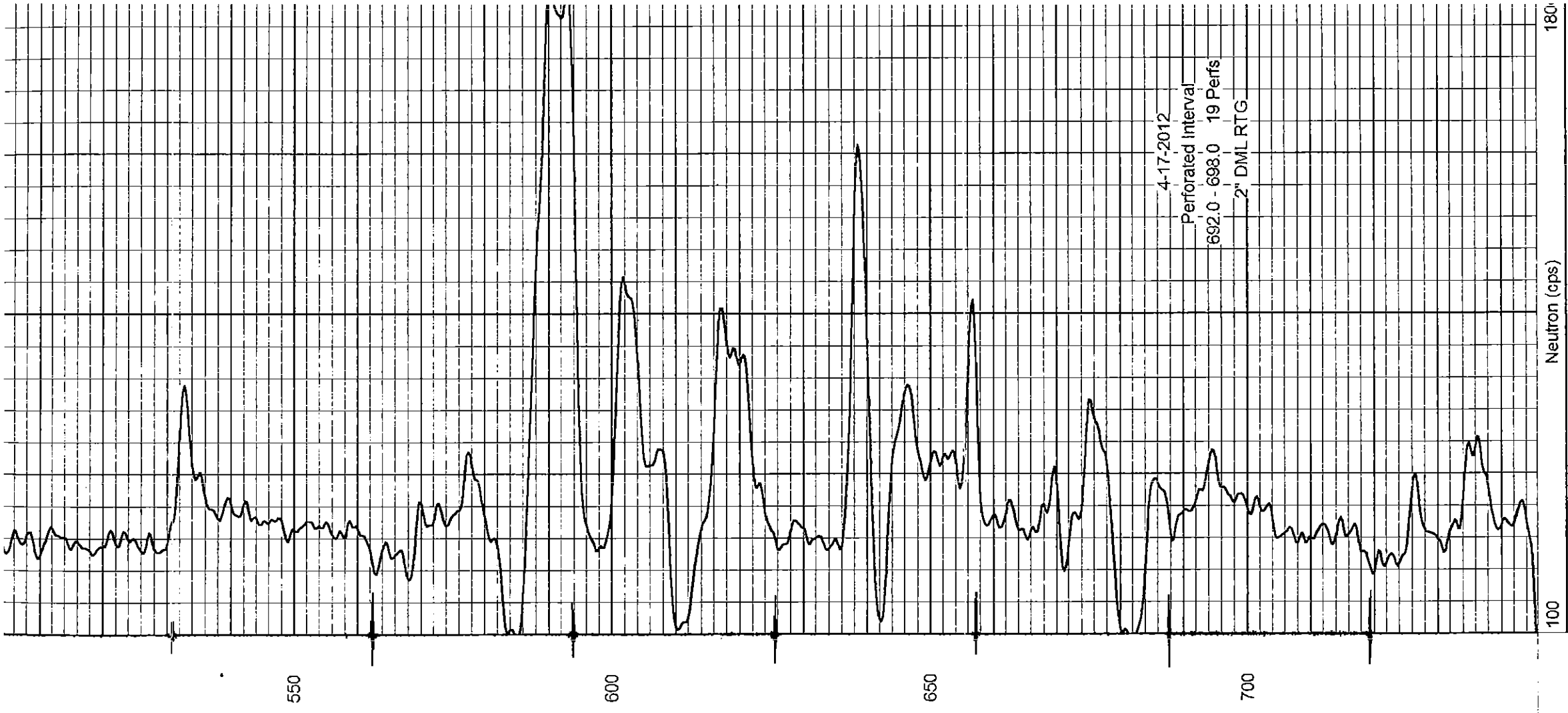
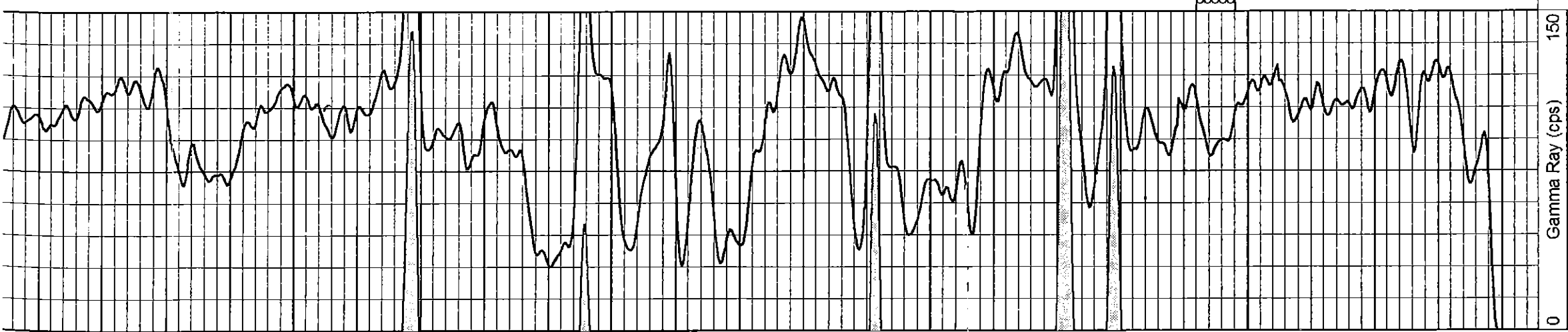
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Dataset Pathname: pass1
Presentation Format: gr-n-ccl
Dataset Creation: Wed Apr 11 15:50:02 2012 by Log SCH 111116
Charted by: Depth in Feet scaled 1:240

0 150 180C
Gamma Ray (cps) Neutron (cps)









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

July 16, 2012

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

Re: ACO1
API 15-059-25939-00-00
Fiehler 2i
SW/4 Sec.05-16S-21E
Franklin 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