

Confidentiality Requested:

Yes No

Kansas Corporation Commission Oil & Gas Conservation Division

1093432

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 #		API No. 15
Name:		Spot Description:
Address 1:		SecTwpS. R 🗌 East 🗌 West
Address 2:		Feet from North / South Line of Section
City: State: Zip: _	+	Feet from _ East / _ West Line of Section
Contact Person:		Footages Calculated from Nearest Outside Section Corner:
Phone: ()		□NE □NW □SE □SW
CONTRACTOR: License #		GPS Location: Lat:, Long:
Name:		(e.g. xx.xxxxx) (e.gxxx.xxxxx)
Wellsite Geologist:		Datum: NAD27 NAD83 WGS84
Purchaser:		County:
Designate Type of Completion:		Lease Name: Well #:
☐ New Well ☐ Re-Entry	Workover	Field Name:
□ Oil □ WSW □ SWD	SIOW	Producing Formation:
☐ Gas ☐ D&A ☐ ENHR	SIGW	Elevation: Ground: Kelly Bushing:
☐ OG ☐ GSW	Temp. Abd.	Total Vertical Depth: Plug Back Total Depth:
CM (Coal Bed Methane)		Amount of Surface Pipe Set and Cemented at: Feet
Cathodic Other (Core, Expl., etc.):		Multiple Stage Cementing Collar Used? Yes No
If Workover/Re-entry: Old Well Info as follows:		If yes, show depth set: Feet
Operator:		If Alternate II completion, cement circulated from:
Well Name:		feet depth to:w/sx cmt.
Original Comp. Date: Original Tota	l Depth:	
☐ Deepening ☐ Re-perf. ☐ Conv. to ENH	IR Conv. to SWD	Drilling Fluid Management Plan
☐ Plug Back ☐ Conv. to GSW	Conv. to Producer	(Data must be collected from the Reserve Pit)
Commingled Permit #:		Chloride content: ppm Fluid volume: bbls
_		Dewatering method used:
SWD Permit #:		Location of fluid disposal if hauled offsite:
☐ ENHR Permit #:		Operator Name
GSW Permit #:		Operator Name: License #:
	Completion Date or	Quarter Sec TwpS. R East _ West
Recompletion Date	Recompletion Date	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:							

Page Two



Operator Name:				Lease N	Name: _			_ Well #:		
Sec Twp	S. R	East	West	County	:					
	ow important tops of fo ing and shut-in pressu o surface test, along wi	res, whe	ther shut-in pre	ssure reacl	hed stati	c level, hydrosta	tic pressures, bo			
Final Radioactivity Logilles must be submitted						gs must be ema	iled to kcc-well-lo	ogs@kcc.ks.go	v. Digital	electronic log
Drill Stem Tests Taken (Attach Additional S		Ye	es No			3	on (Top), Depth a			Sample
Samples Sent to Geol	ogical Survey	Ye	es 🗌 No		Nam	9		Тор	L	Datum
Cores Taken Electric Log Run		☐ Y€								
List All E. Logs Run:										
			CASING	RECORD	│ Ne	w Used				
		Repo				rmediate, producti	on, etc.			
Purpose of String	Size Hole Drilled		e Casing : (In O.D.)	Weig Lbs./		Setting Depth	Type of Cement	# Sacks Used		and Percent dditives
									<u> </u>	
Purpose	Depth					EEZE RECORD				
Purpose: Perforate	Top Bottom	Туре	of Cement	# Sacks	Used		Type and I	Percent Additives		
Protect Casing Plug Back TD										
Plug Off Zone										
Did you perform a hydrau	ilic fracturing treatment or	n this well?	·			Yes	No (If No, sk	ip questions 2 ar	nd 3)	
	otal base fluid of the hydra		•		•			ip question 3)		
Was the hydraulic fractur	ing treatment information	submitted	to the chemical of	disclosure reg	gistry?	Yes	No (If No, file	out Page Three	of the ACC)-1)
Shots Per Foot			ID - Bridge Plug Each Interval Perl				cture, Shot, Cemen		d	Depth
TUBING RECORD:	Size:	Set At:		Packer At	t:	Liner Run:				
							Yes No			
Date of First, Resumed	Production, SWD or ENH	R.	Producing Meth Flowing	nod:	g 🗌	Gas Lift C	other (Explain)			
Estimated Production Per 24 Hours	Oil Bl	bls.	Gas	Mcf	Wate	er Bl	ols.	Gas-Oil Ratio		Gravity
DIODOCITIO	ON OF CAS:			AETLIOD OF	COMPLE	TION		BDODUOTIO	או ואודכטי	
Vented Sold	ON OF GAS: Used on Lease		Dpen Hole	METHOD OF Perf.	Dually	Comp. Con	nmingled	PRODUCTIO	YN INTEK	/AL.
(If vented, Sub			Other (Specify)		(Submit A	ACO-5) (Subi	mit ACO-4)			

Skyy Drilling, L.L.C. Park Place - Becker Building 11551 Ash Street, Suite # 205 Leawood, Kansas 66211 Office (913) 499-8373 Fax (913) 766-1310

August 31, 2012

Company:

Haas Petroleum, LLC 11551 Ash Street, #205

Leawood, Kansas 66211

Lease:

Massey - Well # 6 I HP

County:

Woodson

Spot:

E2 SW Sec 35, Twp 23, SR 14 E

Spud Date:

August 10, 2012

API:

15-207-28214-00-00

TD:

1724'

8/10/12:

Build location, dig pits. Move in Rig #2 and rig up. Spud 12 ¼ surface hole. Drill from 0' to 40' TD. At TD 40' cir hole clean. Trip out 12 1/4 bit. Rig and ran 40' of 8 5/8 casing. Cement with 25 sacks cement. Shut

down from weekend.

8/13/12:

Start up. Trip in hole with 6 \% PDC bit. Drill out cement. Drill from 40'

to 1043'.

8/14/12:

Drill from 1043' to 1724' TD. Mud up @ 1196, rig up gas sniffer. CFS @ 1649. At TD 1724' cir hole clean. Trip out hole to collars. Shut down.

8/16/12:

Start up. Trip back to bottom. Cir hole 45 minutes. Rig and lay down

drill pipe and collars. Rig and ran 1711' of 4 ½ casing. Rig up cementers

and cement. Cir cement to top.





TICKET NUMBER	<u> 37795</u>
LOCATION Eureka	
FOREMAN STOLENA	• 0 1

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

FIELD TICKET & TREATMENT REPORT

620-431-9210	or 800-467-867	<u>6</u>	CEMEN	T APT 15	-207-282/	L)	
DATE	CUSTOMER#	WELL NAME & NUN	IBER	SECTION	TOWNSHIP	RANGE	COUNTY
8-16-12	3451	Massey LT-HP		.35	235	146	woodson
CUSTOMER'	_				於工作的學術學學		可以可以有
Haas	etroleum.	110		TRUCK#	DRIVER	TRUCK#	DRIVER .
1				485	Alanm		
1155	1 Ash 57	Suite 205 STATE ZIP CODE	_]	611	Joer		
CITY	_	STATE ZIP CODE		479	merke		
Leawoo	9	KS 66211	_]				
JOB TYPE Lo	ng string O	HOLE SIZE 6 4	HOLE DEPTH	1724	CASING SIZE & V	VEIGHT_4/4	1260
	12	DRILL PIPE	TUBING			OTHER	
SLURRY WEIG	HT	SLURRY VOL	WATER gal/s	k	CEMENT LEFT in	CASING	
DISPLACEMEN	T27 366	SLURRY VOL DISPLACEMENT PSI ≾ಆಲ್	M int Leg 'by re	1100	RATE		
REMARKS: 5	afty Weeti	ng. Ric up to 4	12 Casino	Break !	Circulation	w/16bbls	Fresh
water. M	Mix 145 5K	s 60/40 pozmix	Cement	121826G	el 12 ph	em seal or	VAK AT
13.5000/1	1 Jailin	with 50 sks Thi	CK SET C	ement 4	115 KO1	seal pers	IK AT
13.4/cc	6 Wash	out pump+ Lines	Shui	down &	elease Phus	. Displ	ace with
274 366	Fresh water	r. Final pumpli	ne Pressi	1/2 500 T	Bunga	Jue- 1290	Tions of
2 min	Roleage	Prossure Play heto	Gove	(Cement	RETURNSTA	SurFace	12 hhls
TO PIT.		Job Complete Bi	e down		, ,		
				 	<u> </u>		
		1	rankya	c.i			

ACCOUNT CODE	QUANITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	1070.00	1030.00
5406	45	MILEAGE	4.60	180.00
1131	145 sks	60/40PORMIX CRMONT	12.65	1819.75
111813	990 #	Ge/ 8%	21	207.90
//o7 ↑	72 *	Phenoseal & per/sx	1.29	92.88
11268	Sosks	Thick Set Cement	19.20	960.00
1110A	25°*	Kalseal Strongsk	.46	1/5.00
5407	8.99.76n	Jonniline bulktruck (611-479)	360×2	700.00
4404		4 's Tap Rubber Plug	45,00	45.00
			Subtatal	5150.53
avin 3737		73%	SALES TAX ESTIMATED	236.57

AUTHORIZTION TITLE TOOL US LEVE DATE

acknowledge that the payment terms, unless executively emended in writing on the front of the form or in the quetomor's

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/

Sam Brownback, Governor

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

September 12, 2012

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

Re: ACO1 API 15-207-28214-00-00 Massey 6i-HP SW/4 Sec.35-23S-14E Woodson 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