

Confidentiality Requested:

☐ Yes ☐ No

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

1101026

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: _____



1101026

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 (Attach Additional Sheets)	<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
____ Perforate				
____ Protect Casing				
____ Plug Back TD				
____ 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 (Amount and Kind of Material Used)	Depth

TUBING RECORD:	Size:	Set At:	Packer At:	Liner Run: <input type="checkbox"/> Yes <input type="checkbox"/> 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 (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 (If vented, Submit ACO-18.)	METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled (Submit ACO-5) <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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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

October 8, 2012

Company: Haas Petroleum, LLC
11551 Ash Street, # 205
Leawood, Kansas 66211

Lease: Massey – Well # 9 HP
County: Woodson
Spot: NE SE SW Sec 35, Twp 23, R 14 E
Spud Date: August 31, 2012
API: 15-207-28213-00-00
TD: 1740'

8/31/12: Build location. Dig pits. Move in rig #2 and rig up. Spud 12 ¼ surface hole. Drill from 0' to 40' TD. At TD cir hole clean. Trip out bit. Rig and ran 40' of 8 5/8 casing. Cement with 25 sacks cement.
9/4/12: Start up. Trip in hole with 6 ¾ PDC bit. Drill out cement. Drilled from 40' to 159'.
9/5/12: Start up. Drill from 159' to 366'.
9/7/12: Start up. Trip in. Drill from 366' to 856'. At 856 cir hole clean. Trip to collars. Shut down for weekend.
9/10/12: Start back up. Trip back in hole. Drill from 856' to 1740' TD. Started mud with premix @ 1250'. CFS @ 1660'.
9/11/12: AT TD 1740' short trip bit to Base of KC. Trip back to bottom, cir hole 45 minutes. Rig and lay down drill pipe and collars. Rig up loggers and log hole. After logging shut down, repair crown.
9/12/12: Start up. Rig and ran 1736' of 4 ½ casing. Rig up cementers and cement hole. Cir cement to top.

Total Footage 1740' @ \$13.00 Per Foot:	\$22,620.00
Total Rig Time 16 Hours @ \$250.00 Per Hour	\$ 4,000.00
40' of 8 5/8 Casing @ \$12.30 Per Foot:	\$ 492.00
25 Sacks Cement @ \$11.00 Per Sack	\$ 275.00
Total Dozer Work 6 Hours \$100.00 Per Hour	<u>\$ 600.00</u>
TOTAL	\$27,987.00



CONSOLIDATED
Oil Well Services, LLC



ENTERED

TICKET NUMBER **35262**

LOCATION **Eureka**

FOREMAN **Steve Neal**

PO Box 884, Chanute, KS 66720
820-431-9210 or 800-467-8676

FIELD TICKET & TREATMENT REPORT

CEMENT *APZ 15-207-28213*

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
7-12-12	3451	Massey #9 HP.	35	233.	14E	Woodson
CUSTOMER Hess Petroleum LLC						
MAILING ADDRESS 11551 Ash St. Suite 205						
CITY Leawood	STATE KS	ZIP CODE 66211				
			TRUCK #	DRIVER	TRUCK #	DRIVER
			485	Alan M		
			611	Joey		
			515	Calin		
			637	Jim		

JOB TYPE *Logging* HOLE SIZE *6 3/4* HOLE DEPTH *1740'* CASING SIZE & WEIGHT *4 1/2 10.5#*
 CASING DEPTH *1738'* DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT *28 bbls* DISPLACEMENT PSI *700** *Bump plug 1200** RATE _____

REMARKS: *Safety Meeting. Rig up to 4 1/2 casing. Break circulation w 10 bbls Fresh water. Mix 145 sks 60/40 port mix w 8% Gel & 1/2 Phenoseal per sk. Tail in with 50 sks Thickset Cement w 15% Gel seal. Washout pump & lines. Shut down. Release plug. Displace with 28 bbls Fresh water. Final pumping Pressure 700* Bump Plug 1200* Wait 2 min Release Pressure. Plug held. Good Cement Returns to surface 12 bbl slurry to pit. Job complete Rig down*

Thank you

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	1030.00	1030.00
5406	45	MILEAGE	4.00	180.00
1131	145 sks	60/40 port mix Cement	12.55	1819.75
1118B	990*	Gel 8%	.21	207.90
1107A	73*	Phenoseal 1/2 per/sk	1.29	96.75
1126A	50 sks	Thick Set Cement	19.20	960.00
1116A	250*	Kel-Seal 5% per/sk	.46	115.00
5407	88.98 ton	Tan mileage Bulk Truck 611-5K (M/C X2)		700.00
5502C	3 hrs	50 bbl Vacuum Truck	90.00	270.00
1123	3000 gallon	CITY WATER	16.50/1000	49.50
4404	1	4 1/2 Top Rubber Plug	45.00	45.00
			SubTotal	5473.90
			SALES TAX 7.3%	240.46
			ESTIMATED TOTAL	5714.36

Revin 3737

052948

AUTHORIZATION *[Signature]*

TITLE _____

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
Thomas E. Wright, Commissioner
Shari Feist Albrecht, Commissioner

Sam Brownback, Governor

November 14, 2012

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

Re: ACO1
API 15-207-28213-00-00
Massey 9-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