

Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

1104320

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:			Sec	TwpS. R			
Address 2:			Feet	from \square North / \square South Line of Section			
City: St	ate: Ziŗ	D:+	Feet	from East / West Line of Section			
Contact Person:			Footages Calculated from Ne	arest Outside Section Corner:			
Phone: ()			□ NE □ NW	□ SE □ SW			
CONTRACTOR: License #			GPS Location: Lat:	, Long:			
Name:				. xx.xxxxx) (e.gxxx.xxxxx)			
Wellsite Geologist:			Datum: NAD27 NAD27				
Purchaser:			County:				
Designate Type of Completion:			Lease Name:	Well #:			
New Well Re-	·Fntrv	Workover	Field Name:				
	_		Producing Formation:				
☐ Oil ☐ WSW	SWD	SIOW	Elevation: Ground:	Kelly Bushing:			
☐ Gas ☐ D&A ☐ OG	☐ ENHR	☐ SIGW ☐ Temp. Abd.	Total Vertical Depth:	Plug Back Total Depth:			
CM (Coal Bed Methane)	G3W	Temp. Abd.	Amount of Surface Pipe Set a	and Cemented at: Feet			
Cathodic Other (Core	Expl etc.)		Multiple Stage Cementing Collar Used? Yes No				
If Workover/Re-entry: Old Well Inf				Feet			
Operator:				nent circulated from:			
Well Name:			, ,	w/sx cmt.			
Original Comp. Date:			loot doparto.	W,			
	_	NHR Conv. to SWD					
Deepening Re-perf. Plug Back	Conv. to GS		Drilling Fluid Management F (Data must be collected from the				
Commingled	Permit #:		Chloride content:	ppm Fluid volume: bbls			
Dual Completion	Permit #:		Dewatering method used:				
SWD	Permit #:		Location of fluid disposal if ha	uled offsite:			
☐ ENHR	Permit #:		On and an Name				
GSW	Permit #:						
				License #:			
Spud Date or Date Rea	iched TD	Completion Date or		TwpS. R			
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

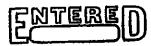
KCC Office Use ONLY							
Confidentiality Requested							
Date:							
Confidential Release Date:							
Wireline Log Received							
Geologist Report Received							
UIC Distribution							
ALT I II III Approved by: Date:							

Page Two



Operator Name:				_ Lease I	Name: _			Well #:		
Sec Twp	S. R	East	West	County	:					
INSTRUCTIONS: Shopen and closed, flow and flow rates if gas to	ring and shut-in presson surface test, along	sures, whether with final chart	shut-in pre (s). Attach	ssure reac extra shee	hed stati t if more	c level, hydrosta space is neede	tic pressures, bot d.	tom hole temp	erature, fluid	recovery,
Final Radioactivity Lo- files must be submitte						ogs must be ema	iled to kcc-well-lo	gs@kcc.ks.go	v. Digital elec	tronic log
Drill Stem Tests Taker (Attach Additional S		Yes	No				on (Top), Depth ar		Sam	
Samples Sent to Geo	logical Survey	Yes	☐ No		Nam	e		Тор	Datu	m
Cores Taken ☐ Yes ☐ No Electric Log Run ☐ Yes ☐ No										
List All E. Logs Run:										
				RECORD	Ne					
	0	· ·				ermediate, product		T "0 1	I	
Purpose of String	Size Hole Drilled	Size Ca Set (In 0		Weig Lbs.		Setting Depth	Type of Cement	# Sacks Used	Type and I Additiv	
		Al	DDITIONAL	CEMENTI	NG / SQL	JEEZE RECORD				
Purpose:	Depth Top Bottom	Type of C	ement	# Sacks	Used	sed Type and Percent Additives				
Perforate Protect Casing	Top Bottom									
Plug Back TD Plug Off Zone										
r lug on zone										
Did you perform a hydrau	ulic fracturing treatment	on this well?				Yes	No (If No, ski	p questions 2 ar	nd 3)	
Does the volume of the to								p question 3)		
Was the hydraulic fractur	ing treatment information	on submitted to th	ne chemical o	disclosure re	gistry?	Yes	No (If No, fill	out Page Three	of the ACO-1)	
Shots Per Foot		ON RECORD -					cture, Shot, Cement		d	Depth
	Specify	1 Oolage of Lacif	Each Interval Perforated			(Amount and Kind of Material Osed)				Берит
TUBING RECORD:	Size:	Set At:		Packer A	+-	Liner Run:				
TOBING FILEGORIS.	0.20	001711.		r donor 7	••	[Yes No			
Date of First, Resumed	Production, SWD or EN	NHR. Pro	oducing Meth		a \Box	Coo Lift 0	Other (Evelein)			
Estimated Dradustics	0.11	Dhla	Flowing	Pumpin			Other (Explain)	Nee Oil D-#-		
Estimated Production Per 24 Hours	Oil	Bbls.	Gas	Mcf	Wat	eı B	bls. C	Gas-Oil Ratio	G	iravity
	ON OF GAS:	Open		METHOD OF Perf.			nmingled	PRODUCTION	ON INTERVAL:	
Vented Sold	Used on Lease bmit ACO-18.)		(Specify)	_ 1 011.	(Submit		mit ACO-4)			





TICKET NUMBER 35649 LOCATION EUREKA
FOREMAN RICK Leaford

PO Box 884, Chanute, KS 66720

FIELD TICKET & TREATMENT REPORT

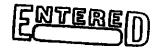
620-431-9210	or 800-467-867(5		CEMEN	ΓA	hT.,12 - 70.1-	28043	
DATE	CUSTOMER#		NAME & NUM		SECTION	TOWNSHIP	RANGE	COUNTY
11/12/12	3451	B. Edw	ards 3-H	ρ	35	235	148	Woodson
-	laas Vetro	eum LLC		ן עלאַכּ [TRUCK#	DRIVER	TRUCK#	DRIVER
MAILING ADDRI				Orlg	445	Dave		<u> </u>
CITY	1551 Ash_	<u>5€. 5₺ 2&</u> State	ZIP CODE		(ماما	Chris B.		
Lea	Mond	从S	106211	_} [<u> </u>		<u> </u>
نرک _JOB TYPE	face 0	HOLE SIZE	12741	_ HOLE DEPTH	41'	CASING SIZE & V	VEIGHT 85/2	
CASING DEPTH	40' G.L.	DRILL PIPE		_TUBING		.	OTHER	
SLURRY WEIGH	IT_/5*	SLURRY VOL_		WATER gal/si	رړ,5	CEMENT LEFT In	CASING 5	<u></u>
DISPLACEMEN	т <u> 244 вы</u>	DISPLACEMEN	T PSI	MIX PSI		RATE		
REMARKS: 5	afety meet	ine- Ria	0 to 80	h" casing	· Break	cuculation.	w/ fresh	Mater.
Mixed	40 5×5 0	less A	count L	1 270 Call	2 +271 a	11 @ 15#/s	ol Displa	ce w/
						+ cetures 1		
	Rig down							<u> </u>

Thank for

ACCOUNT CODE	QUANITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
54013	1	PUMP CHARGE	825.00	825.00
5406	45	MILEAGE	4.60	180.00
11045	40 sxs	class A cenest	1.4.95	598.00
1108	75**	20% cace2	.24	55.50
11188	75*	2% 91	.2)	15.75
5407		too mileage bulk tox	m/4	350.00
<u>, , , , , , , , , , , , , , , , , , , </u>				
	· · · · · · · · · · · · · · · · · · ·			
			sultata)	2024.2
3797		7.3%	SALES TAX ESTIMATED	48.8
0.01	\bigcirc 1/	TITLE	TOTAL	2073.10

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





TICKET NUMBER LOCATION FUREKY FOREMAN STEUR MENC

45,00

	or 800-467-8676		LD HOKE		NT A PJ /		balla		
DATE	CUSTOMER#	WELL	NAME & NUM	BER	SECTION	TOWNSHIP	RANGE	COUNTY	
//-/5-1Z	3451	B. Edwa	rds 2 3-	HP	35	235	14E	Moodson	
	0.7-1			1	新发生 电影光学		是的學習的意思		
MAILING ADDR	Patrolewy V			┨	TRUCK#	DRIVER	TRUCK#	DRIVER	
l	_			1	485	Alan M.	<u> </u>		
CITY	Ash St. S	ን ጉዲያ 6 5 STATE	ZIP CODE	-	479	Chris M		<u> </u>	
					515	MERLE		<u> </u>	
Leawaa		Rs	77511	<u> </u>	L	<u> </u>		_[
	0	HOLE SIZE		HOLE DEPT	H_/730	CASING SIZE &	WEIGHT <u>4多</u>	11.60	
CASING DEPTH		DRILL PIPE	 -	_TUBING			OTHER		
SLURRY WEIGI		SLURRY VOL		WATER gal/s	sk	CEMENT LEFT	in CASING		
	7.27.6615				4 1300£	RATE		_	
REMARKS: 5	OEXX KYZO	ing: R	is up 7	04/2	Costan. A	Break ci	culation	<u> </u>	
Tresh W	ater. Pun	O Jobb	s Ahear	xin.	1435KS	60/40 po	omiv co	meu	
28% C		heno Seal			in with		Thick se		
cement	475 1	11-5ed 2	CICK L	Jash cui	1 0 1 ma 4	1305 8	2 11 21 32	2)	
D'is elacs	c 4774 2	7 26 E C	ech was	05	nal Pampi	ne Paris	ELLINE /	ray	
Bums 8	104 1300	# 63615	2 m/s		ist Pressu	0. 21	1 1 6		
	Returns ?				134 P/ 633 (1	12, July	huo, c	<u>ood</u>	
		pleye			11 y. 20 p	<u>~~</u>			
<u></u>	-3 40 CQH	America	V 18 00	<u> </u>	7) 12 3				
		.		<i>_</i>	chonk Y	<u>-u</u>			
ACCOUNT	QUANITY o	r UNITS	nes	SCRIPTION of	SERVICES or PRO	DUCT	LINUT SPICE	T	
CODE	,			·			UNIT PRICE	TOTAL	
5401			PUMP CHARGE			 -	1030.00	103000	
5406	45	<u> </u>	MILEAGE			<u> </u>	4.00	180.00	
	-			<u> </u>			<u> </u>		
1131	1435 sks		60/40	Por M	ty Cemen]		12.55	1819.75	
111813	1990-#		<u> </u>	8%			121	207.90	
1207A	75 [#]		Phanos	eal & &	10c/3/K		1.39	96.75	
i							 	,,,,,,	
1122A	Susks		Thicks	et Cen	nenT	· · ·	19.20	96000	
1110A	250#			eal 5#		<u>-</u>			
E-6	_ 	 	11417	<u>-al</u>	EM / St	<u> </u>	.46	115.00	
5407	8.97		ا مد م		0 112 V		-		
7-7-01	0.11		/ Q n //7: /	eage	Bulk Jrw		V)/C &	700.00	
4464	1		4 1/2 Top	0 11	01.		440		
,, -			7 7 10	1 A CODEL	rius		45,00	45,00	

SALES TAX Ravin 3737 ESTIMATED TOTAL **AUTHORIZTION** DATE_

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

December 10, 2012

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

Re: ACO1 API 15-207-28043-00-00 B. Edwards 3-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