

Confidentiality Requested:

☐ Yes ☐ No

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

1105621

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: _____

Sec. _____ Twp. _____ S. R. _____ ☐ East ☐ West County: _____

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:					

<div style="text-align: center;"> CASING RECORD <input type="checkbox"/> New <input type="checkbox"/> Used </div> <div style="text-align: center;">Report all strings set-conductor, surface, intermediate, production, etc.</div>							
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 (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

<p>DISPOSITION OF GAS:</p> <p><input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease</p> <p><i>(If vented, Submit ACO-18.)</i></p>		<p>METHOD OF COMPLETION:</p> <p><input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled</p> <p><i>(Submit ACO-5)</i></p> <p><input type="checkbox"/> Other <i>(Specify)</i> _____</p>		<p>PRODUCTION INTERVAL:</p> <p>_____</p> <p>_____</p>	
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ENTERED

TICKET NUMBER 38291
LOCATION Eureka
FOREMAN Steve Meach

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

FIELD TICKET & TREATMENT REPORT

CEMENT AP-1 15-207-28377

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
12.6.12	3451	Massay # 21-HP	35	23S	14E	Woodson
CUSTOMER						
Hoag Petroleum						
MAILING ADDRESS						
CITY		STATE	ZIP CODE			
Lewistown		KS				

TRUCK #	DRIVER	TRUCK #	DRIVER
485	Alan m.		
667	Chris m.		

JOB TYPE <u>Surface v</u>	HOLE SIZE <u>12"4</u>	HOLE DEPTH <u>44</u>	CASING SIZE & WEIGHT <u>8 3/8</u>
CASING DEPTH <u>40'</u>	DRILL PIPE	TUBING	OTHER
SLURRY WEIGHT	SLURRY VOL	WATER gal/sk	CEMENT LEFT In CASING
DISPLACEMENT <u>8'4 1/2</u>	DISPLACEMENT PSI	MIX PSI	RATE

REMARKS: Safety Meeting: Rig up to 8 5/8 casing. Break circulation w/ Fresh water. Mix slt Class A Cement w/ Cacke, Gels F.

[illegible]

Bayin 3737

AUTHORIZATION

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.

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

ENTERED

TICKET NUMBER 38362
LOCATION EUREKA
FOREMAN KEVIN MCCOY

FIELD TICKET & TREATMENT REPORT CEMENT

K5

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
12-9-12	3451	Massey #21 HP	35	235	14E	Woodson
CUSTOMER HAAS Petroleum, LLC			<div> <div>STKY</div> <div>DR19.</div> <div>R193</div> </div>			
MAILING ADDRESS 11551 Ash St. Ste 205						
CITY Leawood	STATE KS	ZIP CODE				
			TRUCK #	DRIVER	TRUCK #	DRIVER
			485	Alan M.		
			479	Ed S.		
			515	Matt R.		

JOB TYPE <u>Longstring</u>	O HOLE SIZE <u>6 3/4</u>	HOLE DEPTH <u>1720'</u>	CASING SIZE & WEIGHT <u>4 1/2 10.5 #</u>
CASING DEPTH <u>1710' G.L.</u>	DRILL PIPE _____	TUBING _____	OTHER _____
SLURRY WEIGHT <u>12.7 - 13.6</u>	SLURRY VOL <u>45 BBL LEAD 17 BBL TAIL</u>	WATER gal/sk _____	CEMENT LEFT In CASING <u>0'</u>
DISPLACEMENT <u>27.7 BBL</u>	DISPLACEMENT PSI <u>850</u>	MAX PSI <u>1300 Bump Plug</u>	RATE _____
REMARKS: <u>Safety Meeting: Rig up to 4 1/2 casing. Break Circulation w/ 5 BBL fresh water.</u> <u>Mixed 160 sks 60/40 Pozmix Cement w/ 8% Gel, 1" Phenoseal /sk @ 12.7 */gal, yield</u> <u>170 = 45 BBL Slurry. Tail in w/ 50 sks Thick Set Cement w/ 5" Kol-Seal /sk @ 13.6 */gal,</u> <u>yield 1.85 = 17 BBL Slurry. Wash out Pump & Lines. Shut down. Release Plug. Displace w/ 27.7</u> <u>BBL fresh water. Final Pumping Pressure 850 psi. Bump Plug to 1300 psi. Wait 2 minutes.</u> <u>Release Pressure. Float Held. Shut in @ 0 psi. Good Cement Returns to Surface = 5 BBL</u> <u>Slurry to Pit. Job Complete. Rig down.</u>			

[illegible]

Rayin 3737

AUTHORIZATION:

TITLE Skyy Driller

DATE _____

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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

December 21, 2012

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

Re: ACO1
API 15-207-28377-00-00
Massey 2i-HP
SE/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