Confidentiality Requested: Yes No

KANSAS CORPORATION COMMISSION **OIL & GAS CONSERVATION DIVISION**

1106449

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:	
Address 2:	Feet from Dorth / South Line of Section
City: State: Zip:+	Feet from East / West Line of Section
Contact Person:	Footages Calculated from Nearest Outside Section Corner:
Phone: ()	
CONTRACTOR: License #	GPS Location: Lat:, Long:, (e.gxxx.xxxxx)
Name:	
Wellsite Geologist:	Datum: NAD27 NAD83 WGS84
.	County:
Purchaser:	Lease Name: Well #:
Designate Type of Completion:	
	Field Name:

Wellsite Geologist:	Datum: NAD27 NAD83 WGS84
Purchaser:	County:
Designate Type of Completion:	Lease Name: Field Name: Producing Formation:
□ Gas □ D&A □ ENHR □ SIGW □ OG □ GSW □ Temp. Abd.	Elevation: Ground: Kelly Bushing: Total Vertical Depth: Plug Back Total Depth:
CM (Coal Bed Methane) Cathodic Other (Core, Expl., etc.):	Amount of Surface Pipe Set and Cemented at: Feet Multiple Stage Cementing Collar Used?
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 Total Depth: Deepening Re-perf. Conv. to ENHR Conv. to SWD Plug Back Conv. to GSW Conv. to Producer	Drilling Fluid Management Plan (Data must be collected from the Reserve Pit)
Commingled Permit #:	Chloride content: ppm Fluid volume: bbls Dewatering method used: Location of fluid disposal if hauled offsite: Operator Name:
GSW Permit #: Spud Date or Date Reached TD Completion Date or Recompletion Date Recompletion Date	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:

	Page Two	1106449
Operator Name:	Lease Name:	Well #:
Sec TwpS. 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 She	eets)	Yes No	L	og Formatic	on (Top), Depth an	d Datum	Sample
Samples Sent to Geolog	,	Yes No	Nam	е		Тор	Datum
Cores Taken Electric Log Run		Yes No					
List All E. Logs Run:							
		CASING Report all strings set-o	RECORD Ne		on, 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 / SQL	EEZE RECORD			
Purpose: Perforate	Depth Top Bottom	Type of Cement	# Sacks Used		Type and Pe	ercent Additives	
Protect Casing Plug Back TD							
Plug Off Zone							
Did you perform a hydraulic	fracturing treatmont	on this well?		Yes	No (If No. skir	o questions 2 an	(d 3)
, , ,	8	raulic fracturing treatment ex	ceed 350,000 gallons'			o questions 2 and o question 3)	u 0)
		n submitted to the chemical of		Yes		out Page Three o	of the ACO-1)

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated					ement Squeeze Record d of Material Used)	Depth			
TUBING RECORD:	Siz	ze:	Set At:		Packer	r At:	Liner F		No	
Date of First, Resumed	I Product	ion, SWD or ENH	٦.	Producing Me	ethod:	ping	Gas Lift	Other (Explain)		
Estimated Production Per 24 Hours		Oil Bb	ls.	Gas	Mcf	Wate	ər	Bbls.	Gas-Oil Ratio	Gravity
DIODOOITI				1	METHOD		TION			
DISPOSITI		JAS: Used on Lease		Open Hole	METHOD (OF COMPLE	Comp.	Commingled	PRODUCTION INTER	TVAL:
(If vented, Su				Other (Specify)		(Submit A		(Submit ACO-4)		

Mail to: KCC - Conservation Division, 130 S. Market - Room 2078, Wichita, Kansas 67202





TICKET NUMBER 38406 LOCATION Eureka KS

FOREMAN Shannon Fee

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

FIELD TICKET & TREATMENT REPORT CEMENT API 15-207-28373

DATE	CUSTOMER #	WEL	L NAME & NUM	IBER	SECTION	TOWNSHIP	RANGE	COUNTY
12-18-12	3451	B Edwa	rds	2.HP	35	23	14 E	woodson
CUSTOMER	u. D	• [•] •		5куу			BERRY (PC	對國家的影響
		etrol cum	۱ <u> </u>		TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRE		_		Drlg	445	Dave 6		
11551	<u>Ash</u> S≁	Ste	205		5/5	Jim m		
CITY		STATE	ZIP CODE					
Leawoo	d	KS	66211			· · · · ·		
JOB TYPE S/P		HOLE SIZE 12	19"	HOLE DEPTH	40'	CASING SIZE & W	EIGHT 8 2/	
CASING DEPTH	40.6.2.	DRILL PIPE		TUBING		<u> </u>	OTHER	
SLURRY WEIGH	т <u>14,5-15#</u>	SLURRY VOL		WATER gal/s	:k	CEMENT LEFT In	CASING 10	_
DISPLACEMENT						rate <u>SBP</u> M		
REMARKS: Rid	TUP to	<u>8% (as</u>	ing, Br.	ak cin	ulation, n	yxed 40;	sks clas	s A
Cement	with 2%	calcium	<u>, Disflace</u>	with	2.7 86/ 8	t shut cae	sing in. (Good
<u>Circulatio</u>		<u>times</u>	2-3 Bk	<u>d Slorr</u>	y to pit	Job a	omplete,	
	-		•		· · ·		/	

t [__ Shannon & Crew hanks

ACCOUNT	QUANITY or UNITS	DESCRIPTION of SERVICES or PRODUCT			TOTAL
54015		PUMP CHARGE		825,00	825.00
5406	45	MILEAGE		4.00	180.00
11045	40 5KS	Class A" cement		14.95	598,00
1102	100 #	Class A" cement Calcium @ 2%		,74	74,00
5407	1.88 Tons	Ton mileage bulk Truck		m/c	350.00
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				Sub Total	2027.00
			7.3%	SALES TAX	2027,00 49.05
Ravin 3737		a56601 TITLE Toel Per Shut		ESTIMATED TOTAL	2076.05
AUTHORIZTION_	Ba Id.	TITLE TOUL PU Shutte		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.





TICKET NUMBER	3	8	3	9	ĉ)

LOCATION EUCEKA

FOREMAN_STONE Men

PO Box 884, Chanute, KS 66720

FIELD TICKET & TREATMENT REPORT

620-431-9210	or 800-467-867	6		CEMEN	TAPI 1	5-207-2837		
DATE	CUSTOMER #		NAME & NUM	BER	SECTION	TOWNSHIP	RANGE	COUNTY
10 22.12	2461	BEdwar	1 #2-H	2	35	235	14E _	woodson
12-22-12 CUSTOMER					1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1			
Hoast	2 Troleum	115			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRI					\$485	Alonm		
11551	ASH ST	57 20	5		611_	Juey		
CITY		STATE	ZIP CODE		6107	Ed		
Leawow	0.	ks						
	spiring Q	HOLE SIZE	634	HOLE DEPTH	1715'	CASING SIZE & V	VEIGHT 42	1052
CASING DEPTH	1745	DRILL PIPE		_TUBING			OTHER	
SLURRY WEIGH	HT	SLURRY VOL		WATER gal/s	ik	CEMENT LEFT in	CASING	
DISPLACEMEN	T 273	DISPLACEMEN	T PSI 900*	MIX PSI_p/u	\$ 1400#	CEMENT LEFT in RATE		
DEMARKS CA	Con 1200	Ren	- 4/2 C	Taslar .	Broak Cil	colonian h	VIANASh (water
0		ANTO INC.	$k \in C \oplus /4/c$	202min	i cement i	W Stove	<u> </u>	103-00 1701/51
- Vien 1		1 210 5070	Comení L	CI 55 KO	/-s.ea. 2er	15 Jugsh	<u>oui run</u>	NA-LINES_
	D lases	ย่าง ค	testale 1		しえ ふんしら に	vosn waig	<u> Final</u>	vanna <u>v</u>
On much s			Waat	Luci7 2:	$min - \pi el$	RASE MILLESU	<u>NE PZU</u>	new
Frossulle V		The cue Co		to The O	T. Joh	omplet 1	Pre down	<u></u>
(+ 090) (2m	MULLAN IN	10501100	100	P Ins PI	<u></u>	and the set of the set		

Thonk you

ACCOUNT	QUANITY or UNITS			TOTAL
<u></u> ろとし	<u> </u>	PUMP CHARGE	1030.01	1030.00
5406	45	MILEAGE	4.00	180.00
//31	150sks	6840 poemix Cement	12.55	1882,50
111813	1035*	Gel 8 20	,2]	217.35
11074	1504	Phanoseal 1th partisk	<u> </u>	193.50
/126A	50x45	Thick Set Cement	19.20	960.00
1110A	250*	Kol Seal 5* por 15K	.246	113.00
5407	9.2 Jon	Ton mileage Bulk Truck	MXXZ	700.00
4404	<u> </u>	4's Jop Rubber Plup	43,00	45.00
			Sub Total	5323.35
		266613	SALES TAX ESTIMATED	249.A
tavin 3737			TOTAL.	5572.54
		WWR THE	DATE	

AUTHORIZTION_

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.

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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

January 02, 2013

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

Re: ACO1 API 15-207-28373-00-00 B. Edwards 2-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