



Confidentiality Requested:

Yes  No

KANSAS CORPORATION COMMISSION 1108040  
OIL & GAS CONSERVATION DIVISION

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
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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: \_\_\_\_\_



1108040

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 <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 Name Top Datum
Samples Sent to Geological Survey	<input type="checkbox"/> Yes <input type="checkbox"/> No	
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
<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 <i>(Amount and Kind of Material Used)</i>	Depth

TUBING RECORD: Size: \_\_\_\_\_ Set At: \_\_\_\_\_ Packer At: \_\_\_\_\_ Liner Run:  Yes  No

Date of First, Resumed Production, SWD or ENHR: \_\_\_\_\_ Producing Method:  
 Flowing  Pumping  Gas Lift  Other *(Explain)* \_\_\_\_\_

Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity

<b>DISPOSITION OF GAS:</b> <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	<b>METHOD OF COMPLETION:</b> <input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <i>(Submit ACO-5)</i> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____	<b>PRODUCTION INTERVAL:</b> _____ _____
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**CONSOLIDATED**  
Oil Well Services, LLC

**ENTERED**

TICKET NUMBER 38393  
LOCATION Eureka  
FOREMAN Russell McCoy

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

**FIELD TICKET & TREATMENT REPORT**

**CEMENT**

API 15-207-28047

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
12-29-2012	3451	McCoy # 6 HP	35	23	14 E	Woodson
CUSTOMER Hans Petroleum LLC			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS 11951 Ash St STE 205			520	Alan-B		
CITY Leawood			667	Chris m		
STATE KS		ZIP CODE				

JOB TYPE \_\_\_\_\_ HOLE SIZE 12 1/4 HOLE DEPTH 43 CASING SIZE & WEIGHT 8 5/8  
 CASING DEPTH 40 DRILL PIPE \_\_\_\_\_ TUBING \_\_\_\_\_ OTHER \_\_\_\_\_  
 SLURRY WEIGHT 15" SLURRY VOL 8 Bbl WATER gal/sk 5.2 CEMENT LEFT in CASING 10  
 DISPLACEMENT 2 1/4 Bbl DISPLACEMENT PSI \_\_\_\_\_ MIX PSI \_\_\_\_\_ RATE \_\_\_\_\_

REMARKS: Safety meeting, Rig up to 8 5/8 casing, Break circulation w/ 5 Bbl water mix 40 SKs class A cement w/ 2% cc Displace w/ 2 1/4 Bbl fresh water close casing in @ 0 PSI. Job complete, Tear Down. Good cement Returns to Surface.

*Thanks  
Russell  
McCoy*

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401 s	1	PUMP CHARGE	825.00	825.00
5406	45	MILEAGE	4.00	180.00
1104 s	40 SKs	class A cement	14.95	598.00
1102	100"	cc @ 2%	.74	74.00
5407	1.88 TON	TON Mileage Bulk TK	m/c	350.00
				2027.00
			SALES TAX	49.05
			ESTIMATED TOTAL	2076.05

Ravin 3737

AUTHORIZATION Mike McCoy TITLE Dr. lg DATE 12-29-2012

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.



**CONSOLIDATED**  
Oil Well Services, LLC

**ENTERED**

TICKET NUMBER 38411  
LOCATION Eureka KS  
FOREMAN Shannon Feck

PO Box 884, Chanute, KS 66720  
620-431-9210 or 800-467-8876

**FIELD TICKET & TREATMENT REPORT**

**CEMENT API # 15-207-28047**

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
12-31-12	3451	MLCOLT 6-HP	35	235	14E	Woodson
CUSTOMER <u>Haas Petroleum LLC</u>			SKYY Drlg			
MAILING ADDRESS <u>11551 Ash St. Ste 205</u>			TRUCK #	DRIVER	TRUCK #	DRIVER
CITY <u>Lea wood</u> STATE <u>KS</u> ZIP CODE			<u>445</u>	<u>Allen B</u>		
			<u>479</u>	<u>Jim m</u>		
			<u>515</u>	<u>Merle R</u>		

JOB TYPE 45 HOLE SIZE 6 3/4 HOLE DEPTH 1700 CASING SIZE & WEIGHT 4 1/2" @ 10.50#  
 CASING DEPTH 13.2 - 13.6# DRILL PIPE \_\_\_\_\_ TUBING \_\_\_\_\_ OTHER \_\_\_\_\_  
 SLURRY WEIGHT 1701 K.B SLURRY VOL \_\_\_\_\_ WATER gal/sk \_\_\_\_\_ CEMENT LEFT in CASING 0  
 DISPLACEMENT 27 Bbl DISPLACEMENT PSI 900 MIX PSI 1300 RATE 5 BPM

REMARKS: Rig up to 4 1/2" casing, Break circulation w/10 Bbl water, mixed 150 SKS 60/40 pozmix cement w/ 8% gel + 1# phenoseal/sk as our lead cement. Tailed in w/50 SKS Thickset cement, with 5# Kol-seal /sk. Shut down wash out pump & lines, displace w/27 Bbl water, Final pumping psi of 900 psi, bump plug @ 1300 psi, float & plug held. Good circulation @ all times, 8-9 Bbl Slurry to pit.

"Thanks Shannon & crew"

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	1030.00	1030.00
5406	30	MILEAGE	4.00	120.00
1131	150 SKS	60/40 pozmix cement	12.55	1882.50
1118 B	1035 #	gel @ 8%	.21	217.35
1107 A	150 #	phenoseal @ 1#/sk	1.29	193.50
1126 A	50 SKS	thickset cement	19.20	960.00
1110 A	250 #	Kol-seal @ 5#/sk	.46	115.00
5407	9.2 Tons	Ton mileage bulk Truck	m/c x 2	700.00
4404	1	4 1/2" TOP Rubber Plug	45.00	45.00
			Sub Total	5263.35
			7.3% SALES TAX	249.19
			ESTIMATED TOTAL	5512.54

Ravin 3737

250661

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

January 15, 2013

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

Re: ACO1  
API 15-207-28047-00-00  
McColt 6-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