

Confidentiality Requested:

Yes No

Kansas Corporation Commission Oil & Gas Conservation Division

1113427

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:	SecTwpS. R East West				
Address 2:	Feet from North / South Line of Section				
City: State: Zip:+	Feet from _ East / _ West Line of Section				
Contact Person:	Footages Calculated from Nearest Outside Section Corner:				
Phone: ()	□NE □NW □SE □SW				
CONTRACTOR: License #	GPS Location: Lat:, Long:				
Name:	(e.g. xx.xxxxxx) (e.gxxx.xxxxxx)				
Wellsite Geologist:	Datum: NAD27 NAD83 WGS84				
Purchaser:	County:				
Designate Type of Completion:	Lease Name: Well #:				
☐ New Well ☐ Re-Entry ☐ Workover	Field Name:				
☐ Oil ☐ WSW ☐ 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: ☐ Well Name:	Producing Formation: Kelly Bushing: Total Vertical Depth: Plug Back Total Depth: Feet Multiple Stage Cementing Collar Used? Yes No If yes, show depth set: Feet If Alternate II completion, cement circulated from: 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 #: Dual Completion Permit #: SWD Permit #:	Chloride content: ppm Fluid volume: bbls Dewatering method used: Location of fluid disposal if hauled offsite:				
☐ ENHR Permit #: ☐ GSW Permit #:	Operator Name:				
Spud Date or Date Reached TD Completion Date or Recompletion Date	Quarter Sec. TwpS. 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 Approved by: Date:					

Page Two



Operator Name: Lease Name: _ Well #: _ 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** No Loa Formation (Top), Depth and Datum Sample | Yes (Attach Additional Sheets) Name Top Datum No Samples Sent to Geological Survey Yes ☐ No Yes
 Yes
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 Yes
 ■
 Yes
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 Nes
 Nes Cores Taken Electric Log Run ___ Yes No List All E. Logs Run: CASING RECORD New Used Report all strings set-conductor, surface, intermediate, production, etc. Size Hole Size Casing Weight Setting Type of # Sacks Type and Percent Purpose of String Drilled Set (In O.D.) Lbs. / Ft. Depth Cement Used Additives ADDITIONAL CEMENTING / SQUEEZE RECORD Purpose: Depth Type of Cement # Sacks Used Type and Percent Additives Top Bottom 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) No Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons? Yes (If No, skip question 3) Was the hydraulic fracturing treatment information submitted to the chemical disclosure registry? (If No, fill out Page Three of the ACO-1) Yes PERFORATION RECORD - Bridge Plugs Set/Type Acid, Fracture, Shot, Cement Squeeze Record Shots Per Foot Specify Footage of Each Interval Perforated Depth (Amount and Kind of Material Used) 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** Oil Bbls Gas Mcf Water Bbls. Gas-Oil Ratio Gravity Per 24 Hours METHOD OF COMPLETION: DISPOSITION OF GAS: PRODUCTION INTERVAL: Open Hole Perf. Dually Comp. Commingled Vented Sold Used on Lease (Submit ACO-5) (Submit ACO-4) (If vented, Submit ACO-18.) Other (Specify)

1-19-2013

	Leaso name = Nort	Course usell W-	- M
F	Soil 0-7	Jop oil Sand 658-	(74)
	1, no 7-22	Shale 675.	
	Shale 22-1825	- 1	
	line 25-38	TO = Well drill & To	735 f4
	Shak 38-42	TD = Casing pipe 72	9 17
,—	11mc 72-63		
	Shak 63-87		
-	line 87-109		
	Shale 109-115		
:	June 115-117		
	Shak: 1/7-196		
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	line 216-218		
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and the section of	June 248-253		~ ,
	Shale 253-2353	(*************************************	
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123 624 844	Shale 318-324		
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TICKET NUMBER LOCATION OHawa

AUTHORIZTION_

FIELD TICKET & TREATMENT REPORT

	or 800-467-8676			CEMEN	IT .		•	, i
DATE	CUSTOMER#	WEL	L NAME & NUN	/BER	SECTION	TOWNSHIP	RANGE	COUNTY
111813	3451	N. Cop.	n#10-	-HP	SE 11:	16	21	HI
CUSTOMER					A Tree Secretary Pro-	中華的意義之子中	7	
Hags	, Mark				TRUCK#	DRIVER	TRUCK#	DRIVER
MAILING ADDR				T · ·	481	Casken	VSately	Meeting
11551	Ash St.	Suite	205		Le(0(0	GarMao	Vocalety	incerting
CITY		STATE	ZIP CODE		503	DanDet	1.7	† · · ·
Leawo	od	KS	66211		1015	Mikthan		
JOB TYPE 6	rstring.	HOLE SIZE	59/8"	 _ HOLE DEPTI	735'		WEIGHT 27/8	" EUE.
CASING DEPTH	1701	DRILL P!PE		_TUBING			OTHER	
SLURRY WEIGH		SLURRY VOL_		WATER gal/s	sk	CEMENT LEFT IN	CASING	
		DISPLACEMEN		MIX PSI		RATE 4.5 6	om	
REMARKS: 10	eld safety	meeting.	pstablisho	ed circul	ation mix	ced + sums	od 100 #	Provide
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rement						down cl	eau, Dun	1 011
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ACCOUNT	QUANITY	or UNITS	ne	ESCRIPTION of	SERVICES or PR	ODUCT	UNIT PRICE	70711
CODE	227,1111						UNIT PRICE	TOTAL
5001	1		PUMP CHARG	3E				1030,00
5406	20 mi		MILEAGE	<u> </u>				80-00
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ACCOUNT CODE	QUANITY or UNITS	DESCRIPTION of SERVICES or PRODUC	СТ	UNIT PRICE	TOTAL
501	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	PUMP CHARGE			1030,00
5406	20 mi	MILEAGE		-	80-00
5402	729'	casing tootage			
5407	minimum	ton mileage			350.∞
55026	2.5 hrs	80 Vac			232,00
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1124	10 (0 sts	5%50 Poznix coment			1160.70
111833	278#	Premium Gel			28.38
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	•		7 500	<u> </u>	011.00
Ravin 3737	Δ	<u> </u>	7.55%	SALES TAX ESTIMATED	94.75
	0. 80 2 100			TOTAL	302623

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

TITLE

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

February 04, 2013

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

Re: ACO1 API 15-121-29416-00-00 N Cone 10-HP SE/4 Sec.11-16S-21E Miami 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