



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
- Conv. to GSW
- Plug Back: _____ Plug Back Total Depth _____
- 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

County: _____

Lease Name: _____ Well #: _____

Field Name: _____

Producing Formation: _____

Elevation: Ground: _____ Kelly Bushing: _____

Total 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

- Letter of Confidentiality Received
Date: _____
- Confidential Release Date: _____
- Wireline Log Received
- Geologist Report Received
- UIC Distribution
- ALT I II III Approved by: _____ Date: _____



1136987

Operator Name: _____ Lease Name: _____ Well #: _____

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

INSTRUCTIONS: Show important tops and base 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. Attach complete copy of all Electric Wire-line Logs surveyed. Attach final geological well site report.

Drill Stem Tests Taken <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Attach Additional Sheets)</i> 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 Electric Log Submitted Electronically <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If no, Submit Copy)</i> List All E. Logs Run:	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum
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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
_____ Perforate _____ Protect Casing _____ Plug Back TD _____ Plug Off Zone				

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
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DISPOSITION OF GAS: <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <i>(Submit ACO-5)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____ <i>(Submit ACO-4)</i>	PRODUCTION INTERVAL: _____ _____
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Skyy Drilling, L.L.C.
Park Place – Becker Building
11551 Ash Street, Suite # 205
Leawood, Kansas 66211
Office (913) 499-8373
Fax (913) 766-1310

December 12, 2012

Company: Haas Petroleum, LLC
11551 Ash Street, # 205
Leawood, Kansas 66211

Lease: Griggs-Bahr – Well # 20 LH
County: Woodson
Spot: NW SW NE NW Sec 23, Twp 23, R 13 E
API: 15-207-28031-00-00
TD: 2240'

Total Footage 2240' @ \$13.00 Per Foot
Total Rig Time 35 Hours @ \$300.00 Per Hour
TOTAL DUE:

Rig Time:

4 Hours Surface
8 Hours Wait on cement
6 Hours Mix mud lost cir @ 887'
8 Hours L.D.D.P
5 Log Hole
4 Mix mud drilling



CONSOLIDATED
Oil Well Services, LLC

ENTERED

TICKET NUMBER 38213
LOCATION Eureka
FOREMAN Steve Neal

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

FIELD TICKET & TREATMENT REPORT

CEMENT APT 15-207-28031

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
11-2-12	3451	Bahr 20-1H	23	23S	13E	Woodson
CUSTOMER <u>Haas Petroleum</u>			TRUCK #			
MAILING ADDRESS <u>11551 Ash St. Ste 205</u>			DRIVER			
CITY <u>Leawood</u>		STATE <u>KS</u>	ZIP CODE <u>66211</u>	TRUCK #		
				DRIVER		
				<u>485 Alanm</u>		
				<u>515 Chrism</u>		
				<u>491 Jeremy Austin</u>		
				<u>452/7103 Ed</u>		

JOB TYPE Langstring O HOLE SIZE 6 3/4 HOLE DEPTH 2246' CASING SIZE & WEIGHT 4 1/2 9.5#
CASING DEPTH 2239' DRILL PIPE _____ TUBING _____ OTHER _____
SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT In CASING _____
DISPLACEMENT 36 1/2 bbls DISPLACEMENT PSI 900# PUMP plug 1400# RATE _____

REMARKS: Safety Meeting: Rig up to 4 1/2 casing. Break circulation with fresh water pump 10 bbls ahead. mix 50 sks 60/40 per mix cement w/ 6% Gel, 1# Phenoseal per sk Tail in with 100 sks Thick Set Cement w/ 5# Kal Seal, 1# Phenoseal per sk. Wash out pump & lines. Shut down Release Plug. Displace with 36 1/2 bbls fresh water. Final pumping pressure 900# Pump plug 1400# Good circulation during cement job. Release pressure plug held. Job complete. Rig down

Thank you

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	50 sks	60/40 per mix Cement	12.55	627.50
1128B	258#	Gel 6%	.21	54.18
1107A	50#	Phenoseal 1# per/sk	1.29	64.50
1126A	100 sks	Thick Set Cement	19.20	1920.00
1110A	500#	Kal Seal 5# per/sk	.46	230.00
1107A	100#	Phenoseal 1# per/sk	1.29	129.00
5407	2.65	Ten mileage Bulk Truck #419-#515	m/cx2	700.00
5501C	3 hrs	Water Transport	112.00	336.00
1123	3000 gallons	CITY WATER	16.50	49.50
44041	1	4 1/2 Top Rubber Plug	45.00	45.00
			SubTotal	5305.68
			SALES TAX	227.79
			ESTIMATED TOTAL	5533.43

Flavin 3737

254311

23%

AUTHORIZATION [Signature] TITLE Tolson 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

April 29, 2013

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

Re: ACO1
API 15-207-28031-00-00
Bahr 20-LH
NW/4 Sec.23-23S-13E
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

Conservation Division
Finney State Office Building
130 S. Market, Rm. 2078
Wichita, KS 67202-3802



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April 29, 2013

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

Re: ACO-1
API 15-207-28031-00-00
Bahr 20-LH
NW/4 Sec.23-23S-13E
Woodson County, Kansas

Dear Mark Haas:

K.A.R. 82-3-107 provides for all completion information to be filed within 120 days of the spud date. Subsection(e)(2) of that regulation states "All rights to confidentiality shall be lost if the filings are not timely."

The above referenced well was spudded on 10/16/2012 and the ACO-1 was received on April 29, 2013 (not within the 120 days timely requirement).

Therefore, your request for confidential treatment of data contained within the ACO-1 filing cannot be granted at this time.

If you should have any questions, please do not hesitate to contact me at (316)337-6200.

Sincerely,

Production Department