

Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION 1131600

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:			Sec.	TwpS. R	East _ West		
Address 2:			Feet from North / South Line of Section				
City:	State: Z	ip:+	Fe	eet from East /	West Line of Section		
Contact Person:			Footages Calculated from	Nearest Outside Section C	Corner:		
Phone: ()			□ NE □ NW	V □SE □SW			
CONTRACTOR: License #			GPS Location: Lat:	, Long:			
Name:				(e.g. xx.xxxxx)	(e.gxxx.xxxxx)		
Wellsite Geologist:			Datum: NAD27	NAD83 WGS84			
Purchaser:			County:				
Designate Type of Completion:			Lease Name:	W	ell #:		
	e-Entry	Workover	Field Name:				
	_		Producing Formation:				
☐ Oil ☐ WSW ☐ D&A	☐ SWD	∐ SIOW ∏ SIGW	Elevation: Ground:	Kelly Bushing:			
	GSW	Temp. Abd.	Total Vertical Depth:	Plug Back Total D	epth:		
CM (Coal Bed Methane)	dow	Temp. Abd.	Amount of Surface Pipe Se	et and Cemented at:	Feet		
☐ Cathodic ☐ Other (Co	ore. Expl., etc.):		Multiple Stage Cementing	Collar Used? Yes	No		
If Workover/Re-entry: Old Well I			If yes, show depth set:				
Operator:			If Alternate II completion, c	cement circulated from:			
Well Name:			feet depth to:	w/	sx cmt.		
Original Comp. Date:							
Deepening Re-perf	J	ENHR Conv. to SWD	Drilling Fluid Managemer	nt Plan			
Plug Back	Conv. to G		(Data must be collected from to				
Commingled	Permit #		Chloride content:	ppm Fluid volume	: bbls		
Dual Completion			Dewatering method used:_				
SWD			Location of fluid disposal if	hauled offsite:			
ENHR	Permit #:						
GSW	Permit #:		Operator Name:				
			Lease Name:				
Spud Date or Date R	eached TD	Completion Date or	Quarter Sec	TwpS. R	East West		
Recompletion Date		Recompletion Date	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



Operator Name:				_ Lease I	Name: _			Well #:		
Sec Twp	S. R	East	West	County	:					
INSTRUCTIONS: Shopen and closed, flow and flow rates if gas to	ring and shut-in press o surface test, along v	ures, whe	ther shut-in pre chart(s). Attach	ssure reac extra shee	hed stati	c level, hydrosta space is neede	tic pressures, b	ottom hole temp	erature, fluid recov	
Final Radioactivity Lo files must be submitted						ogs must be ema	liled to kcc-well-	logs@kcc.ks.go	v. Digital electronic	
Drill Stem Tests Taker (Attach Additional		Y	es No			J	on (Top), Depth		Sample	
Samples Sent to Geo	logical Survey	Y	es No		Nam	е		Тор	Datum	
Cores Taken ☐ Yes ☐ No Electric Log Run ☐ Yes ☐ No										
List All E. Logs Run:										
				RECORD	Ne					
	0: 11.1					ermediate, product		" 0 1	T 15	
Purpose of String	Size Hole Drilled		ze Casing t (In O.D.)	Weig Lbs.		Setting Depth	Type of Cement	# Sacks Used	Type and Percer Additives	
			ADDITIONAL	CEMENTI	NG / SQL	JEEZE RECORD				
Purpose:	Depth Top Bottom	Туре	of Cement	# Sacks	Used		Type and	Percent Additives		
Perforate Protect Casing	Top Dottom									
Plug Back TD Plug Off Zone										
1 lug 0 li 20 lio										
Did you perform a hydrau	ulic fracturing treatment	on this well	?			Yes	No (If No, s	skip questions 2 a	nd 3)	
Does the volume of the t			-		-		_ ` `	skip question 3)		
Was the hydraulic fractur	ing treatment informatio	n submitted	to the chemical of	disclosure re	gistry?	Yes	No (If No, 1	ill out Page Three	of the ACO-1)	
Shots Per Foot			RD - Bridge Plug Each Interval Perl				cture, Shot, Ceme	nt Squeeze Recor	rd Depth	
						(* *			200	
TUBING RECORD:	Size:	Set At:		Packer A	t·	Liner Run:				
		0017111				[Yes N	o		
Date of First, Resumed	Production, SWD or EN	HR.	Producing Meth	nod:	g 🗌	Gas Lift (Other (Explain)			
Estimated Production Per 24 Hours	Oil	Bbls.	Gas	Mcf	Wat	er B	bls.	Gas-Oil Ratio	Gravity	
DIODOCITI	01.05.040			4ETUOD 05	. 00145/	TION:		DDOD! ICT!		
DISPOSITION Solo	ON OF GAS: Used on Lease		N Open Hole	∥ETHOD OF Perf.			nmingled	PRODUCTION	ON INTERVAL:	
	bmit ACO-18.)		Other (Specify)		(Submit		mit ACO-4)			





TICKET NUMBER_	41269
LOCATION Eure	ka
FOREMAN STALL	222

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

FIELD TICKET & TREATMENT REPORT

DATE CUSTOMER WELL NAME & NUMBER SECTION TOWNSHIP RANGE COUNTY SUBSTORES TRUCK DRIVER TRUCK DRIVER TRUCK DRIVE		Or 800-407-8076				CEMEN	\perp $A\rho$	I 13.207	-28376	
TRUCK BRIVER TRUCK DRIVER TRUCK DRIVER TRUCK DRIVER MALLING ADDRESS MAL	DATE	CUSTOMER#	WEL	L NAME	& NUM	BER				COUNTY
TRUCK BRIVER TRUCK DRIVER TRUCK DRIVER TRUCK DRIVER MALLING ADDRESS MAL	2.5.13	3451	BEdw	ards	21	HP	35	23.5	145	au ouchson
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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 41283 LOCATION Eurota, KS FOREMAN Shannon Feck

ESTIMATED

TOTAL

DATE_

PO Box 884, Chanute, KS 66720

Ravin 3737

AUTHORIZTION

FIELD TICKET & TREATMENT REPORT

620-431-9210 a	r 800-467-8676	3		CEMEN	IT API #	15-207-	- 283 <u>70</u>	
DATE	CUSTOMER#	WEL	L NAME & NUM	IBER	SECTION	TOWNSHIP	RANGE	COUNTY
2-8-13	3451	Bob Ed	wards	2i-HP	35	235	14 E	wood son
OUOTOMED			<u> </u>	5K44				DDIVED.
	aas Petro	ovleum_		」 ' '	TRUCK#	DRIVER	TRUCK#	DRIVER
MAILING ADDRE	SS	510	206	Drlg	445	Dave 6		
	Ash s+		ZIP CODE	4	515	merle R	<u> </u>	
CITY Leawoo		STATE KS	_		479	Jeremy A		
			6621/		1771	<u> </u>		(a) 10 CA ##
JOB TYPE 4/S	. 0	HOLE SIZE		_ HOLE DEPTH	H_ <i>1725'</i>	CASING SIZE & V		4 10.50 H
CASING DEPTH	1726,13 6.2	DRILL PIPE		TUBING		_	OTHER	
SLURRY WEIGH	T 12.8-13.2	SLURRY VOL_		WATER gal/s	sk	CEMENT LEFT In	CASING_ <u>P</u>	
DISPLACEMENT	27 3/4 36	DISPLACEMEN	IT PSI <u>. <i>800</i> </u>	MIX PSI_/20	DO BUMP PLUS	RATE 5 BPM	7	
REMARKS: SAFE	ety Meeti	ng, Rig	up to	4/7 cas	sing, Brea	k circulat	ion $\omega/5$	136/
water, n	nixed 15	O'Sve las	140 Po	rmik ce	ment wit	h 8% gel	4 /# PI	ren <i>iseal SK</i>
as lead	cement.	Tailed	in W/	505KS	1.3. Cem	$eny \omega/5$	H Kol-sea	1/2/
Shul How	1 Wash	nut Dun	np 4 /il	hes, 1015	place W/	27/4 86	water	rinal.
Dumping 6	ressure o	F 800 P	si, bumi	ped Plu	n @ 1200	PSI. Floa	+ + Plu	9 held.
Good Cir	culation	@ all '	times,	8 6615	lurny to	Pit, Joh	comple	<u> </u>
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			1 ,					
			Thanks	Shan	non + cr	eW"		
								
ACCOUNT	QUANITY	or UNITS	D	ESCRIPTION o	f SERVICES or PR	ODUCT	UNIT PRICE	TOTAL
CODE			 				1030,00	1030.00
5401			PUMP CHAR	<u>GE</u>			4,00	180.00
5406	45		MILEAGE			<u> </u>	 	1001
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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_

0566940

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

April 04, 2013

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

Re: ACO1 API 15-207-28370-00-00 B. Edwards 2i-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