

Confidentiality Requested:

Yes No

Kansas Corporation Commission Oil & Gas Conservation Division

1140496

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
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.xxxxx) (e.gxxx.xxxxx)
Wellsite Geologist:	Datum: NAD27 NAD83 WGS84
Purchaser:	County:
Designate Type of Completion:	Lease Name: Well #:
☐ New Well ☐ Re-Entry ☐ Workover	Field Name:
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:	Producing Formation: Elevation: Ground: Kelly Bushing: Feet Total Vertical Depth: Plug Back Total Depth: Feet Multiple Stage Cementing Collar Used? Yes No 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 Commingled Permit #: Dual Completion Permit #: SWD Permit #:	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:
☐ ENHR Permit #: ☐ GSW Permit #:	Operator Name:
	Lease Name: License #:
Spud Date or Date Reached TD Completion Date or Recompletion Date Recompletion Date	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



Operator Name:				_ Lease l	Name: _			Well #:		
Sec Twp	S. R	East \	West	County	:					
INSTRUCTIONS: Shopen and closed, flow and flow rates if gas to	ring and shut-in pres o surface test, along	sures, whether s with final chart(shut-in pre s). Attach	ssure reac extra shee	hed stati t if more	c level, hydrosta space is neede	tic pressures, bot d.	tom hole temp	erature, flui	d recovery,
Final Radioactivity Lo- files must be submitte						ogs must be ema	iled to kcc-well-lo	gs@kcc.ks.go	v. Digital el	ectronic log
Drill Stem Tests Taker (Attach Additional S		Yes	☐ No		_		on (Top), Depth ar			mple
Samples Sent to Geo	logical Survey	Yes	No		Nam	е		Тор	Da	tum
Cores Taken Electric Log Run		Yes Yes	☐ No ☐ No							
List All E. Logs Run:										
			CASING		☐ Ne					
		1				ermediate, product		T	_	
Purpose of String	Size Hole Drilled	Size Cas Set (In O		Weig Lbs./		Setting Depth	Type of Cement	# Sacks Used		d Percent itives
		AD	DITIONAL	CEMENTIN	NG / SQL	JEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Ce	ement	# Sacks	Used		Type and P	ercent Additives		
Perforate Protect Casing	100 20111111									
Plug Back TD Plug Off Zone										
1 lug 0 li 20110										
Did you perform a hydrau	ulic fracturing treatment	on this well?				Yes	No (If No, ski	p questions 2 ar	nd 3)	
Does the volume of the to								p question 3)		
Was the hydraulic fractur	ing treatment information	on submitted to the	e chemical c	disclosure re	gistry?	Yes	No (If No, fill	out Page Three	of the ACO-1)
Shots Per Foot		ION RECORD - I					cture, Shot, Cement		d	Depth
						,		,		
TUBING RECORD:	Size:	Set At:		Packer A	t:	Liner Run:				
							Yes No			
Date of First, Resumed	Production, SWD or Ef		ducing Meth Flowing	od:	g 🗌	Gas Lift (Other (Explain)			
Estimated Production Per 24 Hours	Oil	Bbls.	Gas	Mcf	Wate	er B	bls. 0	as-Oil Ratio		Gravity
DISPOSITIO	ON OF GAS:		N/	1ETHOD OF	COMPLE	TION:		PRODUCTION)N INTER\/^	1.
Vented Sold		Open I	_	Perf.	Dually	Comp. Cor	mmingled	THODOCTIC	ZIN IIN I ERVA	L.
	bmit ACO-18.)	Other	(Specific)		(Submit)		mit ACO-4)			

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

May 20, 2013

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

Re: ACO1 API 15-121-29419-00-00 N Cone I-8HP 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 fax to Office.

<u> </u>	/ v ₆			·- · · · · · · · ·	~ ^.
		<u>i</u>	11. 11. 11. 11. 11. 11. 11. 11. 11. 11.		
<u> </u>	C/A 1 - 7	1/100 5H	7-556		
<u> </u>		5hel: 5	56-649		
~	1100, 11-21	lim 649			
	note 21 21		650- <i>(33</i>		 ,
· .	1,m. 17-42	11m, 65	53-654		
<u> </u>	11in - 44-58	shale 6	54-669		
! F 1,	11in - 44-58		Sand 119-	(20)	
	Shale 58-6330	Shaleb	80°	SKALL	
<u> </u>	11:0 88.109	- singely		PI	
:	5/4/0009-19	Welldy	11 TO 72	#7-	
	112 19-12	V	720		
	14013, 22 15) 120		•
	11143192000				
<u></u>	Shell 57-170		· _	i.	. ,
	141.157-20.			:	
	Dich 202 200			. .	Part of the second
· · · · · · · · · · · · · · · · · · ·	11mi =06-220				
	5/10/2 370 -347				
	m 247-355				-
·	Shall = 51 - 3/0	· · · · · · · · · · · · · · · · · · ·			
	Lorge 3,0-3,9			- ,	
-	Show 314-321			7 3	•
0	1mo 32/-335			/	
	Show 375-377			*,	
	lime 347-384		7		•
	shul 384-388	7			- ;
	Fine 386 387	3.			
- s	5/rul= 357-4.95				
, -	11/4 11950-1196				-
	3/10/6-5/C				
- /	11mie 5/6-5/1	<u> </u>		1	
——— <u></u>	1991 7/1- 547		•.		



258500

TICKET NUMBE	r4 <u>1</u>	819
LOCATION_O	Hawa	KS
FOREMAN A		

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

FIELD TICKET & TREATMENT REPORT

DATE						
	<u></u>	L NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
5/1/13	3451 N Con	e # IB HB	SE 11	16	21	<i>Ini</i>
USTOMER	$D \cup A \cup A$		TRUCK#	power		
/γαας MAILING ADDRE	ss retroleum		7/2	DRIVER	TRUCK#	DRIVER
1155	Ash St Ste	Z05	495	Fremad	Sarex	t mx
	STATE	ZIP CODE	369	Dar Mas	DM	
Leans	sod KS	46211	558	Harbac	NB	
	Mg String HOLE SIZE	- 	тн <u>78</u> 6	CASING SIZE & V		EVE
CASING DEPTH_	<i>T</i>	TUBING			OTHER	-
SLURRY WEIGH	•	WATER gai	/sk	CEMENT LEFT in		Plue
	4.16 BBL DISPLACEMEN					0
	1d arew meeting	i i				4 600
+lus	h. Mix + Pum	0 109 sks 50	150 Por M	7 Lx Cemen	\$ 2700	el
Cen	nex to surt		Pump +1			
うた"	Rubber plug.	to To. Pre	ssure to	500 # PC	1. 243	Hold
4 1	Ponitor prossu	ire for 30 n	15 M17	Release	Oressu	re
tos	at flood Value	2. Shux ma			/	
	· · · · · · · · · · · · · · · · · · ·	····	<i></i>			
				100	n 1	
Sky	/ Drilling.			fred 1	Valer	
- Tanana	<u> </u>					
ACCOUNT CODE	QUANITY or UNITS	DESCRIPTION	of SERVICES or PR	ODUCT	UNIT PRICE	TOTAL
3401		PUMP CHARGE		495		108509
5406	20m;	MILEAGE		495		8400
5402	7/5	Casing foota	CLE			N/C
5407	Minimom	Ton Miles	/	558		36800
	4 .	1 4 6 4	٠, ،	4- /-		/3540
	1/2 hr	80 BBL Vac	1 VUCK	369		- دد /
5502C	/2 hr	80 BBL Vac) v u e l C	369		/33-
5502C						
	1095145		Dix Cemen			
5502C	1095145					125350
5502C 1124 118B		50/50 Por M				125350
5502C 1124	1095145	50/50 Por 11				125350
5502C 1124 118B	1095145	50/50 Por M				125350
5502C 1124 118B	1095145	50/50 Por M				125350
5502C 1124 1118B	1095145	50/50 Por M				125350
5502C 1124 1118B	1095145	50/50 Por M			^ eamnl	125350
5502C 1124 1118B	1095145	50/50 Por M		×		125350
5502C 1124 1118B	1095145	50/50 Por M		*	Compl	125350
5502C 1124 1118B	1095145	50/50 Por M		*		125350 6226 29,50
5502C 1124 1118B	1095145	50/50 Por M		*	SALES TAX	125350 6226 29,50
5502C 1124 1118B 4402	1095145	50/50 Por M		*	SALES TAX ESTIMATED TOTAL	125350 6226 29,50

account records, at our office, and conditions of service on the back of this form are in effect for services identified on this form

fax to Office.

	1	
<u> </u>	Ng.	
ļ	25-1	Will the same of t
	01011-0	June 547-556
	11m. 9-21	5hal: 556-649
~···		1im 649-650
	Male 21 27	Shalc 650-633
	1,M. 17-42	1m, 653-654
-	Short 42.44	Shale 654-669
F-1	11m. 44-55	Top oil Sand 169-680
+	Shale 58-6557	5 kg 1 1 800
	11. 88.108	- Shale 680
-	Shulolog 19	Well drill TO 72 ft
	112 /12	
	14,013, 22 15	11 720
	1143152 -157	
	May 5,7 -190	
	un 159-20	
	hel 02 200	
	in1 =00-220	
_	Jal 270 377	
	247-195	- 1. k
5,	halis 3/0	
12	· · · · · · · · · · · · · · · · · · ·	
(had 319-321	
3 //	[
1 .	no 321-335	
	·	
	no 347-384	
	4/-384-388	7
	nc 386 357	3
	ial= 357-4.95	
2/	11650-1466	
7	alc 496-516	
	165/6-511	
- 17	16 c/ - 547	
	* · · **	



258500

TICKET NUMBER_	41819
LOCATION 0++	wa Ks
FOREMAN Fre	

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

FIELD TICKET & TREATMENT REPORT CEMENT

DATE	CUSTOMER#	WELL	NAME & NUME	BER	SECTION	TOWNSHIP	RANGE	COUNTY
5/1/12	3451	N Cone	# IB	HB	SE 11	16	21	50 j
CUSTOMER	DV	1 .		'	工作 TRUCK #	DRIVER	TRUCK#	DRIVER
/Yaas MAILING ADDRE	<u>ss</u>	(evul		1	7/2	Fremad		
		ato =	20 5		495	Der Mas	Sater	2 XXX 9
	Ash St	State 5	ZIP CODE	1	369	Harbec	146	
Leawe	\alpha \d	₩S_	66211		558	Dan Dat	OD	
JOB TYPE Lo		HOLE SIZE		HOLE DEPTH	720	CASING SIZE & W		EVE
CASING DEPTH_	7- '	DRILL PIPE			_		OTHER	
SLURRY WEIGH	•	SLURRY VOL			k	CEMENT LEFT in	CASING 4	Plus
DISPLACEMENT	4.16 BBL	DISPLACEMENT	r PSI	MIX PSI		RATE SBAY	M	
REMARKS: /-)	H avew	meeting	. Estab	13 ch ci	v culaxion	. MixxP	uma 100#	6 Gel
Flus	h. Mix	+ Puny	109 51	45 50/	50 Por M	ix Cemen	\$ 290 C	el
Cen	ne & to	SUVE	ice. F	lush	vnp +1	has cle	an. Diss	lace
ラた "	Rubber	plug.	to TO	· Pre	ssure to	600 * P.C	1. MES	140/2
9 1	louitor	Brossu	re for	<u>- 30 m</u>	Su M17	Release	pressu	<u>^ </u>
tos	ex floa	& Value	<u>. Shu</u>	X M C	asile	 		
			· · · · · · · · · · · · · · · · · · ·					
						10	01 0	
Sky	y Drilli	nc.				fra /	Nader	
ACCOUNT 1	·	<u> </u>						
ACCOUNT CODE	QUANITY	or UNITS	DE	SCRIPTION of	SERVICES or PR	ODUCT	UNIT PRICE	TOTAL
3401		1	PUMP CHARG	E		495		108500
5406	2	om:	MILEAGE			495		8400
5402	<u> </u>	<i>'</i> 5	Casin	y foote	18			N/C
5407	Minin	ממכטן	Ton		<u> </u>	558		36800
5502C		Ehr	80 B	BL Vac	Truck	369		/3500
			·					
1124		095165	50/50	Por M	ix Cemen	*		125350
1118B	2	<u>F3*</u>	Prem	ion C	eal			6226
4402		./	- 2/2 Ru	bber P	lug			29,50
					<i></i>			
					<u> </u>			
								
					·	**		
						<u>• • • • • • • • • • • • • • • • • • • </u>	2 comp	100
							PRESIDE	
						15	-	
					_		041505	10.57
Ravin 3737	<u> </u>	<u>.</u>	·	-		7.55%	SALES TAX ESTIMATED	101.57
	Beach	~ 7.					TOTAL	3118=3
AUTHORIZTION_	Beach	7		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