



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1140817
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: _____



1140817

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 <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 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
<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: <input type="checkbox"/> Yes <input type="checkbox"/> No
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Date of First, Resumed Production, SWD or ENHR.	Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other <i>(Explain)</i> _____
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Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity

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> _____	PRODUCTION INTERVAL: _____ _____
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CONSOLIDATED
Oil Well Services, LLC

ENTERED

TICKET NUMBER 41425 ✓
LOCATION Eureka
FOREMAN Steve Reed

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

FIELD TICKET & TREATMENT REPORT

APR 15 2017 28554 CEMENT *[Signature]*

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
4-14-17	3431	G. Edwards 2i-HP	76	233	14E	Woodson
CUSTOMER <u>Hoas Petroleum</u>						
MAILING ADDRESS <u>11551 Ash St Ste 205</u>						
CITY <u>Leawood</u>	STATE <u>Ks</u>	ZIP CODE <u>66211</u>				
TRUCK #	DRIVER	TRUCK #	DRIVER			
<u>485</u>	<u>Alan M.</u>					
<u>667</u>	<u>Chris B</u>					

JOB TYPE Surface C HOLE SIZE 1 7/8" HOLE DEPTH 42' CASING SIZE & WEIGHT 8 5/8"
 CASING DEPTH 40' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 5'
 DISPLACEMENT 2 bbls DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety Meeting: Rig up to 8 5/8" casing. Break circulation w/ Fresh water. Mix 4 sacks class A cement w/ 3% CaCl2. Displace with 2 bbls Fresh water. Shut well in. Good cement Return to surface. Job Complete Rig down

Thank you

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
54015	1	PUMP CHARGE	825.00	825.00
5406	45	MILEAGE	4.00	180.00
11045	4 sacks	Class A cement	14.95	598.00
1102	100*	CaCl2 3%	.74	74.00
5407	1.88 tons	Ton mileage Bulk Truck	mls	350.00
			Sub Total	2022.00
			SALES TAX	42.05
			ESTIMATED TOTAL	2076.05

Rev'n 3737

AUTHORIZATION [Signature] TITLE Toolpusher 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.



CONSOLIDATED
Oil Well Services, LLC

ENTERED

TICKET NUMBER 41428

LOCATION Eureka

FOREMAN Stavrenko

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

FIELD TICKET & TREATMENT REPORT

CEMENT

ART 15-207-28554

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
4-17-13	3451	G. Edwards 2i-HP	36	235	14E	Woodson
CUSTOMER <u>Haas Petroleum</u>						
MAILING ADDRESS <u>11551 Ash ST Ste. 205</u>						
CITY <u>Leawood</u>		STATE <u>Ks</u>	ZIP CODE <u>66211</u>			
TRUCK #	DRIVER	TRUCK #	DRIVER			
<u>485</u>	<u>Alan m.</u>					
<u>479</u>	<u>Colby</u>					
<u>515</u>	<u>Merle</u>					
<u>637</u>	<u>Jim</u>					

JOB TYPE Long string HOLE SIZE 6 3/4 HOLE DEPTH 1737' CASING SIZE & WEIGHT 4 1/2 9.5'
 CASING DEPTH 1736' DRILL PIPE _____ TUBING _____ OTHER o
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT In CASING _____
 DISPLACEMENT 28.4 bbls DISPLACEMENT PSI 700* Bump MIX PSI 1200* RATE _____

REMARKS: Safety Meeting: Rig up to 4 1/2 casing. Break circulation w/ Fresh water. Pump 5 bbl water ahead. Mix 150 sks 60/40 Pozmix Cement w/ 8% Gel + 1" Phenaseal per/sk. Tail in w/ 50 sks Thick set cement w/ 5" Kal-seal per/sk. Wash out pumps & lines. Shutdown. Release plug. Displace with 28.4 bbls Fresh water. Final pumping Pressure 700*. Bump Plug 1200*. Wait 2 min. Release pressure Plug held. Good cement Returns to surface 13 bbls. Tap in. Job complete Rig down.

Thank you

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
<u>54010</u>	<u>1</u>	<u>PUMP CHARGE</u>	<u>1030.00</u>	<u>1030.00</u>
<u>5406</u>	<u>43</u>	<u>MILEAGE</u>	<u>4.06</u>	<u>180.00</u>
<u>1131</u>	<u>150 sks</u>	<u>60/40 Pozmix Cement</u>	<u>12.35</u>	<u>1882.50</u>
<u>1118B</u>	<u>1032 #</u>	<u>Gal 8% Gel</u>	<u>.21</u>	<u>216.72</u>
<u>1107A</u>	<u>130 #</u>	<u>Phenaseal 1" per/sk</u>	<u>1.29</u>	<u>193.50</u>
<u>1126A</u>	<u>50 sks</u>	<u>Thick set cement</u>	<u>19.20</u>	<u>960.00</u>
<u>1110A</u>	<u>250 #</u>	<u>Kal Seal</u>	<u>.46</u>	<u>115.00</u>
<u>5407</u>	<u>9.2 ton</u>	<u>Tan mileage Bulk Trucks 479-515 #</u>	<u>m/c x 2</u>	<u>700.00</u>
<u>5502c</u>	<u>3 hrs</u>	<u>80 bbl Vacuum Truck</u>	<u>90.00</u>	<u>270.00</u>
<u>1123</u>	<u>3000 gallon</u>	<u>CITY WATER</u>	<u>16.54/1000</u>	<u>49.50</u>
<u>4404</u>	<u>1</u>	<u>4 1/2 Top Rubber Plug</u>	<u>45.00</u>	<u>45.00</u>
			<u>Subtotal</u>	<u>5642.22</u>
			<u>SALES TAX 7.5%</u>	<u>252.70</u>
			<u>ESTIMATED TOTAL</u>	<u>5894.91</u>

Ravin 3737

258103

AUTHORIZATION [Signature] TITLE Toolpusher 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

May 21, 2013

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

Re: ACO1
API 15-207-28554-00-00
G. Edwards 2i-HP
SW/4 Sec.36-23S-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