

Confidentiality Requested:

☐ Yes ☐ No

KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION

1142640

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

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: \_\_\_\_\_



1142640

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 (Attach Additional Sheets)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name	Top	Datum
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:				

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 (Amount and Kind of Material Used)	Depth

TUBING RECORD:	Size:	Set At:	Packer At:	Liner Run: <input type="checkbox"/> Yes <input type="checkbox"/> No
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 (Explain) _____			
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 (If vented, Submit ACO-18.)	METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled (Submit ACO-5) <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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**PO Box 884, Chanute, KS 66720**  
**620-431-9210 or 800-467-8676**

API# 15-207-28380

**TICKET NUMBER** 41447

LOCATION Eureka KS

FOREMAN *Shaannon Feck*

## FIELD TICKET & TREATMENT REPORT

## CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER		SECTION	TOWNSHIP	RANGE	COUNTY
4-8-13	3451	Mc Colt 11-HP		35	23S	14E	Woodson
CUSTOMER				<div style="display: flex; align-items: center; justify-content: center;"> <div style="writing-mode: vertical-rl; transform: rotate(180deg); font-weight: bold; margin-right: 10px;">SKYY Drlg</div> <div style="background-color: black; width: 100%; height: 100%;"></div> </div>			
Haas Petroleum							
MAILING ADDRESS							
11551 Ash St Ste 205							
CITY							
Leawood		STATE	KS	ZIP CODE	66211		
				TRUCK #	DRIVER	TRUCK #	DRIVER
				445	Dave G		
				515	Merle R		

JOB TYPE <u>S/P</u>	<u>0</u>	HOLE SIZE <u>12 1/4"</u>	HOLE DEPTH <u>42'</u>	CASING SIZE & WEIGHT <u>8 5/8"</u>
CASING DEPTH <u>40' 6.2</u>		DRILL PIPE <u>—</u>	TUBING <u>—</u>	OTHER <u>—</u>
SLURRY WEIGHT <u>12.5-15#</u>	SLURRY VOL <u>—</u>	WATER gal/sk <u>—</u>	CEMENT LEFT In CASING <u>10'</u>	
DISPLACEMENT <u>2.48b1</u>	DISPLACEMENT PSI <u>—</u>	MIX PSI <u>—</u>	RATE <u>5 BPM</u>	

REMARKS: Safety Meeting, Rig up to 8 5/8" casing, Break Circulation, mixed 40SKS Class A cement w/ 3% calcium. Displace w/ 2.4 Bbl H<sub>2</sub>O + shut casing in. Good circulation @ all times, 2-3 Bbl Slurry to pit. Job complete.

"Thanks Shannon & crew"

[illegible]

Bayin 3737

## AUTHORIZTION

**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.**

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

**ENTER**

AP# 15-207-2838

## FIELD TICKET & TREATMENT REPORT CEMENT

TICKET NUMBER 41482

LOCATION *Eureka*

FOREMAN Rick Ledford

DATE	CUSTOMER #	WELL NAME & NUMBER		SECTION	TOWNSHIP	RANGE	COUNTY
4-11-13	3451	M'Colt 1i-HP		35	233	14E	Ward
CUSTOMER Haas Petroleum LLC							
MAILING ADDRESS 11551 Ash St. Ste 205							
CITY Lealand		STATE KS	ZIP CODE	TRUCK #	DRIVER	TRUCK #	DRIVER
				520	John		
				515	Colby		
				667	Chris B.		

JOB TYPE <u>L/S</u> <u>0</u>	HOLE SIZE <u>6 3/4"</u>	HOLE DEPTH <u>1720'</u>	CASING SIZE & WEIGHT <u>4 1/2" 16.5#</u>
CASING DEPTH <u>1729'</u>	DRILL PIPE	TUBING	OTHER
SLURRY WEIGHT <u>12.80-13.50</u>	SLURRY VOL <u>6.1 Bbl</u>	WATER gal/sk <u>8.0-9.0</u>	CEMENT LEFT in CASING <u>0'</u>
DISPLACEMENT <u>27 1/2 Bbl</u>	DISPLACEMENT PSI <u>900</u>	MAX PSI <u>1400 Bump plus</u>	RATE

REMARKS: Safety meeting- Rig up to 4 1/2" casing. Break circulation w/ 10 Bbl fresh water. Mix 150 sacks 100/40 Permian cement w/ 8% gel + 1" phenosan/sk @ 12.8"/gal. Tail in w/ 50 sacks thickset cement w/ 5" Kelzol/sk @ 13.5"/gal. Washout pump & lines, release plug. Displace w/ 27 1/2 bbl fresh water. Final pump pressure 900 PSI. Bump plug to 1400 PSI. release pressure, shut & plug held. Cement returns to surface = 10 Bbl slurry to pit. 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	45	MILEAGE	4.00	180.00
1131	150 sacks	100/40 Pozmix cement	12.55	1882.50
118B	1035	8% gravel	.21	217.35
1102A	150"	1" phenoxal/se	1.29	193.50
1121A	50 sacks	thickset cement	19.20	960.00
1110A	250"	5" Kol-seal/se	.46	115.00
5407A	8.55	ton mileage bulk tires x2	m/l	200.00
4404	1	4 1/2" top rubber plug	45.00	45.00
			Subtotal	5323.35
			SALES TAX	249.19

Ravin 3737

258006

232

Subtotal	5323.35
SALES TAX	249.19
ESTIMATED TOTAL	5572.54

### AUTHORIZATION

**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.**

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 28, 2013

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

Re: ACO1  
API 15-207-28380-00-00  
McColt 1i-HP  
SE/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