Confidentiality Requested: Yes No

KANSAS CORPORATION COMMISSION **OIL & GAS CONSERVATION DIVISION**

1160061

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:	
Address 2:	Feet from Dorth / South Line of Section
City: State: Zip:+	Feet from East / West Line of Section
Contact Person:	Footages Calculated from Nearest Outside Section Corner:
Phone: ()	
CONTRACTOR: License #	GPS Location: Lat:, Long:
Name:	(e.g. xx.xxxx) (e.gxxx.xxxx)
Wellsite Geologist:	Datum: NAD27 NAD83 WGS84
Purchaser:	County:
Designate Type of Completion:	Lease Name: Well #:
New Well Re-Entry Workover	Field Name:
	Producing Formation:
☐ Oil ☐ WSW ☐ SWD ☐ SIOW □ Gas □ D&A □ ENHR □ SIGW	Elevation: Ground: Kelly Bushing:
OG GSW Temp. Abd.	Total Vertical Depth: Plug Back Total Depth:
CM (Coal Bed Methane)	Amount of Surface Pipe Set and Cemented at: Feet
Cathodic Other (Core, Expl., etc.):	Multiple Stage Cementing Collar Used?
If Workover/Re-entry: Old Well Info as follows:	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	Drilling Fluid Management Plan
Plug Back Conv. to GSW Conv. to Producer	(Data must be collected from the Reserve Pit)
	Chloride content: ppm Fluid volume: bbls
Commingled Permit #:	Dewatering method used:
Dual Completion Permit #:	
SWD Permit #: ENHR Permit #:	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	Quarter Sec Twp S. R East West
Recompletion Date Reached TD Recompletion Date of 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	1160061
Operator Name:	Lease Name:	Well #:
Sec TwpS. 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 She	eets)	Yes No		Log Formatic	on (Top), Depth an	d Datum	Sample
Samples Sent to Geological Survey		Yes No	Na	me		Тор	Datum
Cores Taken Electric Log Run		☐ Yes ☐ No ☐ Yes ☐ No					
List All E. Logs Run:							
		CASING Report all strings set-		New Used ntermediate, producti	on, 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 / S	QUEEZE RECORD			
Purpose: Perforate	Depth Top Bottom	Type of Cement	# Sacks Used		Type and Po	ercent Additives	
Protect Casing Plug Back TD							
Plug Off Zone							
Did you perform a hydraulic	fracturing treatment of	on this well?		Yes	No (If No, ski	o questions 2 an	d 3)

Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons?
Was the hydraulic fracturing treatment information submitted to the chemical disclosure registry?

	(11100,	экір	questions 2
No	(If No,	skip	question 3)

Yes

Yes

No (If No, fill out Page Three of the ACO-1)

Shots Per Foot	Shots Per Foot PERFORATION RECOR Specify Footage of E				ORD - Bridge Plugs Set/Type of Each Interval Perforated		Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used)			Depth
TUBING RECORD:	Siz	e:	Set At:		Packer	r At:	Liner R	un:	No	
Date of First, Resumed	I Producti	on, SWD or ENHF	ł.	Producing N		ping	Gas Lift	Other (Explain)		
Estimated Production Per 24 Hours		Oil Bb	S.	Gas	Mcf	Wate	er	Bbls.	Gas-Oil Ratio	Gravity
DISPOSITION OF GAS:		METHOD OF COMPLETION		TION:		PRODUCTION IN	TERVAL:			
Vented Solo	d 🗌 u	Jsed on Lease		Open Hole	Perf.		Comp.	Commingled		
(If vented, Submit ACO-18.)				Other (Specify))	(Submit)	,	(Submit ACO-4)		

Lease Owner:Haas

.

Anderson County, KS
Well:Zastrow 26-HPTown Oilfield Service, Inc.
(913) 837-8400Commenced Spudding:
7-18-2013

WELL LOG

Thickness of Strata	Formation	Total Depth
10	sand clay	10
39	shale	19
27	lime	76
14	shale	90
3	lime	93
3	shale & lime	96
1	lime	97
47	shale	144
10	lime	154
8	shale	162
37	lime	199
9	shale	208
22	lime	230
3	shale	233
22	lime	255
3	shale	258
4	lime	262
8	sandy shale	270
16	shale	286
6	sand	292
16	shale	308
12	sand & sandy shale	320
64	shale	384
7	sand	391
4	sandy shale	395
26	shale	421
2	lime	423
7	shale	430
2	lime	432
3	shale	435
10	lime	445
10	shale	455
7	sand	462
4	sandy shale	466
8	shale	474
9	sand	483
10	sandy shale	493
3	shale	496
2	coal	498
8	lime	506

Anderson County, KS Well:Zastrow 26-HP Lease Owner:Haas

.

ı.

Town Oilfield Service, Inc. (913) 837-8400

4	shale	510
2	lime	512
9	shale	521
5	lime	526
22	Ishale	548
11	lime	559
22	shale	581
2	lime	583
10	shale	593
3	lime	596
12	shale	608
5	and	613
5	sandy shale	618
34	shale	652
23	sandy shale and sand	675
22	shale	697
2	lime	699
5	shale	704
21	sand	725
4	sand	729
1		730
1	sand	
**	sand	732
1	broken sand	733
5	sandy shale	738
62	shale	800-TD
		-
		· · · · · · · · · · · · · · · · · · ·
·		
		1
	<u></u>	

CONSOLIDATE	_
-------------	---

260756

TICKET NUMBER <u>42191</u> LOCATION <u>Offacua, KS</u> FOREMAN <u>Casey Kennedy</u>

PO Box 884, Chanute, KS 66720 620 424 0010 000

ŧ

i

FIELD TICKET & TREATMENT REPORT

	Dr 800-467-8676		CEME	NT			
DATE	CUSTOMER #	WELL NAME & N	IUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
CUSTOMER	3451	Zastrow # 24	<u> </u>	NW 13	20	20	AN
Haas Po	troleum			TRUCK #			e interfettisteritta
MAILING ADDRE	SS			481	DRIVER	TRUCK #	DRIVER
11551	Ash St. S.	vite 205		lolely	Coch	+	-{
UITY .		STATE ZIP CODE	7	510	Stre	-+	+
Lowood		KS 66211		675	Keint	┽────	+
JOB TYPE	string_ +	IOLE SIZE 57/4"	HOLE DEPT		CASING SIZE &	WEIGHT J7/	" FUE
CASING DEPTH	765 0	DRILL PIPE			_	OTHER	
SLURRY WEIGHT			WATER gal/	/sk	CEMENT LEFT In		
DISPLACEMENT_		SPLACEMENT PSI	MIX PSI		RATE 4.56		
REMARKS: he	ld satisfy a	weeting establish	hed circu	btion niv	ed truchog	d south I	Touris
<u>sel follou</u>	red by 10	Has fresh water	mixed t	and 10	28 ster Ster	PARAL	nousert
عو مرح اند	a per sie	, concert to	watere -	Hushed pur	a doon , o	unad :	
	to casing	TD w/ 4.43	bbls freel	water, p	ressured to	800 PS1	, released
pressure, st	ut in ari	Ng					
					<u>}</u> ,[]		
			- <u>-</u>			·	
					$= \mu \mu$		
ACCOUNT		<u> </u>	-		_/	r	·
	QUANITY or		DESCRIPTION of	f SERVICES or PRO)DUCT		TOTAL
5401		PUMP CHAP	RGE				1085,00
5406	on lea	SC MILEAGE	<u></u>		<u> </u>		<u> </u>
5402	765'	<u> </u>			·		
5407	1/2 min		nileage				184,00
55026	1.5 hrs	80 1	<u>ac</u>			ļ	135,00
						L	
	<u> </u>		<u> </u>	P.		ļ	
1124	108 sks		Poznix	cement			1242.00
11188	381 #_	Preur	un Gel				83.82
4402		2%"1	ther plu.	<u> </u>			29.50
				/			
							
					<u></u>		
					<u> </u>	┟╌───╉╶╸	 - "
						complet	nn
		·				UCHARIE	
		<u> </u>			-1 -1		
			·				
						SALES TAX	103.68
vin 3737							
yn 3737	/ _	~~~				ESTIMATED TOTAL	2863.00

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

September 26, 2013

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

Re: ACO1 API 15-003-25909-00-00 Zastrow 26-HP NW/4 Sec.13-20S-20E Anderson 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