

Confidentiality Requested:

Yes No

Kansas Corporation Commission Oil & Gas Conservation Division

1163854

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:			F6	eet 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 l	Name: _			Well #:		
Sec Twp	S. R	East V	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	itic pressures, bot d.	tom hole temp	erature, flui	d recovery,
Final Radioactivity Lo- files must be submitte						gs must be ema	ailed 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	e		Тор	Da	tum
Cores Taken Electric Log Run		☐ Yes ☐ Yes	☐ No ☐ No							
List All E. Logs Run:										
			CASING		☐ Ne					
	0: 11-1-	· ·				ermediate, product		// Ol	T	d Damasat
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 F	ercent Additives		
Perforate Protect Casing										
Plug Back TD Plug Off Zone										
Did you perform a hydrau	•					Yes	No (If No, ski	p questions 2 ar	nd 3)	
Does the volume of the to							= :	p question 3)	of the ACO	()
Was the hydraulic fractur	ing treatment information	on submitted to the	e chemicai d	isciosure re	gistry?	Yes	No (If No, fill	out Page Three	or the ACO-1	<i>)</i>
Shots Per Foot		ION RECORD - I Footage of Each I					cture, Shot, Cement mount and Kind of Ma		d	Depth
TUBING RECORD:	Size:	Set At:		Packer A	i:	Liner Run:	Yes No			
Date of First, Resumed	Production, SWD or Ef	NHR. Prod	ducing Meth	ıod:		1				
			Flowing	Pumpin	g	Gas Lift C	Other (Explain)			
Estimated Production Per 24 Hours	Oil	Bbls.	Gas	Mcf	Wate	er B	bls. (Gas-Oil Ratio		Gravity
DISPOSITIO	ON OF GAS:		M	METHOD OF	COMPLE	ETION:		PRODUCTION	ON INTERVA	
Vented Sold		Open		Perf.	Dually	Comp. Cor	mmingled			
	bmit ACO-18.)		(Specify)		(Submit)	ACO-5) (Sub	mit ACO-4)			

Skyy Drilling, L.L.C. Park Place – Becker Building 11551 Ash Street, Suite # 205 Leawood, Kansas 66211 Office (913) 499-8373 Fax (913) 766-1310

September 6, 2013

Company: Haas Petroleum, LLC

11551 Ash Street, # 205 Leawood, Kansas 66211

Lease:

Arnold - Well #9 HP

County:

Woodson

Spot:

W2 NE SW NE Sec 35, Twp 23, R 14 E

API:

15-207-28298-00-00

TD:

2015'

Total Footage 2015'
Total Rig Time 21 Hours
25 Sacks Cement
Total Dozer Work 6 Hours





TICKET NUMBER 43472 /
LOCATION FUICH FOREMAN RICH Ledford

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

FIELD TICKET & TREATMENT REPORT

CEMENT APZ# JS-267-28278

320 -4 3 1-82 10 (Or 800-407-867	0		CEMEN	ł .	Mr1-13-20	7 - 2 OC 18	
DATE	CUSTOMER#	WELL	NAME & NÚM	SER	SECTION	TOWNSHIP	RANGE	COUNTY
7-29-13	3451	Acoald	9-HP		35	235	146	Woodsen
CUSTOMER								
Ha	as Actialan	10] [TRUCK#	DRIVER	TRUCK#	DRIVER
MAILING ADDRE	ESS		· -] [57	Chris B.		<u> </u>
115	SI Ash S	<u> </u>		. [4 79	Chrism		
CITY		STATE	ZIP CODE	[.	667	Male		
Legi	sna d	K.s	(421)	[-			
	5_0	HOLE SIZE		HOLE DEPTH	1730'	CASING SIZE & \	NEIGHT <u>4%"</u>	9.5*
CASING DEPTH	1735'	DRILL PIPE		TUBING			OTHER	
SLURRY WEIGH	IT/284-/3.5#	SLURRY VOL_	OBW	WATER gal/si	80,90	CEMENT LEFT In	CASING 0 1	
		DISPLACEMENT						
REMARKS: 5	afety marki	29- R19 10	to 41/2"	esing Bi	POL CICHOT	in 4/5 6	bl fresh wo	te. Myad
ISO SUS GO	140 Pozmin Co	ment -/ 87	201 +19/	erosoi/se 6	77.84 Jool	Tail in 4/5	o sas thice	est coment
1/58 Kales	m/sx @ /3.5	14/gel was	hart purp of	· Ines, Ide	rese plug. C	14/ac 4/28	Bbl fresh w	oty. Final
PIPO OKASHI	e 600 lsI.	Burn alvo to	1000 RS1.	release of	versure Flood	d pula pula. a	ad cent o	ethins to
Surday = 11	And show to	pit Job	constate 0	a down	,			
	7	7						
			" Thank	/w"				
ACCOUNT		or UNITS			SERVICES or PI		UNIT PRICE	TOTAL

ACCOUNT CODE	QUANITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401		PUMP CHARGE	1085.00	1085.00
5716	45	MILEAGE	4.20	189.00
1131	150 SK3	60/40 Poznie remat	/3.18	1977.00
11186	1032 \$	820	.22	227.04
UPA	150#	1th phoneson /su	1.35	202.50
11264	50 ses	thicket cement	26.11	1008:00
Illat:	250	5th Kel-seal/su	.46	/15.40
540	9.2	ten milege bulk trk 22	m/c e 2	736.00 V
4404	/	41/2" top water plan	47.25	47.25
			ろんなさつ	5586.79
		7.15%	SALES TAX	255.742
in 9797	3 - H. M	2 86186	ESTIMATED TOTAL	584253
JTHORIZTION_	The time	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/

Sam Brownback, Governor

Mark Sievers, Chairman Thomas E. Wright, Commissioner Shari Feist Albrecht, Commissioner

October 18, 2013

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

Re: ACO1 API 15-207-28298-00-00 Arnold 9-HP NE/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