



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1172786
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: _____



1172786

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 <i>(Attach Additional Sheets)</i>	<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 <i>(Amount and Kind of Material Used)</i>	Depth

TUBING RECORD: Size: _____ Set At: _____ Packer At: _____ Liner Run: Yes No

Date of First, Resumed Production, SWD or ENHR: _____ Producing Method: Flowing Pumping Gas Lift Other *(Explain)* _____

Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
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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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Miami County, KS
 Well: Hanahan 4-HP
 Lease Owner: Haas Petroleum

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

Commenced Spudding:
 11-6-2013

WELL LOG

Thickness of Strata	Formation	Total Depth
5	soil/clay	5
17	lime	22
8	shale	30
3	lime	33
10	shale	43
9	lime	52
40	shale	92
16	lime	108
9	shale	117
45	lime	145
7	shale	152
23	lime	175
6	shale	181
4	lime	185
3	shale	188
4	lime	192
23	shale	215
30	sandy shale	245
50	shale	295
7	sand	302
6	sandy shale	308
18	shale	326
2	sand	328
14	sand	342
1	lime	343
3	broken sand	346
1	lime	347
3	sand	350
1	lime	351
1	broken sand	352
1	broken sand	353
1	shale	354
15	lime	369
14	sand	383
12	sandy shale	395
5	shale	400-TD

Holman Farm: Missouri County

KS State; Well No. 4-111D

Elevation 890

Commenced Spuding 11-6 2012

Finished Drilling 11-7 2013

Driller's Name Chad Weaver

Driller's Name _____

Driller's Name _____

Tool Dresser's Name Cole Holman

Tool Dresser's Name _____

Tool Dresser's Name _____

Contractor's Name TOS

30 17 22

(Section) (Township) (Range)

Distance from N line, 495 ft.

Distance from W line, 114 ft.

4 sacks
**CASING AND TUBING
RECORD**

10" Set _____ 10" Pulled _____
7 1/2" Set 20' 8" Pulled _____
6 1/2" Set _____ 6 1/2" Pulled _____
4" Set _____ 4" Pulled _____
2 1/2" Set 382.10 2" Pulled _____
400 TD

158	159	160	161	162	163	164	165	166	167	168	169
133	134	135	136	137	138	139	140	141	142	143	144
108	109	110	111	112	113	114	115	116	117	118	119
83	84	85	86	87	88	89	90	91	92	93	94
58	59	60	61	62	63	64	65	66	67	68	69
33	34	35	36	37	38	39	40	41	42	43	44
8	9	10	11	12	13	14	15	16	17	18	19



CONSOLIDATED
Oil Well Services, LLC

263806

TICKET NUMBER 44787

LOCATION Ottawa

FOREMAN Alan Maden

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

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
11-7-13	3451	Hannahan #4 HP	NW 32	17	22	Mi
CUSTOMER Haas Petroleum			TRUCK # DRIVER TRUCK # DRIVER			
MAILING ADDRESS 11551 A64 Ste 205			516	Al Mad	Safety	Meat
CITY STATE ZIP CODE keewood KS 66211			368	Al Mad		
			369	Der Mas		
			548	M:K Haas		

JOB TYPE long string HOLE SIZE 5 1/8 HOLE DEPTH 400 CASING SIZE & WEIGHT 2 3/8
 CASING DEPTH 382 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING yes
 DISPLACEMENT _____ DISPLACEMENT PSI 800 MIX PSI 200 RATE 4 bpm

REMARKS: Held meeting, established rate down casing. Mixed & Pumped 100# gel followed by 58 sk 50/50 cement plus 290 gel. Circulated cement, flushed pump. Pumped plug to casing TD. Well held 800 PSI. Set float, closed valve.

TOS, Chad

Alan Maden

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	368	4075.00 ✓
5406	1	MILEAGE	368	✓
5402	382	Casing footage	368	✓
5407	1/2 min	ten miles	548	18400 ✓
5502C	1/2	80 vac	369	13500 ✓
1124	58	50/50 cement		667.00 ✓
118B	197#	gel		43.34 ✓
4402	1	2 1/2 plug		22.50 ✓
				SALES TAX ESTIMATED TOTAL 520.61 ✓
				2200.45 ✓

completed

Revin 3737

no company rep on site

AUTHORIZATION Jim Oke

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.