

Confidentiality Requested:

Yes No

## Kansas Corporation Commission Oil & Gas Conservation Division

1183504

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:	SecTwpS. R 🗌 East 🗌 West
Address 2:	Feet from
City: State: Zip:+	Feet from _ East / _ West Line of Section
Contact Person:	Footages Calculated from Nearest Outside Section Corner:
Phone: ()	□NE □NW □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: Well #:
☐ New Well ☐ Re-Entry ☐ Workover	Field Name:
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:	Producing Formation:  Elevation: Ground: Kelly Bushing: Feet  Total Vertical Depth: Plug Back Total Depth: Feet  Multiple Stage Cementing Collar Used? Yes No  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  Plug Back Conv. to GSW Conv. to Producer  Commingled Permit #:  Dual Completion Permit #:  SWD Permit #:	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:
☐ ENHR         Permit #:           ☐ GSW         Permit #:	Operator Name:
Connection Connection	Lease Name: License #:
Spud Date or Date Reached TD Completion Date or Recompletion Date Recompletion Date	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 III Approved by: Date:							

Page Two



Operator Name:			Lease Name: _			Well #:		
Sec Twp	S. R	East West	County:					
open and closed, flow and flow rates if gas t	ving and shut-in presson to surface test, along w	formations penetrated. I ures, whether shut-in pro vith final chart(s). Attach	essure reached stati n extra sheet if more	c level, hydrosta space is neede	itic pressures, bott d.	tom hole tempe	erature, fluid r	recovery,
		otain Geophysical Data a or newer AND an image		egs must be ema	ailed to kcc-well-lo	gs@kcc.ks.gov	v. Digital elec	tronic log
Drill Stem Tests Taken (Attach Additional	•	Yes No		_	on (Top), Depth ar		Samp	
Samples Sent to Geo	ological Survey	☐ Yes ☐ No	Nam	e		Тор	Datur	m
Cores Taken Electric Log Run		☐ Yes ☐ No ☐ Yes ☐ No						
List All E. Logs Run:								
		CASING	RECORD Ne	ew Used				
		Report all strings set-	conductor, surface, inte	ermediate, product	ion, 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 P Additiv	
		ADDITIONAL	OFMENTING / OOL					
Purpose:	Depth		CEMENTING / SQL	JEEZE RECORD		araant Additiraa		
Perforate	Top Bottom	Type of Cement	# Sacks Used		Type and F	ercent Additives		
Protect Casing Plug Back TD								
Plug Off Zone								
Did you perform a hydra	ulic fracturing treatment o	on this well?		Yes	No (If No, ski	p questions 2 ar	nd 3)	
	=	raulic fracturing treatment ex	xceed 350,000 gallons			p question 3)	,	
Was the hydraulic fractu	ring treatment information	n submitted to the chemical	disclosure registry?	Yes	No (If No, fill	out Page Three	of the ACO-1)	
Shots Per Foot		ON RECORD - Bridge Plug Footage of Each Interval Per			cture, Shot, Cement			Depth
	Сроспу Г	octago of Laon morvar i or	ioratou	(>1	mount and rand or ma	teriar Good)		<u> Борит</u>
TUBING RECORD:	Size:	Set At:	Packer At:	Liner Run:	Yes No			
Date of First, Resumed	Production, SWD or EN							
Fotimeted Device C	0" -	Flowing			Other (Explain)	) O" D "		
Estimated Production Per 24 Hours	Oil E	Bbls. Gas	Mcf Wate	er B	bls. G	Gas-Oil Ratio	Gr 	ravity
DISPOSITI	ON OF GAS:	1	METHOD OF COMPLE	ETION:		PRODUCTIO	ON INTERVAL:	
Vented Sold		Open Hole	Perf. Dually	Comp. Con	mmingled			
	bmit ACO-18.)	Other (Specify)	(Submit )	ACO-5) (Sub	omit ACO-4)		-	

Form	ACO1 - Well Completion
Operator	Haas Petroleum, LLC
Well Name	West 7-HP
Doc ID	1183504

# Casing

Purpose Of String	Size Hole Drilled	Size Casing Set	Weight		Type Of Cement		Type and Percent Additives
Surface	9.8750	7.0000	17.0	20	Regular	25	None
Longstring	5.6250	2.8750	6.5	682	Poz Mix	107	50/.50

mistal 10/28/13 OWH CIAY 4-50 Lime 50-60-78 Shale 78- 98 line 98-11-3 Schale 113-115 · lime. 115-175 Thele 175-216 line 216-220 Black State 220- 240 Hime: 290-260 Shake 260- and me 270-280 Schale 280-360 line 360-SID Big Schale 510- 514 line 5/4- 977 Schale 600-602 lime 602-510 Shele 610-615 lime 615 657 Johala 679 ppe 657-665 o. Sand 665-690 Schale

690 tD

Park Sept.



264050

TICKET NUMBER LOCATION Officea FOREMAN Casey

**SALES TAX** 

	hanute, KS 66720 or 800-467-8676	FIEED TICKET	CEMEN		'URI	-	
DATE	CUSTOMER#	WELL NAME & NUME		SECTION	TOWNSHIP	RANGE	COUNTY
11/15/13	3457	West # 7-H	P	NEI	16	21	MI
CUSTOMER	, TD + 1.						7001
Haa! MAILING ADDRE	s Petroleum			TRUCK#	DRIVER	TRUCK#	DRIVER
		5 11 705		Q729	Casken	V Safete	Modino
1155		Juite 205	<b>!</b>	lelelo	Gar Moo		
YTIC	STA			228	Mat Coc	1	
Leauson	od	KS (0621)		370	Jas Ric	V /	1
ОВ ТҮРЕ <u> [ А "</u>		LE SIZE	HOLE DEPTH	690'	CASING SIZE & V	VEIGHT 27	E"EVE
ASING DEPTH	(082 DRI	ILL PIPE	TUBING			OTHER	
LURRY WEIGH		JRRY VOL	WATER gal/sk		CEMENT LEFT In	/——	
ISPLACEMENT	3. 95 bbs DIS		MIX PSI		RATE 4.5 BE		<u></u>
EMARKS: 1/2	eld safety un	eeting establishe	deireda	tion mail	ced + ana		# Premio
Sel fillow	- 0 1 .Z.v.	. 15 /	nixed	+ pumpe	A 100-1-	5950	
aunes I	v/ 3% acl		4 1	Surfaco	7	,	Hommix
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				·			
ACCOUNT							
CODE	QUANITY or U	NITS DES	SCRIPTION of S	ERVICES or PR	ODUCT	UNIT PRICE	TOTAL
5901		PUMP CHARGE	=				1085,00
5406	20 mi	MILEAGE			•		84,00
5402	(282	Casi rc	tootage				
5407	minimo		leage	··			365.00
5026		1607 11	0.0		<del></del>		
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1124	107 skg 380 #	5 50	107mix	Cemerai 9	t		1230.50
1118B	380 #	- Premiu	um Gel	<u> </u>			83.60
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ESTIMATED TOTAL AUTHORIZTION No Co Rep on location 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