

Confidentiality Requested:

☐ Yes ☐ No

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

1196538

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: _____

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> Samples Sent to Geological Survey Cores Taken Electric Log Run List All E. Logs Run:	<div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> Name Top Datum </div>
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<div style="text-align: center;"> CASING RECORD <input type="checkbox"/> New <input type="checkbox"/> Used Report all strings set-conductor, surface, intermediate, production, etc. </div>							
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	

<p>DISPOSITION OF GAS:</p> <p><input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease</p> <p><i>(If vented, Submit ACO-18.)</i></p>	<p>METHOD OF COMPLETION:</p> <p><input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled</p> <p><i>(Submit ACO-5)</i></p> <p><input type="checkbox"/> Other (Specify) _____</p>	<p>PRODUCTION INTERVAL:</p> <p>_____</p> <p>_____</p>
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Form	ACO1 - Well Completion
Operator	Haas Petroleum, LLC
Well Name	Shambaugh 'B' 34-HP
Doc ID	1196538

Casing

Purpose Of String	Size Hole Drilled	Size Casing Set	Weight	Setting Depth	Type Of Cement	Number of Sacks Used	Type and Percent Additives
Surface	12.2500	8.6250	15	40	Regular	25	
Longstring	6.7500	4.5000	9.5	2139	Cement	60	Quick Set

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

March 18, 2014

Company: Haas Petroleum, LLC
11551 Ash Street, # 205
Leawood, Kansas 66211

Lease: Shambaugh B– Well # 34 HP
County: Greenwood
Spot: W2 E2 NW NW Sec 22, Twp 23, R 13 E
API: 15-073-24202-00-00
Spud: February 24, 2013
TD: 2148'

Total Footage 2148'
Total Rig Time 21 Hours
25 Sacks Cement
Total Dozer Work 12 Hours


CONSOLIDATED
 OIL & GAS SERVICES, LLC

266581

TICKET NUMBER 45893LOCATION EurekaFOREMAN Steve Head
 PO Box 884, Chanula, KS 66720
 620-431-9210 or 800-457-8676

FIELD TICKET & TREATMENT REPORT

CEMENT APT 15-073-24202

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
3-14-14	2451	Shambaugh 334 HP	22	235	17E	Greenwood
CUSTOMER						
MAILING ADDRESS						
CITY						
STATE						
ZIP CODE						
Hole Size						
Hole Depth						
Casing Size & Weight						
Drill Pipe						
Tubing						
Slurry Weight						
Slurry Vol						
Water gal/sk						
Cement Left in Casing						
Displacement						
Displacement PSI						
Rate						

JOB TYPE 4/5 5 HOLE SIZE 6 7/8 HOLE DEPTH 2148' CASING SIZE & WEIGHT 4 1/2 9.5*

CASING DEPTH 2139' DRILL PIPE TUBING OTHER

SLURRY WEIGHT SLURRY VOL WATER gal/sk CEMENT LEFT in CASING

DISPLACEMENT 34.65 DISPLACEMENT PSI 300 Bump 650* RATE

REMARKS: Safety Meeting: Rig up to 4 1/2 casing. Break circulation. Pump
10 bbls Fresh water ahead. Mix 60 sks Thickset Cement w/ 5# Kal-Seal
Perisk 1# Phenoseal perisk - Shutdown. Release Plug. Displace w/
34.65 bbls Freshwater. Final Pumping Pressure 300* Bump Plug 650*
Wait 2 min Release Pressure. Plug held. Good Circulation During
Job. Job Complete Rig down

Thank you

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	1085.00	1085.00
5406	30	MILEAGE	4.20	126.00
1126A	60 sks	Thick Set Cement	20.16	1209.60
1120A	300*	Kal Seal 5# per/sk	.45	138.00
1107A	60*	Phenoseal 1# per/sk	1.35	81.00
5407	3.3 Ton	Ton mileage Bulk Truck	NYC	368.00
4404	1	4 1/2 Rubber Plug	47.25	47.25
5502C	4 hrs	80 bbl vacuum Truck	90.00	360.00
1123	3000 gellen	CITY water	12.39/1000	51.90
		SubTotal		3466.75
		30% Dis -		428.58
				3038.17
		Sale Tax	2.15% +	78.60
				3116.77

Ravin 3737

AUTHORIZATION

TITLE

ESTIMATED
TOTAL

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.