

Confidentiality Requested:

☐ Yes ☐ No

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

1208020

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: _____

Sec. _____ Twp. _____ S. R. _____ ☐ East ☐ West County: _____

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:					

<div style="text-align: center;"> CASING RECORD <input type="checkbox"/> New <input type="checkbox"/> Used </div> <div style="text-align: center;">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	Bbbs.	Gas	Mcf	Water	Bbbs.	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 <i>(Specify)</i> _____</p>	<p>PRODUCTION INTERVAL:</p> <p>_____</p> <p>_____</p>
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Form	ACO1 - Well Completion
Operator	Haas Petroleum, LLC
Well Name	Griblin 21-HP
Doc ID	1208020

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	6.75000	4.5000	9.5	2117	Poz Mix	110	60/40

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

April 14, 2014

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

Lease: Griblin– Well # 21 HP
County: Greenwood
Spot: W2 NW NE NE/4 Sec 21, Twp 23, R 13 E
API: 15-073-24201-00-00
Spud: March 27, 2014
TD: 2116'

Total Footage 2116' @ \$13.00 Per Foot:	\$27,508.00
Total Rig Time 21 Hours @ \$250.00 Per Hour	\$ 5,250.00
25 Sacks Cement @ \$11.00 Per Sack	\$ 275.00
Total Dozer Work 12 Hours \$100.00 Per Hour	<u>\$ 1,200. 00</u>
TOTAL	\$34,233.00

CEMENT FIELD TICKET AND TREATMENT REPORT

Customer	Hass Petroleum 3451	State/County	Woodson, Kansas	Cement Type	CLASS A
Job Type	Long String	Section	21	Excess (%)	
Customer Acct #		TWP	23n	Density	12.8/13.6
Well No	Griplin 21-HP	RGE	13e	Water Required	9.5/9.02
Mailing Address		Formation		Yield	1.81/1.85
City & State		Tubing		Sacks of Cement	110/50
Zip Code		Baffle plate	2106	Slurry Volume	35.4/16.4
Contact		Casing Size	4.5 9.5#	Displacement	34.1
Email		Hole Size	6 3/4	Displacement PSI	400/500
Cell		Casing Depth	2117	MIX PSI	200
Dispatch Location	EUREKA	Hole Depth	2116	Rate	4.2

Code	Cement/Pump Charges and Mileage	Quantity	Unit	Price per Unit	
5401	CEMENT PUMP (2 HOUR MAX)	1	2 HRS MAX	\$1,085.00	\$ 1,085.00
5406	EQUIPMENT MILEAGE (ONE-WAY)	32	PER MILE	\$4.20	\$ 134.40
5407	MIN. BULK DELIVERY (WITHIN 50 MILES)	1	PER LOAD	\$368.00	\$ 368.00
0			0	\$0.00	\$ -
0			0	\$0.00	\$ -
0			0	\$0.00	\$ -
0			0	\$0.00	\$ -
0			0	\$0.00	\$ -
0			0	\$0.00	\$ -

EQUIPMENT TOTAL \$ 1,587.40

Code	Cement, Chemicals and Water	Quantity	Unit	Price per Unit	
1131	60/40 POZMIX CEMENT W/ NO ADDITIVES (40% POZ)	110	0	\$13.18	\$ 1,449.80
1118B	PREMIUM GEL/BENTONITE (50#)	750	0	\$0.22	\$ 165.00
1107A	PHENOSEAL	120	0	\$1.35	\$ 162.00
1126A	THICK SET CEMENT (8LB OWC 4% GEL 2% CAL. CHLORIDE)	50	0	\$20.16	\$ 1,008.00
1110A	KOL SEAL (50 # SK)	250	0	\$0.46	\$ 115.00
1107A	PHENOSEAL	25	0	\$1.35	\$ 33.75
0			0	\$0.00	\$ -
0	30% Discount		0	\$0.00	\$ (880.86)
0			0	\$0.00	\$ -
0			0	\$0.00	\$ -
1123	CITY WATER (PER 1000 GAL)	3	0	\$17.30	\$ 51.90

CHEMICAL TOTAL \$ 2,105.39

Code	Water Transport	Quantity	Unit	Price per Unit	
5502C	80 BBL VACUUM TRUCK (CEMENT)	3	BL VACUUM TRUCK (CEM)	\$100.00	\$ 300.00
0			0	\$0.00	\$ -
0			0	\$0.00	\$ -

TRANSPORT TOTAL \$ 300.00

Code	Cement Floating Equipment (TAXABLE)	Quantity	Unit	Price per Unit	
	Cement Basket				

4103	CEMENT BASKET 4 1/2"	1	PER UNIT	\$229.00	\$ 229.00
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0	Centralizer		0	\$0.00	\$ -
0			0	\$0.00	\$ -

0	Float Shoe		0	\$0.00	\$ -
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0	Float Collars		0	\$0.00	\$ -
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0	Guide Shoes		0	\$0.00	\$ -
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0	Baffle and Flapper Plates		0	\$0.00	\$ -
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4236	4 1/2" ALUMINUM BAFFLE PLATE	1	PER UNIT	\$60.00	\$ 60.00
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0	Packer Shoes		0	\$0.00	\$ -
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0	DV Tools		0	\$0.00	\$ -
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0	Ball Valves, Swedges, Clamps, Misc.		0	\$0.00	\$ -
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0			0	\$0.00	\$ -
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0			0	\$0.00	\$ -
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0			0	\$0.00	\$ -
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4404	4 1/2" RUBBER PLUG	1	PER UNIT	\$47.25	\$ 47.25
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0	Downhole Tools		0	\$0.00	\$ -
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CEMENT FLOATING EQUIPMENT TOTAL \$ 336.25

690	DRIVER NAME	John Wade	7.15%	SUB TOTAL	\$ 5209.10
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485	Chris			SALES TAX	\$ -880.07
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515	Colby			TOTAL	\$ 4329.03
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611	Seth		0%	(-DISCOUNT)	\$ 174.56
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637	Meryl			DISCOUNTED TOTAL	\$ 4503.59
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completedAUTHORIZATION Ben H. HumeTITLE John WadeDATE 4-3-14FOREMAN John Wade