



Confidentiality Requested:

Yes  No

KANSAS CORPORATION COMMISSION 1208769  
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: \_\_\_\_\_

1208769

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 <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Attach Additional Sheets)</i>  Samples Sent to Geological Survey <input type="checkbox"/> Yes <input type="checkbox"/> No  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: _____	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample  Name Top Datum
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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: <input type="checkbox"/> Yes <input type="checkbox"/> No
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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 <i>(Explain)</i> _____
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Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity

<b>DISPOSITION OF GAS:</b> <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	<b>METHOD OF COMPLETION:</b> <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> _____	<b>PRODUCTION INTERVAL:</b> _____ _____
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Skyy Drilling, L.L.C.  
800 W. 47<sup>th</sup> Street, Suite # 716  
Kansas City, Missouri 64112  
Office (816) 531-5922  
Fax (816) 753-0140

September 13, 2010

Company: Haas Petroleum, LLC  
800 W. 47<sup>th</sup>, Suite # 716  
Kansas City, Missouri 64112

Lease: Thomsen – Well # 1 HP  
County: Coffey  
Spot: SE-SE-NW Sec 8, Twp 21, SR 14 East  
Spud Date: August 23, 2010  
API: 15-031-22572-00-00  
TD: 2050'

8/22/10: Build location. Start moving in Rig #3.  
8/23/10: Finish rig up. Pump water. Drill rat hole. Spud 12 ¼ surface hole @ 5:00 PM. Drilled from 0' to 41' TD. At TD 41' cir hole clean. Trip out bit rig & ran 40' of 8 5/8 casing. Rig up cementers & cemented with 35 sacks. Plug down @ 7:30 PM. Wait on cement 8 hours. Trip in hole with 6 ¾ PDC bit. Drilled out 5' cement. Under surface @ 3:30 AM. Drilled from 41' to 154'.  
8/24/10: Drilled from 154' to 1163'.  
8/25/10: Drilled from 1163' to 1455' TD. Mud up @ 1289'. CFS 1351', 1354', 1357', 1360', 1363', 1366', 1369', 1372', 1375', 1378'. All CFS was Squirrel sand. At 1455' cir hole. Trip out of hole Shut down. Wait on orders.  
8/30/10: Start back up. Trip back in hole. Cir hole clean. L.D.D.P. & collars. Rig and ran 1452' of 4 ½ casing with packer shoe. Rig up cementers. Set packer @ 1100 PSI. Cemented with 210 sacks. Cemented out the top. Job complete.



**CONSOLIDATED**  
Oil Well Services, LLC

**ENTERED**

TICKET NUMBER 29050

LOCATION EUREKA

FOREMAN RICK Ledford

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																
8-30-10	3451	Thomsen 1-HP	8	21	14E	Coffey																
CUSTOMER Hags Petroleum, LLC			<table border="1"> <thead> <tr> <th>TRUCK #</th> <th>DRIVER</th> <th>TRUCK #</th> <th>DRIVER</th> </tr> </thead> <tbody> <tr> <td>485</td> <td>ALAN</td> <td></td> <td></td> </tr> <tr> <td>479</td> <td>Allen B.</td> <td></td> <td></td> </tr> <tr> <td>436</td> <td>Chris</td> <td></td> <td></td> </tr> </tbody> </table>				TRUCK #	DRIVER	TRUCK #	DRIVER	485	ALAN			479	Allen B.			436	Chris		
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MAILING ADDRESS 800 West 47th st 409																						
CITY Kansas City		STATE Mo	ZIP CODE 64112																			

JOB TYPE logstring HOLE SIZE 6 7/8" HOLE DEPTH 1455' CASING SIZE & WEIGHT 4 1/2" 10.5#  
 CASING DEPTH 1452' DRILL PIPE \_\_\_\_\_ TUBING \_\_\_\_\_ OTHER \_\_\_\_\_  
 SLURRY WEIGHT 13.6# SLURRY VOL \_\_\_\_\_ WATER gal/sk 7.0 CEMENT LEFT in CASING 0'  
 DISPLACEMENT 23.2 DISPLACEMENT PSI 500 ~~1000~~ PSI 6mp plus RATE \_\_\_\_\_

REMARKS: Safety meeting- Rig up to 4 1/2" casing. set packer shoe @ 1100 PSI. Pump 5 Bbl water ahead. Mixed 210 sks 60/40 Perm cement w/ 5# Kol-seal/sk, 4% gel, 1% cacl2 + 1/2" phenosan/sk @ 13.6/gal. washout pump & lines, release plug. Displace w/ 23.2 Bbl fresh water. Final pump pressure 500 PSI. Pump plug to 1000 PSI. release pressure, float hold. Good cement returns to surface = 15 Bbl slurry to pit. Job complete. Rig down.

"THANK YOU"

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	925.00	925.00
5406	30	MILEAGE	3.65	109.50
1131	210 sks	60/40 Perm cement	11.35	2383.50
1110A	1050 #	5# Kol-seal/sk	.42	441.00
1118B	720 #	4% gel	.20	144.00
1102	180 #	1% cacl2	.75	135.00
1107A	105 #	1/2" phenosan/sk	1.15	120.75
5407A	9.03	tan mileage bulk trk	1.20	325.08
5502C	4 hrs	80 Bbl VAC. TRK	100.00/hr	400.00
1123	3000 gals	city water	14.90/1000	44.70
4404	1	4 1/2" top rubber plug	45.00	45.00
4251	1	4 1/2" packer shoe	1315.00	1315.00
4103	2	4 1/2" baskets	208.00	416.00
			Subtotal	6804.53
			SALES TAX	311.85
			ESTIMATED TOTAL	1122.38

Ravin 3737

236303

AUTHORIZATION Witnessed by Ben Harrell

TITLE Toolpusher / Sky Delo

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.