



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1211718
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: _____

1211718

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

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> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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Skyy Drilling, L.L.C.
800 W. 47th Street, Suite # 716
Kansas City, Missouri 64112
Office (816) 531-5922
Fax (816) 753-0140

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

Lease: Hoyt - Well # 2 HP
County: Coffey
Spot: NW SE NW SW Sec 9, Twp 21, SR 14 E
Spud Date: June 1, 2010
API: 15-031-22609-00-00
TD: 2026'

6/1/10: Moved in rig #3. Rigged up. Hauled water. Drilled rat hole. Spud 12 ¼ surface hole @ 2:00 PM. Drilled from 0' to 41' TD. At TD cir hole clean. Tripped out 12 ¼ bit, rigged and ran 40' of 8 5/8 casing. Rigged up cementers and cemented with 35 sacks. Plug down @ 5:45 PM. Shut down for evening.

6/2/10: Start back up. Nipple up. Trip in hole with 6 ¾ PDC bit. Drilled out approx 6' cement. Under surface drilling at 9:35 AM. Drilled from 41' to 668'. Shut down for evening.

6/3/10: Start back up. Drilled from 668' to 1625', mud up @ 1300'. Wait on geologist. Rig up gas detector.

6/4/10: Drilled from 1625' to 1882'. Top Mississippi Lime @ 1683'. Trip drill bit @ 1722'.

6/5/10: Drilled from 1882' to 2026' TD. CFS @ 2026'. At TD 2026' cir hole clean. Trip out to collars. Shut down until Monday morning.

6/7/10: Start up. Trip back to bottom. Cir hole clean. L.D.D.P. & collars. Rig and ran 2019' of 4 ½ casing. Tag bottom with casing. Pick casing up 3' off bottom. Rig up cementers and cement with 125 sacks.

Total Footage 2026' @ \$12.00 Per Foot:	\$24,312.00
Total Rig Time 16 Hours @ \$300.00 Per Foot:	\$ 4,800.00
40' of 8 5/8 Casing @ \$7.50 Per Foot:	<u>\$ 300.00</u>

TOTAL: \$29,412.00



CONSOLIDATED
Oil Well Services, LLC

ENTERED

TICKET NUMBER 28795

LOCATION Eureka

FOREMAN Steven Neal

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
6-1-70	3461	Hovt #2-HQ	9	215	146	Coffey
CUSTOMER Haas Petroleum LLC						
MAILING ADDRESS 800 West 47th St #409						
CITY Kansas City		STATE MO.	ZIP CODE 64117			
			TRUCK #	DRIVER	TRUCK #	DRIVER
			485	Alan		
			543	Dave		

JOB TYPE Surface 0 HOLE SIZE 12 1/4 HOLE DEPTH 42' CASING SIZE & WEIGHT 8 3/4
 CASING DEPTH 40' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 15# SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT 2 bbls DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety Meeting: Rig up to 8 3/4 casing, Break Circulation with Fresh Water. Mix 35 sks Class A Cement w/ 2% Cocl₂, 2% Gel at 15# per gal. Displace with 2 bbls Fresh Water. Shut casing in. Good Cement Returns to Surface. Job Complete Rig down

Thank you

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5405	1	PUMP CHARGE	700.00	700.00
5406	30	MILEAGE	355	10650
11045	35 sks	Class A Cement	13.10	458.50
1102	65#	2% Cocl ₂	.73	47.45
1118A	65#	2% Gel	.17	11.05
5407		Ten Mileage Bulk Truck	m/c	305.00
			Sub Total	1628.50
			SALES TAX	21.40
			ESTIMATED TOTAL	1650.90

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034076

AUTHORIZATION Witness by Doug Cox TITLE Driller Skyy Drif DATE 6-1-70

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.



CONSOLIDATED
Oil Well Services, LLC

ENTERED

TICKET NUMBER 28834

LOCATION Eureka

FOREMAN STEVEN DEAD

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
6-7-10	3451	Hoyt 2-HP				Coffey
CUSTOMER			TRUCK #	DRIVER	TRUCK #	DRIVER
Haas Petroleum, LLC			485	Alan		
MAILING ADDRESS			515	Allen B.		
800 West 47th Ste. 409			437	Tim		
CITY	STATE	ZIP CODE				
Kansas City	MO.	64112				

JOB TYPE Long String HOLE SIZE 6 3/4 HOLE DEPTH 2026' CASING SIZE & WEIGHT 4 1/2 10.5*
 CASING DEPTH 2019' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 12.8* SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT 32 bbls DISPLACEMENT PSI 600* MIX PSI Bump Plug 1100* RATE _____

REMARKS: Safety Meeting. Rig up to 4 1/2 casing. Break circulation with 10 bbls fresh water. Mix 125 sks 60/40 Poz mix cement w/ 5# Kal Seal per/sk 4% Gel, 1% CaCl2 + 1/2# Phenoseal per/sk AT 13.8* per/gal. Shut down. Release Plug. Displace with 32 bbls fresh water. Final pumping pressure 600* Bump Plug AT 1100*. Wait 2 min Release pressure Plug held. Shut well in w/ 0*. Good circulation at all time while cementing. Job complete Rig down

Thank You

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	900.00	900.00
5406	30	MILEAGE	3.55	106.50
1131	125 sks	60/40 Poz mix cement	11.00	1375.00
110A	625#	Kal Seal 5# per/sk	.40	250.00
1118A	430#	Gel 4%	.17	73.10
1102	105#	CaCl2 1%	.73	76.65
1107A	60#	Phenoseal 1/2# per/sk	1.12	67.20
5407	5.37 tons	Ton Mileage bulk Truck	m/c	305.00
5502C	4 hrs	80bbl Vacuum Truck	96.00	384.00
1123	3000 gallons	CITY WATER	14.50 per 1000	43.50
4404	1	4 1/2 Top Rubber Plug.	44.00	44.00
4103	2	4 1/2 Cement Basket	201.00	402.00
			Sub Total	4026.95
			SALES TAX 5.3%	163.51
			ESTIMATED TOTAL	4190.52

Revin 3737

234644

AUTHORIZATION Witness by Ben Harrell

TITLE Tool Pusher Skyy Drilling

DATE 6-7-10

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.