



Confidentiality Requested:

Yes  No

KANSAS CORPORATION COMMISSION 1211366  
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: \_\_\_\_\_

1211366

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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Allen County, KS  
Well: Meiwes 1-HP  
Lease Owner: Haas

Town Oilfield Service, Inc.  
(913) 837-8400

Commenced Spudding:  
6/3/2014

WELL LOG

Thickness of Strata	Formation	Total Depth
2	Soil-Clay	2
33	Lime	35
8	Sandy Shale	43
24	Shale	67
20	Sandy Shale	87
43	Shale	130
40	Lime	170
27	Sandy Shale	197
2	Sandy Lime	199
4	Sand	203
2	Shale and Coal	205
3	Shale	208
6	Lime	214
5	Shale	219
11	Lime	230
13	Shale	243
61	Lime	304
3	Shale	307
35	Lime	332
4	Shale	336
8	Lime	344
2	Shale	346
10	Lime	356
5	Shale	361
9	Lime	370
3	Shale	373
3	Sand	376
4	Shale	380
9	Sandy Shale	389
5	Shale	394
16	Sandy Shale	410
12	Sandy Shale	422
77	Shale	499
5	Sand	504
5	Sandy Shale	509
26	Shale	535
13	Lime	548
12	Shale	560
12	Lime	572
11	Shale	583



Meiwee Farm: \_\_\_\_\_ County

KS State; Well No. 1-440

Elevation \_\_\_\_\_ Ft

Commenced Spuding 6-3 20 14

Finished Drilling 6-5 20 14

Driller's Name \_\_\_\_\_

Driller's Name Chad Weaver

Driller's Name \_\_\_\_\_

Tool Dresser's Name Cole Helburn

Tool Dresser's Name John Lohse

Tool Dresser's Name \_\_\_\_\_

Contractor's Name TOS

(Section) (Township) (Range)

Distance from \_\_\_\_\_ line, \_\_\_\_\_ ft.

Distance from \_\_\_\_\_ line, \_\_\_\_\_ ft.

5-ccks  
CASING AND TUBING  
RECORD

10" Set \_\_\_\_\_ 10" Pulled \_\_\_\_\_

8 1/2" Set 20' 8" Pulled \_\_\_\_\_

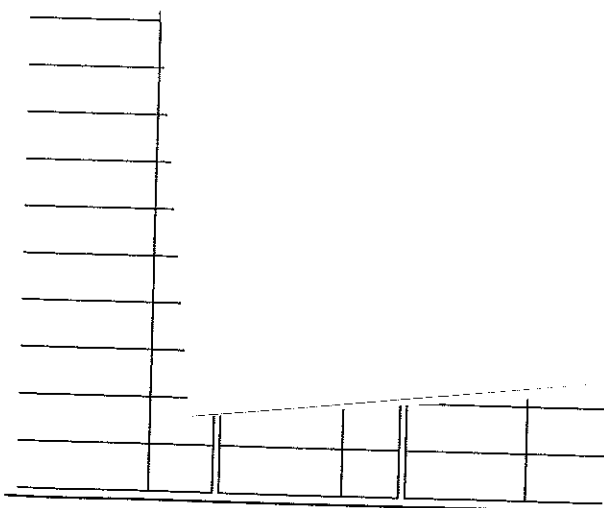
6 1/2" Set \_\_\_\_\_ 6 1/2" Pulled \_\_\_\_\_

4 1/2" Set 1037.60 4" Pulled \_\_\_\_\_

2" Set 1005.00 2" Pulled \_\_\_\_\_

1032 TO

1032 TO





**CONSOLIDATED**  
Oil Well Services, LLC

268781

TICKET NUMBER 47330

LOCATION Ottawa KS

FOREMAN Fred Maden

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
6.5.14	3451	Mirwes # 1 HP	NE 8	24	19	AL

CUSTOMER  
Haas Petroleum, LLC

MAILING ADDRESS  
11551 Ash St. Ste 205

CITY Leawood STATE KS. ZIP CODE 66211

TRUCK #	DRIVER	TRUCK #	DRIVER
712	Fred Mad		
495	KiCar		
370	Bre Mon & Dug Klab		
548	Art McD + Mik Fox		

JOB TYPE Log string HOLE SIZE 6 3/4 HOLE DEPTH 1039 CASING SIZE & WEIGHT 4 1/2"

CASING DEPTH 1037.60 DRILL PIPE \_\_\_\_\_ TUBING \_\_\_\_\_ OTHER \_\_\_\_\_

SLURRY WEIGHT \_\_\_\_\_ SLURRY VOL \_\_\_\_\_ WATER gal/sk \_\_\_\_\_ CEMENT LEFT in CASING 4 1/2" Plug

DISPLACEMENT 16.46 DISPLACEMENT PSI \_\_\_\_\_ MIX PSI \_\_\_\_\_ RATE 5 BPM

REMARKS: Hold crew safety meeting. Wash down last Jt. 4 1/2" casing.  
Mix Pump 200# Gel x spot @ 1000'. Wait for Rig to move off well. Rig back to well. Establish circulation. Mix Pump 100# Gel Flush. Pump 11 1/2 BBL Telltale dye. Mix Pump 126 SKS OWC Cement x 1/4" Flo Seal/sk. Flush pump & lines clean. Displace 4 1/2" Rubber plug to casing JD. Pressure to 600 PSI. Release pressure to set float valve.

TOS Drilling - Chad

*Fred Maden*

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	475	1085.00 ✓
5406	45mi	MILEAGE	475	187.00 ✓
5402		Casing Footage		N/C ✓
5407A	304.2	Ton Miles	548	428.92 ✓
5502C	4 hrs	80 BBL	370	400.00 ✓
1124	130 SKS	OWC Cement	2567.50	✓
1118B	300#	Premium Gel	66.00	✓
1107	33#	Flo Seal	81.51	✓
		Material less 30%	2715.01	✓
		Total	- 814.50	✓
4404	1	4 1/2" Rubber Plug		1900.51 ✓
			47.25	✓
			5069.59	✓
		7.4%	SALES TAX	144.14 ✓
			ESTIMATED TOTAL	4194.82 ✓

Ravin 3737

AUTHORIZATION 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 for