

Confidentiality Requested:

☐ Yes ☐ No

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

1211369

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 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 <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	Miewes 2-HP
Doc ID	1211369

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	9.8750	7.0000	15	20	Regular	3	
Longstring	5.6250	2.5000	10.5	1033	OWC	114	

Allen County, KS
Well: Miewes 2-HP
Lease Owner: Haas

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

Commenced Spudding:
6/6/2014

WELL LOG

Thickness of Strata	Formation	Total Depth
2	Soil-Clay	2
27	Lime	29
3	Shale	32
2	Lime	34
8	Sandy Shale	42
28	Shale	70
64	Sandy Shale	134
32	Lime	172
28	Sandy Shale	200
4	Sandy Lime	204
2	Coal and Shale	206
4	Shale	210
5	Lime	215
5	Shale	220
7	Lime	227
15	Shale	242
62	Lime	304
3	Shale	307
27	Lime	334
4	Shale	338
7	Lime	345
2	Shale	347
10	Lime	357
6	Shale	363
9	Lime	372
2	Shale	374
4	Sand	378
2	Sandy Shale	380
3	Shale	383
7	Sandy Shale	390
5	Shale	395
13	Sand	408
14	Sandy Shale	422
78	Shale	500
8	Sandy Shale	508
30	Shale	538
13	Lime	551
12	Shale	563
12	Lime	575
11	Shale	586

Allen County, KS
 Well: Miewes 2-HP
 Lease Owner: Haas

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

Commenced Spudding:
 6/6/2014

14	Sand	600
5	Shale	605
10	Sandy Shale	615
22	Shale	637
2	Lime	639
3	Shale	642
2	Shale	644
17	Lime	661
9	Shale	670
5	Lime	675
27	Shale	702
27	Lime	729
10	Shale	739
6	Lime	745
10	Shale	755
2	Shale	757
2	Shale	759
6	Sand	765
4	Sandy Shale	769
75	Shale	844
2	Lime	846
11	Shale	857
2	Shale	859
3	Shale	862
38	Sandy Shale	900
84	Shale	984
11	Sandy Shale	995
4	Sand	999
5	Broken Sand	1004
7	Sandy Shale	1011
1	Sand	1012
1	Broken Sand	1013
1	Broken Sand	1014
3	Sand	1017
1	Broken Sand	1018
1	Broken Sand	1019
1	Broken Sand	1020
10	Sand	1030
5	Sand	1035
2	Sand	1037
1	Sand	1038
1	Sand	1039-TD

Minewess Farm: Allen County

KS State; Well No. 2-118

Elevation 1053.7

Fee

Commenced Spuding 6-6 20 14

Finished Drilling 6-9 20 14

Driller's Name Grand Weaver

Driller's Name

Driller's Name

Tool Dresser's Name Cole Holcom

Tool Dresser's Name John Lohse

Tool Dresser's Name

Contractor's Name TOS

6 24 19

(Section)

(Township)

(Range)

Distance from N line, KS ft.

Distance from E line, 1510 ft.

3- sacks
**CASING AND TUBING
RECORD**

10" Set _____ 10" Pulled _____

78" Set 20' 8" Pulled _____

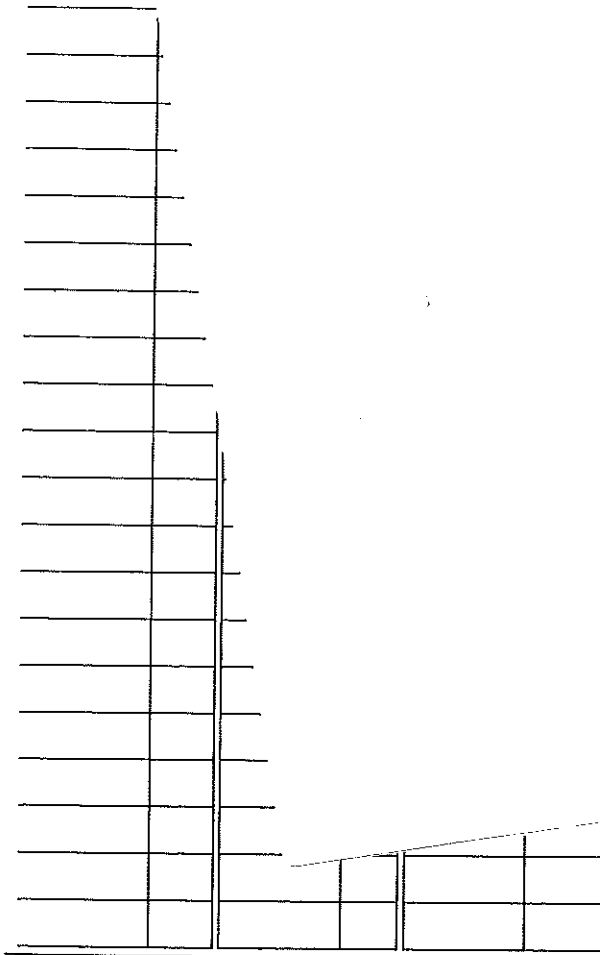
6 1/4" Set _____ 6 1/4" Pulled _____

4" Set _____ 4" Pulled _____

27 1/2 Set 1053.4 2" Pulled _____

1001.35 test nipple

10361





CONSOLIDATED
Oil Well Services, LLC

268782

TICKET NUMBER 47312
LOCATION Ottawa
FOREMAN Alan Mader

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
6-9-14	3451	Meinard 2 HP	NE 8	24	19	Ab
CUSTOMER Hagg Petroleum						
MAILING ADDRESS 11551 Ash						
CITY Leawood	STATE KS	ZIP CODE 66211	TRUCK # 730	DRIVER Alan Mader	TRUCK # Safety	DRIVER Meet
			368	Art Mader		
			369	Mik Hagg		
			548	Mik Fox		

JOB TYPE long string HOLE SIZE 5 5/8 HOLE DEPTH 1039 CASING SIZE & WEIGHT 2 1/2
CASING DEPTH 1033.45 DRILL PIPE _____ TUBING _____ OTHER _____
SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING yes
DISPLACEMENT 6 DISPLACEMENT PSI 800 MIX PSI 200 RATE 4 bpm

REMARKS: Held meeting. Washed casing down. Circulated to flush hole. Mixed & pumped 100# gel followed by 114 sk OWC plus 114# floeal. Circulated cement. Flushed pump. Pumped plug to casing TD. Well held 800 PSI. Set float. Closed valve.

TDS Chad

Alan Mader

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	368	1085.00 ✓
5426	45	MILEAGE	368	189.00 ✓
3402	1033.45	casing footage	368	— ✓
5407A	266.76	ton miles	548	376.13 ✓
5502C	3	80 vac	369	300.00 ✓
1126	114	OWC	2251.50	✓
1118B	100#	gel	22.00	✓
1107	29#	floeal	71.63	✓
		Material sub	2345.13	✓
		less 30% material total	1646.59	✓
4402	1	2 1/2 plug	29.00	✓
			4500.48	✓
		SALES TAX	123.66	✓
		ESTIMATED TOTAL	3744.88	✓



completed

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 form.