

Confidentiality Requested:

Yes No

Kansas Corporation Commission Oil & Gas Conservation Division

1211382

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 #	API No. 15
Name:	Spot Description:
Address 1:	SecTwpS. R 🗌 East 🗌 West
Address 2:	Feet from
City: State: Zip:+	Feet from _ East / _ West Line of Section
Contact Person:	Footages Calculated from Nearest Outside Section Corner:
Phone: ()	□NE □NW □SE □SW
CONTRACTOR: License #	GPS Location: Lat:, Long:
Name:	(e.g. xx.xxxxx) (e.gxxx.xxxxx)
Wellsite Geologist:	Datum: NAD27 NAD83 WGS84
Purchaser:	County:
Designate Type of Completion:	Lease Name: Well #:
☐ New Well ☐ Re-Entry ☐ Workover	Field Name:
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:	Producing Formation: Kelly Bushing: Total Vertical Depth: Plug Back Total Depth: Feet Multiple Stage Cementing Collar Used? Yes No If yes, show depth set: Feet If Alternate II completion, cement circulated from:
Well Name:	feet depth to: w/ sx cmt.
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 #:	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: License #:
Spud Date or Date Reached TD Completion Date or Recompletion Date Recompletion Date	Quarter Sec. TwpS. 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:

Page Two



Operator Name:				Lease N	lame: _			Well #:		
Sec Twp	S. R	East	West	County:						
INSTRUCTIONS: Shopen and closed, flow and flow rates if gas to	ing and shut-in pressu	ires, whet	her shut-in pre	ssure reach	ned stati	c level, hydrostat	tic pressures, bott			
Final Radioactivity Log files must be submitte						gs must be ema	iled to kcc-well-lo	gs@kcc.ks.go	v. Digital ele	ctronic log
Drill Stem Tests Taken (Attach Additional S		Ye	s No		L		n (Top), Depth an			nple
Samples Sent to Geol	ogical Survey	Ye	s No		Nam	е		Тор	Dat	um
Cores Taken Yes Electric Log Run Yes										
List All E. Logs Run:										
			CASING	RECORD	Ne	w Used				
		Repor	t all strings set-c	conductor, su	rface, inte	rmediate, producti	on, etc.		ı	
Purpose of String	Size Hole Drilled		Casing (In O.D.)	Weig Lbs./		Setting Depth	Type of Cement	# Sacks Used	Type and Addit	
			ADDITIONAL	CEMENTIN	IG / SQL	EEZE RECORD				
Purpose: Perforate Protect Casing Plug Back TD	Depth Top Bottom	Type	of Cement	# Sacks Used Type and Per			ercent Additives			
Plug Off Zone										
Did you perform a hydrau Does the volume of the to Was the hydraulic fractur	otal base fluid of the hydra	aulic fractur	0	,	0	? Yes	No (If No, ski	o questions 2 ar o question 3) out Page Three)
Shots Per Foot			D - Bridge Plug ach Interval Perf				cture, Shot, Cement mount and Kind of Ma		d	Depth
TUBING RECORD:	Size:	Set At:		Packer At		Liner Run:				
TOBING NECOND.	Size.	Sel Al.		Facker At	•	_	Yes No			
Date of First, Resumed	Production, SWD or ENF	IR.	Producing Meth	nod:	e 🗆	Gas Lift O	ther (Explain)			
Estimated Production Per 24 Hours	Oil B	bls.	Gas	Mcf	Wate	er Bl	ols. G	as-Oil Ratio	(Gravity
DISPOSITIO	ON OF GAS:		N	METHOD OF	COMPLE	TION:		PRODUCTIO	ON INTERVAL	<u>.</u>
Vented Sold			pen Hole	Perf.	Dually	Comp. Com	nmingled			
(If vented, Sub	omit ACO-18.)		ther (Specify)		(Submit)	100-5) (Subi	mit ACO-4)			

Form	ACO1 - Well Completion
Operator	Haas Petroleum, LLC
Well Name	Phillips 6-HP
Doc ID	1211382

Casing

Purpose Of String		Size Casing Set	Weight	Setting Depth	Cement		Type and Percent Additives
Surface	9.8750	7.0000	17	21	Regular	15	
Longstring	5.6250	2.8750	6.5	708	Poz Mix	102	50/50

SKYY DRILLING LLC

DAILY DRILLING REPORT

OPERATOR Hoas	Petrole	un I	L(C)	ATE20_ _(4 -
TEASE NAME _ PU	IIIPS	-74s.	LOCATION_L	ATE20_ (4 - 2.5
			SEC. 14 TWP 16	(FROM SECTION LINE)
FORMATION	FROM	ТО	FIRST TOWER:	HOURS WORKED
clay	0	5	DRILLER:	
lime	5	17	TOOL DRESSER:	
shak	17	20	REMARK:	
Black Shak	20	22.	lime	309 - 316
lime	22	32.	shale.	316 - 320
<u>shale</u>	32.	35	Black slate	320 - 322
lime	35	40	line	322-332.
shall	40	60	Black State	
lime	60	62	shale	340 - 400
<u>shak</u>	62.	80	Big shak	400-520
lime	80	100	Black Shale.	
<u>shak</u>	100	120	shak.	535-540
· · · · · · · · · · · · · · · · · · ·	120	124	Llime	540-550
FORMATION	FROM	то	SECOND TOWER:	HOURS WORKED
line	124	184	DRILLER:	
shak.	184	186	TOOL D <u>RESSER:</u>	
lime.	186	190	REMARK: shale	550-565
shak	190	200	lime	565-567
lime.	200	240	shall	567- 590
_snak	240	250	lime-	590-654
lime.	250	260	oilsand	654 - 661
shak	260	270	whiteline-no oil	661-663
<u>lime</u>	270	280	oil sand	663 - 673
_ shak	280	190	<u>snak</u>	673 - 720
<u>lime</u>	290	295		720 TD
_shall	295	297		
Wmc_	297	<i>30</i> 5		
<u>snak</u>	<i>305</i>	309		



268696

TICKET NUMBER	47215
LOCATION OHawa	, KS
FOREMAN CASEL KE	euneds

PO Box 884, Chanute, KS 66720 620-431-9210 or 800-467-8676

FIELD TICKET & TREATMENT REPORT

20-431-9210 or			NAME O SUL	CEMEN		TOWNSHIP	Patron	T 00: 110=1-
	CUSTOMER#		L NAME & NUM		SECTION	TOWNSHIP	RANGE	COUNTY
<u> </u>	3451	thillip.	s#(o-H)	P	N E 14	<i>(</i> 6	<u> 2</u> /	M
Haar Pe	tralonus				TRUCK#	DRIVER	TRUCK#	DRIVER
AILING ADDRES	S		***************************************		729	Casken	V Salah	Matina
11551 4	and st 1	vite 20.	<u></u>		ColeCo	Garlier	a miles	7100
ITY	10.40	STATE	ZIP CODE	1	510	Arlych	V	+
Lawood		KS	66211		370	Keint		1
B TYPE / ON	Ricina		5/811	_ _ HOLE DEPTI		CASING SIZE &	WEIGHT 24	9"011
ASING DEPTH		DRILL PIPE		_TUBING			OTHER	3
.URRY WEIGHT		SLURRY VOL_		WATER gal/s	e la	CEMENT LEFT in		
SPLACEMENT_	***	DISPLACEMEN	T PQI	MIX PSI		RATE 560		
1 -		madine	establis	4 4 -	cubtion	mixed tou	,	n 4 D.
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ACCOUNT							 _	
ACCOUNT CODE	QUANITY	or UNITS	DI	SCRIPTION o	f SERVICES or PF	RODUCT	UNIT PRICE	TOTAL
5401	1		PUMP CHARG	GE				1005.00
5406	20 u	<u> </u>	MILEAGE	_				84.00
540a	7081		casing	Lootace				
5404	mini	. 413444	Lone	5/00-0		**************************************		368,00
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UTHORIZTION /	/ V //\/			TITLE			DATE	

l 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.