



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1212651
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: _____

1212651

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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Allen County, KS
Well: Miewes 7-HP
Lease Owner: Haas Petro

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

Commenced Spudding:
06/18/2014

WELL LOG

Thickness of Strata	Formation	Total Depth
5	soil/clay/rocks	5
98	shale	103
41	lime	144
30	sandy shale and sand	174
1	coal	175
5	shale	180
5	lime	185
6	shale	191
6	lime	197
17	shale	214
59	lime	273
4	shale	277
29	lime	306
5	shale	311
6	lime	317
2	shale	319
10	lime	329
6	shale	335
8	lime	343
2	shale	345
4	sand	349
3	sandy shale	352
3	shale	355
30	sand and sandy shale	385
11	sandy shale	396
76	shale	472
7	sand and sandy shale	479
32	shale	511
13	lime	524
11	shale	535
12	lime	547
8	shale	555
19	sand	574
3	shale	577
8	sand and sandy shale	585
25	shale	610
2	lime	612
2	shale and coal	614
17	lime	631
3	shale and lime	634

Miewes Farm: Allen County

KS State; Well No. 7-112

Elevation _____ Feet

Commenced Spuding 6-18 2019

Finished Drilling 6-20 2014

Driller's Name Clair Weaver

Driller's Name _____

Driller's Name _____

Tool Dresser's Name Cole Nelson

Tool Dresser's Name John Lahe

Tool Dresser's Name _____

Contractor's Name TOS

8 24 19

(Section) (Township) (Range)

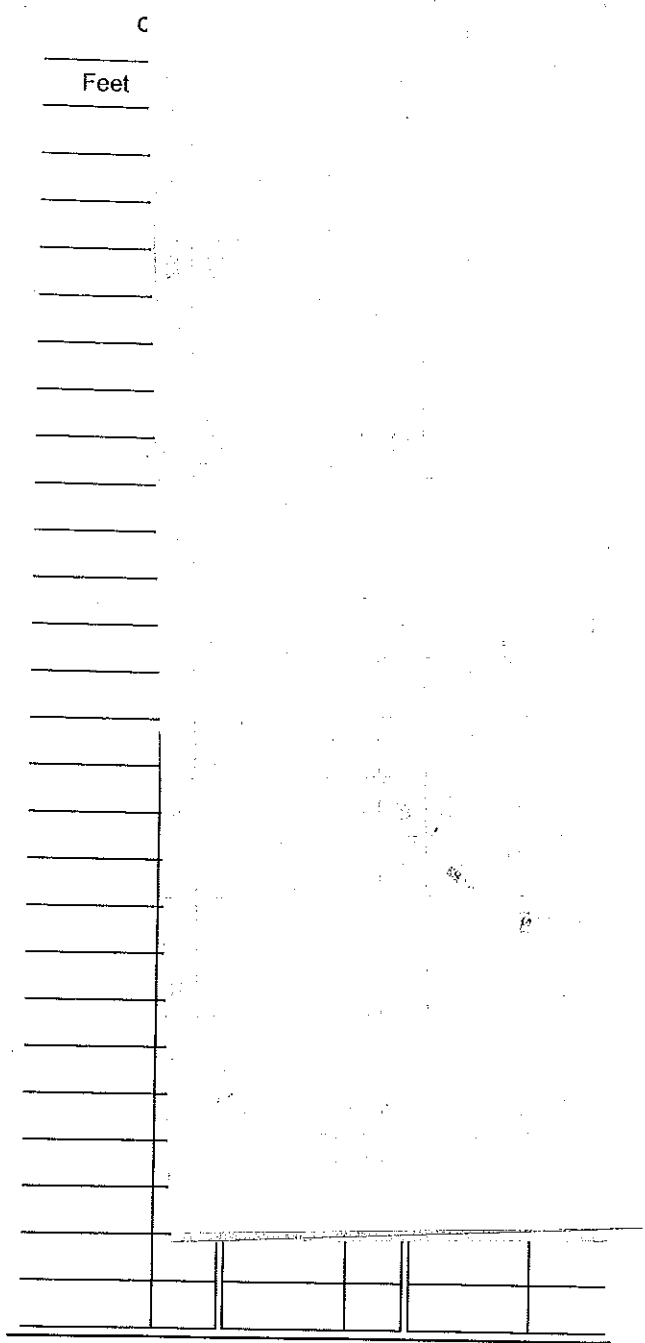
Distance from N line, _____ ft.

Distance from E line, _____ ft.

4 - sacks
**CASING AND TUBING
RECORD**

10" Set _____	10" Pulled _____
7" Set <u>21.4'</u>	8" Pulled _____
6 1/4" Set _____	6 1/4" Pulled _____
4" Set _____	4" Pulled _____
2 7/8" Set <u>1016.00</u>	2" Pulled _____

964.80 seed nipple
1019 TD





CONSOLIDATED
Oil Well Services, LLC

269027

TICKET NUMBER 47308

LOCATION Ottawa, KS

FOREMAN Cesey Kennedy

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
6/29/14	3451	Miewes # 7-HP	NE 8	24	19	AL

CUSTOMER
Naas Petroleum

MAILING ADDRESS
11551 Ash St. Suite 205

CITY
Leawood

STATE
KS

ZIP CODE
66211

TRUCK #	DRIVER	TRUCK #	DRIVER
729	Easken	✓ Safety, Mating	
666	Kei Car	✓	
548	Breman	✓	
369	Mikhaa	✓	

JOB TYPE Logging HOLE SIZE 5 7/8" HOLE DEPTH 1019' CASING SIZE & WEIGHT 2 7/8' EUE

CASING DEPTH 1017' DRILL PIPE _____ TUBING _____ OTHER _____

SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____

DISPLACEMENT 5.89 bbls DISPLACEMENT PSI _____ MIX PSI _____ RATE 5 bpm

REMARKS: held safety meeting, established circulation, mixed & pumped 200 # Premium Gel followed by 10 bbls fresh water, mixed & pumped 106 sks OWC cement w/ 1/4 # Flaseal per sk, cement to surface, flushed pump clean, pumped 2 1/2" rubber plug to casing TD w/ 5.89 bbls fresh water, pressured to 800 PSI, released pressure, shut in casing.

[Handwritten signature]

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE		1085.00 ✓
5406	50 mi	MILEAGE		210.00 ✓
5402	1017'	casing footage		— ✓
5407A	272.95	ton mileage		384.86 ✓
5502C	3 hrs	80 Vac		300.00 ✓
1126	106 sks	OWC cement	2093.50 ✓	
118B	200 #	Premium Gel	44.00 ✓	
1107	27 #	Flaseal	66.69 ✓	
		materials	2204.19	
		- 30%	661.26 ✓	
		sub total		1542.93 ✓
4402	1	2 1/2" rubber plug		29.50 ✓
		<input checked="" type="checkbox"/> completed		
			4378.85	
		7.4%	SALES TAX	116.37 ✓
			ESTIMATED TOTAL	3668.66 ✓

Revin 3787

AUTHORIZATION *[Signature]*

TITLE ANIC

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.