



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1213644
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: _____

1213644

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
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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 LLC

DAILY DRILLING REPORT

OPERATOR Haas Petroleum, LLC DATE 6/16 2014
 LEASE NAME Phillips LOCATION 1910 FEL/FWL 2405 FSL/FNL

(FROM SECTION LINE)

WELL NO. 2IHP RIG NO. _____ SEC. 14 TWP 16 RA 21 COUNTY Miami

FORMATION	FROM	TO	FIRST TOWER:	HOURS WORKED
clay	0	4	DRILLER: _____	
lime	4	16	TOOL DRESSER: _____	
shale	16	20	REMARK: <u>lime</u> 298 - 315	
lime	20	40	<u>shale</u> 315 - 320	
shale	40	44	<u>lime</u> 320 - 322	
lime	44	54	<u>shale / Black shale</u> 322 - 330	
shale	54	60	<u>lime</u> 330 - 350	
lime	60	64	<u>shale</u> 350 - 360	
shale	64	76	<u>lime</u> 360 - 380	
lime	76	78	<u>shale</u> 380 - 580	
shale	78	90	<u>lime</u> 580 - 654	
lime	90	100	<u>shale</u> 654 - 670	
shale	100	125	<u>lime</u> 670 - 680	

FORMATION	FROM	TO	SECOND TOWER:	HOURS WORKED
lime	125	127	DRILLER: _____	
shale	127	140	TOOL DRESSER: _____	
lime	140	150	REMARK: <u>shale</u> 680 - 720	
shale	150	200		
lime	200	215		
shale	215	228		
lime	228	238		
shale	238	250		
lime	250	255		
shale	255	265		
lime	265	282		
shale	282	290		
lime	290	292		
shale	292	298		



CONSOLIDATED
Oil Well Services, LLC

268935

TICKET NUMBER 47302
LOCATION Ottawa, KS
FOREMAN Chris 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
6/18/14	3451	Phillips # 2-IHP	NE 14	16	21	M1

CUSTOMER Hess Petroleum
MAILING ADDRESS 11551 Ash St. Suite 205
CITY Leawood STATE KS ZIP CODE 66211

TRUCK #	DRIVER	TRUCK #	DRIVER
729	Carlen	✓ Safety Meeting	
6660	Carlen	✓	
510	Kei Cap	✓	
675	Kei Det	✓	

JOB TYPE long string HOLE SIZE 5 5/8" HOLE DEPTH 720' CASING SIZE & WEIGHT 2 7/8" EUE
CASING DEPTH 706' DRILL PIPE _____ TUBING _____ OTHER _____
SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____
DISPLACEMENT 4.09 bbls DISPLACEMENT PSI _____ MIX PSI _____ RATE 5 gpm

REMARKS: held safety meeting, established circulation, mixed & pumped 200# Premium Gel followed by 10 bbls fresh water, mixed & pumped 95 Skts 5950 Pozmix cement w/ 2% gel per sk, cement to surface, flushed pupip clean, pumped 2 1/2" rubber plug to casing TB w/ 4.09 bbls fresh water, pressured to 800 PSI, well held pressure for 30 min MIT, 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	20 mi	MILEAGE		84.00 ✓
5402	706'	casing footage		— ✓
5407	minimum	low mileage		368.00 ✓
5502C	2 hrs	80 Vac		200.00 ✓
1124	95 Skts	5950 Pozmix cement	1092.50 ✓	
1118B	360 #	Premium Gel	79.20 ✓	
		materials	1171.70	
		-30%	351.51 ✓	
		subtotal		820.19
4402	1	2 1/2" rubber plug		29.50 ✓
		<input checked="" type="checkbox"/> completed	3030.10	
		7.65%	SALES TAX	65.01 ✓
			ESTIMATED TOTAL	2651.70

AUTHORIZATION Stew Hemm 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