Confidentiality Requested: Yes No

# KANSAS CORPORATION COMMISSION **OIL & GAS CONSERVATION DIVISION**

1213928

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:			
Address 2:	Feet from Dorth / South Line of Section		
City: State: Zip:+	Feet from East / West Line of Section		
Contact Person:	Footages Calculated from Nearest Outside Section Corner:		
Phone: ()			
CONTRACTOR: License #	GPS Location: Lat:, Long:		
Name:	(e.g. xx.xxxxx) (e.gxxx.xxxxx) Datum: NAD27 NAD83 WGS84		
Wellsite Geologist:			
Purchaser:	County:		
Designate Type of Completion:	Lease Name: Well #:		
New Well Re-Entry Workover	Field Name:		
	Producing Formation:		
Gas D&A ENHR SIGW	Elevation: Ground: Kelly Bushing:		
☐ OG ☐ GSW ☐ Temp. Abd.	Total Vertical Depth: Plug Back Total Depth:		
CM (Coal Bed Methane)	Amount of Surface Pipe Set and Cemented at: Feet		
Cathodic Other (Core, Expl., etc.):	Multiple Stage Cementing Collar Used?		
If Workover/Re-entry: Old Well Info as follows:	If yes, show depth set: Feet		
Operator:	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	Drilling Fluid Management Plan		
Plug Back Conv. to GSW Conv. to Producer	(Data must be collected from the Reserve Pit)		
	Chloride content: ppm Fluid volume: bbls		
Commingled         Permit #:           Dual Completion         Permit #:	Dewatering method used:		
SWD         Permit #:	Location of fluid disposal if hauled offsite:		
ENHR     Permit #:			
GSW Permit #:	Operator Name:		
	Lease Name: License #:		
Spud Date or Date Reached TD Completion Date or	Quarter Sec TwpS. R East West		
Recompletion Date Recompletion Date	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	1213928
Operator Name:	Lease Name:	Well #:
Sec TwpS. R East _ West	County:	
INCTRUCTIONS. Chave important tang of formations paratrated	atail all aaraa Bapart all fina	al conice of drill stome tests siving interval tested, time test

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 (Attach Additional She	eets)	Yes No		-	on (Top), Depth a		Sample
Samples Sent to Geolog	gical Survey	Yes No	Name	e		Тор	Datum
Cores Taken Electric Log Run		☐ Yes ☐ No ☐ Yes ☐ No					
List All E. Logs Run:							
			RECORD Ne				
		Report all strings set-o	conductor, surface, inte	ermediate, product	ion, etc.		
Purpose of String	Size Hole Drilled						Type and Percent Additives
		ADDITIONAL	CEMENTING / SQU	EEZE RECORD			

Purpose: Perforate	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
Protect Casing				
Plug Back TD				
Plug Off Zone				

Did you perform a hydraulic fracturing treatment on this well?	Yes
Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons?	Yes
Was the hydraulic fracturing treatment information submitted to the chemical disclosure registry?	Yes

res	
Yes	

No

No

No

(If No, skip questions 2 and 3) (If No, skip question 3)

(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						ement Squeeze Record d of Material Used)	Depth		
TUBING RECORD:	Si	ze:	Set At:		Packe	r At:	Liner R	un:	No	
Date of First, Resumed	d Product	ion, SWD or ENH	٦.	Producing M	lethod:	ping	Gas Lift	Other (Explain)		
Estimated Production Per 24 Hours		Oil Bb	ls.	Gas	Mcf	Wat	er	Bbls.	Gas-Oil Ratio	Gravity
DISPOSITION OF GAS: METHOD OF COMPLETION: PRODUCTION INTERVAL:										
Vented Sol	d 🗌	Used on Lease		Open Hole	Perf.	DF COMPLE Dually (Submit)	Comp.	Commingled (Submit ACO-4)	PRODUCTION INTE	HVAL:
(If vented, Su	IDITIL ACC	-10.)		Other (Specify)	·					

Form	ACO1 - Well Completion
Operator	Haas Petroleum, LLC
Well Name	Trester 4-HP
Doc ID	1213928

# Casing

Purpose Of String	Size Hole Drilled	Size Casing Set	Weight	Setting Depth	Type Of Cement		Type and Percent Additives
Surface	12.2500	8.6250	24	20	Regular	3	
Longstring	6.7500	4.5000	10.5	1025	OWC	103	

Lease Owner:Haas Petro

### WELL LOG

Thickness of Strata	Formation	Total Depth
4	soil/clay/rock	4
9	lime	13
	sandy shale and shale	100
3	lime	103
11	shale	114
41	lime	155
32	sandy shale and sand	1874
5	sand	1925
5	sandy lime	197
7	lime	204
96	shale	213
2	lime	215
3	slate	218
6	shale	224
63	lime	287
4	shale	291
25	lime	316
4	shale	320
7	lime	327
3	shale	330
11	lijme	341
9	shale	350
9	lime	359
2	shale	361
1	lime	362
3	sand	365
3	sandy shale	368
12	sand	380
11	sand and sandy shale	391
13	sandy shale	404
76	shale	480
6	sandy shale	486
31	shale	517
12	lime	529
13	shale	542
11	lime	553
12	shale	565
16	sand	581
4	shale	585
20	sandy shale	605

# Lease Owner:Haas Petro

# Allen County, KS Well:Trester 4-HP (913) 837-8400 Commenced Spudding: 06/26/2014

22		
22	shale	627
5	lime and shale	632
11	lime	643
8	shale	651
5	lime	656
24	shale	680
28	lime	708
9	shale	717
3	lime	720
7	shale	727
2	shale and coal	729
11	shale	730
5	sand	735
7	sandy shale	742
81	shale	823
2	lime	825
22	shale	847
28	sandy shale and shale	875
112	shale	987
11	sandy shale	998
3	shale	1001
1	broken sand	1002
2	broken sand	1004
4	sand	1008
3	sand	1011
7	sand	1018
3	sand	1021
4	sand	1025
1	sand	1026
1	sand	1027
1	sand	1028-TD
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Thester Farm: Allen County KS State; Well No. 4-HP Feet Elevation KCa ln. Commenced Spuding C-26 20 14 Finished Drilling <u>6-30</u>, 20 14 Driller's Name Cherch Warun Driller's Name Driller's Name Tool Dresser's Name Cole Hobon Tool Dresser's Name Rycan Debarts Tool Dresser's Name Contractor's Name 105 n 24 19 8 (Section) (Township) (Range) າວ Distance from N line, 625 ft. Distance from E line, 3370 ft. 3-Sault  $\ell_{\ell_{i}}$ CASING AND TUBING RECORD 10" Set \_\_\_\_\_ 10" Pulled \_\_\_\_\_ 87985et \_20 8" Pulled \_\_\_\_\_ 6¼" Set \_\_\_\_\_ 6¼" Pulled \_\_\_\_\_ 4" Set 55 4" Pulled \_ 2" Pulled \_ 99210 -1center Acaded 1028 TD

0 BIO EBA, Chanute, KS 6720       FIELD TICKET & TREATMENT REPORT         28-41-9210 or 1000000       WELL NAME & NUMBER       SECTION       TOWNSHIP       RANGE       COUNTY         G. 3D - 1/1       34/51       T (GG S C r       1-1/1       NW       8       2-1       19       3/5         USTOMER #       WELL NAME & NUMBER       SECTION       TOWNSHIP       RANGE       COUNTY         USTOMER #       WELL NAME & NUMBER       SECTION       TOWNSHIP       RANGE       COUNTY         USTOMER #       WELL NAME & NUMBER       SECTION       TOWNSHIP       RANGE       COUNTY         USTOMER #       WELL NAME & NUMBER       SECTION       TOWNSHIP       RANGE       COUNTY         USTOMER #       STATE       20000       SECTION       TOWNSHIP       RANGE       COUNTY         NUSTOMERS       STATE       20000       SECTION       TOWNER       TOWNER       RANGE       COUNTY         Alleanad       STATE       20000       SECTION       TOWNER       TOWNER       RANGE       RANGE </th <th>PO BAS BB4, CHANNER, KS B6720 FIELD TICKET &amp; TREATMENT REPORT CEMENT DATE CUSTOMER # WELL NAME &amp; NUMBER B20-331-9210 or 800-487-9676 CUSTOMER # WELL NAME &amp; NUMBER H 4 48 2 - 1 19 NUMBER H 4 48 2 - 1 19 NUMBER H 4 48 2 - 1 19 NUMBER H 4 4 2 2 - 1 19 NUMBER H 4 4 2 2 - 1 19 NUMBER H 4 4 2 2 - 1 19 TRUCK # DERVER H 4 4 2 2 - 1 19 NUMER DEVER H 4 4 2 - 1 19 NUMBER TRUCK # DERVER H 4 4 2 - 1 19 TRUCK # DERVER H 4 4 2 - 1 19 NUMER DEVER H 4 4 2 - 1 19 H 4 1 4 1/2 plus H 4 2 - 1 19 H 4 1 4 1/2 plus H 4 2 - 1 19 H 4</th> <th></th> <th>ONSOLIDATED</th> <th>269198</th> <th></th> <th>TICKET NUMI LOCATION</th> <th>Dtrawsq</th> <th>7319 des</th>	PO BAS BB4, CHANNER, KS B6720 FIELD TICKET & TREATMENT REPORT CEMENT DATE CUSTOMER # WELL NAME & NUMBER B20-331-9210 or 800-487-9676 CUSTOMER # WELL NAME & NUMBER H 4 48 2 - 1 19 NUMBER H 4 48 2 - 1 19 NUMBER H 4 48 2 - 1 19 NUMBER H 4 4 2 2 - 1 19 NUMBER H 4 4 2 2 - 1 19 NUMBER H 4 4 2 2 - 1 19 TRUCK # DERVER H 4 4 2 2 - 1 19 NUMER DEVER H 4 4 2 - 1 19 NUMBER TRUCK # DERVER H 4 4 2 - 1 19 TRUCK # DERVER H 4 4 2 - 1 19 NUMER DEVER H 4 4 2 - 1 19 H 4 1 4 1/2 plus H 4 2 - 1 19 H 4 1 4 1/2 plus H 4 2 - 1 19 H 4		ONSOLIDATED	269198		TICKET NUMI LOCATION	Dtrawsq	7319 des
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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.