



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1213930
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: _____

1213930

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 <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey <input type="checkbox"/> Yes <input type="checkbox"/> No 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: _____	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum
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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: <input type="checkbox"/> Yes <input type="checkbox"/> No
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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 <i>(Explain)</i> _____			
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> <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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Allen County, KS
 Well:Miewes 4-HP
 Lease Owner:Haas Petro

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

Commenced Spudding:
 06/24/2014

WELL LOG

Thickness of Strata	Formation	Total Depth
5	soil/clay/rocks	5
7	lime	12
5	shale	174
2	lime	19
102	shale and sandy shale	121
38	lime	159
22	sandy shale and sand	181
1	sandy lime	182
10	ssand	192
2	shale and coal	194
2	shale	196
7	lime	203
4	shale	207
6	lime	213
17	shale	230
60	lime	290
40	shale	294
28	lime	322
4	shale	326
7	lime	333
2	shale	335
10	lime	345
5	shale	350
7	lime	357
5	shale	362
8	sandy shale and sand	370
3	sand	373
5	sandy shale	378
8	sand	386
24	sandy shale	410
77	shale	487
7	sandy shale	494
31	shale	525
11	lime	536
13	shale	549
12	lime	561
11	shale	572
15	sand	587
5	shale	592
13	sandy shale	605

Allen County, KS
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 (913) 837-8400

Commenced Spudding:
 06/24/2014

19	shale	624
2	lime	626
2	shale and coal	628
2	shale	630
16	lime	646
6	shale and lime	652
3	shale	655
5	lime	660
26	shale	686
11	lime	697
6	shale	703
3	lime and shale	706
4	lime	710
14	shale	724
5	lime	729
2	shale	731
2	shale/coal	733
1	shale	734
58	sand	739
4	sandy shale	743
77	shale	820
2	lime	822
6	shale	828
2	shale and coal	830
5	shale	835
7	sand	842
10	sandy shale	852
21	shale	873
8	sand and sandy shale	881
3	sandy shale	884
105	shale	989
8	broken sand	997
10	sandy shale	1007
1	broken sand	1008
2	broken sand	1010
7	sand	1017
1	sand	1018
2	sand	1020
5	sand	1025
3	sand	1028
2	sand	1030-TD



CONSOLIDATED
Oil Well Services, LLC

269176

TICKET NUMBER 47382

LOCATION Ottawa KS

FOREMAN Fred 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
6.26.14	3451	Miewas # 4-HP	NE 8	24	19	AL

TRUCK #	DRIVER	TRUCK #	DRIVER
712	Fred Mad		
495	Har Bee		
369	Mike Haa		
558	Max Cos		

CUSTOMER	CITY	STATE	ZIP CODE
Hars Petroleum LLC	Leawood	KS	66211

JOB TYPE Longstring HOLE SIZE 6 3/4 HOLE DEPTH 1030 CASING SIZE & WEIGHT 4 1/2
 CASING DEPTH 1026 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 4 1/2" Plug
 DISPLACEMENT 16.28 BBL DISPLACEMENT PSI _____ MIX PSI _____ RATE 58 BPM

REMARKS: Hold crew safety meeting. Establish circulation. Mix & Pump 100# Gel Flush. Mix & Pump 98 sks OWC Cement 1/4" Flo Seal/sk. Flush pump & lines clean. Displace 4" Rubber Plug to casing TD. Pressure to 600# PSI. Release pressure to set float valve. SKUY in casing.

TDS Drilling. Chad Weaver Fred Mader

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	495	1085 ⁰⁰
5406	50 mi	MILEAGE	495	247 ⁵⁰
5402	1026	Casing footage		N/C
5407	Minimum	Ten Miles	558	368 ⁰⁰
5502C	3 1/2 hr	80 BBL Vac Truck	369	350 ⁰⁰
1126	98 sks	OWC Cement	1935 ⁵⁰	
1118B	100#	Premium Gel	22 ⁰⁰	
1107	25#	Flo Seal	61 ²⁵	
		Material	2019 ²⁵	
		Less 30%	-605 ²⁵	
		Total		1413 ⁴⁷
4404	1	4 1/2" Rubber Plug		47 ²⁵
		SCANNED	4232.42	
		7.4%	SALES TAX	108.10
			ESTIMATED TOTAL	3581 ⁵²

Ravn 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.