



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1216598
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: _____

1216598

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> _____
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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: Trester 3-HP
Lease Owner: Haas Petro

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

Commenced Spudding:
06/30/2014

WELL LOG

Thickness of Strata	Formation	Total Depth
5	soil/clay/rock	5
7	lime	12
2	shale	14
2	lime	16
86	shale	102
2	lime	104
10	shale	114
41	lime	155
22	sandy shale and sand	177
2	sandy lime	179
8	sand	187
2	shale and coal	189
4	shale	193
5	lime	198
3	shale	201
11	lime	212
21	shale	233
60	lime	293
3	shale	296
26	lime	322
4	shale	326
8	lime	334
2	shale	336
11	lime	347
5	shale	352
10	lime	362
4	shale	366
1	lime	367
4	sand	371
29	sandy shale and sand	400
10	sandy shale	410
75	shale	485
5	sandy shale	490
32	shale	522
11	lime	533
12	shale	545
11	lime	556
12	shale	568
17	sand	585
3	shale	588

Tractor Farm: Allen County

KS State; Well No. 3-110

Elevation 1061

Commenced Spudding 6-30 2014

Finished Drilling 7-2 2014

Driller's Name Charl Weaver

Driller's Name _____

Driller's Name _____

Tool Dresser's Name Cole Holcomb

Tool Dresser's Name Ryan Roberts

Tool Dresser's Name _____

Contractor's Name IOS

8 21 19

(Section) (Township) (Range)

Distance from N line, 495 ft.

Distance from E line, 3370 ft.

2-sacks

CASING AND TUBING RECORD

- 10" Set _____ 10" Pulled _____
- 8 5/8" Set 20' 8" Pulled _____
- 6 1/4" Set _____ 6 1/4" Pulled _____
- 4 1/2" Set 1020.50 4" Pulled _____
- 2" Set _____ 2" Pulled _____

987.60 cement Basket
1024 TD

CASING AND TUBING MEASUREMENTS

Feet	In.	Feet	In.	Feet	In.



CONSOLIDATED
Oil Well Services, LLC

269618

TICKET NUMBER 47400

LOCATION Ottawa

FOREMAN Alan Made

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
7-2-14	3451	Trester 3-HP	nw 8	24	19	AL

CUSTOMER <u>Haas Petroleum</u>		
MAILING ADDRESS <u>11551 Ash St</u>		
CITY <u>heewood</u>	STATE <u>KS</u>	ZIP CODE <u>66211</u>

TRUCK #	DRIVER	TRUCK #	DRIVER
730	Alan Made	Safety	Meet
368	Art McD		
369	Mik Haas		
548	Dan Waga		

JOB TYPE <u>long string</u>	HOLE SIZE <u>6 3/4</u>	HOLE DEPTH <u>1024</u>	CASING SIZE & WEIGHT <u>4 1/2</u>
CASING DEPTH <u>1022.50</u>	DRILL PIPE	TUBING	OTHER
SLURRY WEIGHT	SLURRY VOL	WATER gal/sk	CEMENT LEFT in CASING <u>yes</u>
DISPLACEMENT <u>16</u>	DISPLACEMENT PSI <u>800</u>	MIX PSI <u>200</u>	RATE <u>4 bpm</u>

REMARKS: Hold meeting. Established rate + circulation from pit. Mixed & pumped 100# gel with clean water followed by 10 bbl dye marker. Mixed & pumped 105 sk OWC plus 1/2 floeal per sack. Circulated dye. Finished pump. Released plug. Pumped plug to casing TD. Circulated 5 bbl cement & returns. Set float.

TDS. Chad

Alan Made

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	368	1080.00 ✓
5406	45	MILEAGE	368	189.00 ✓
3402	1022.50	Casing footage	368	— ✓
5407	min	ton miles	548	368.00 ✓
3502L	2 1/2	80 gal	369	250.00 ✓
1126	10.5	owc	2073.75	✓
1118B	100#	gel	2200	✓
1107	26#	floeal	64.22	✓
		material sub	2159.97	✓
		less 30%	-647.99	✓
		material total		1511.98 ✓
4404	1	4 1/2 plug		47.25 ✓
			4262.82	
		SALES TAX		115.39 ✓
		ESTIMATED TOTAL		3566.62 ✓

Ravin 3737

NO company rep
Jim DK

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.