



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1216599
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: _____

1216599

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> <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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Allen County, KS
Well:Trester 5-HP
Lease Owner:Haas Petro

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

Commenced Spudding:
07/07/2014

WELL LOG

Thickness of Strata	Formation	Total Depth
3	soil/clay/rock	3
1	lime	4
2	clay	6
112	sandy shale and shale	118
42	lime	160
32	sandy shale and sand	192
9	lime	201
4	shale and lime	205
6	lime	211
19	shale	230
61	lime	291
4	shale	295
23	lime	318
6	shale	324
6	lime	330
3	shale	333
10	lime	343
10	shale	353
5	lime	358
6	shale	364
4	sand	368
20	sandy shale and sand	388
18	sandy shale	406
78	shale	484
6	sandy shale	490
32	shale	522
10	lime	532
13	shale	545
11	lime	556
11	shale	567
17	sand	584
4	shale	588
11	sandy shale and sand	599
33	shale	632
14	lime	646
10	shale	656
4	lime	660
26	shale	686
11	lime	697
7	shale	704
8	lime	712

CASING AND TUBING MEASUREMENTS

Feet	In.	Feet	In.	Feet	In.

Truhear Farm: Allen County _____
15 State: Well No. 5-MD
Elevation 1062
Commenced Spudding 7-7 20 14
Finished Drilling 7-8 20 14
Driller's Name Oscar Weaner
Driller's Name _____
Driller's Name _____
Tool Dresser's Name Edie Holcom
Tool Dresser's Name Reyan Roberts
Tool Dresser's Name _____
Contractor's Name JOS
6 24 12

(Section) (Township) (Range)
Distance from W line, 5415 ft.
Distance from E line, 3560 ft.

CASING AND TUBING RECORD

3-2 Sacks
10" Set _____ 10" Pulled _____
27 Set 20 _____ 8" Pulled _____
6 3/4" Set _____ 6 3/4" Pulled _____
4" Set _____ 4" Pulled _____
2 1/2" Set 2,015.50 _____ 2" Pulled _____
986.80 each nipple



CONSOLIDATED
Oil Well Services, LLC

269648

TICKET NUMBER 47392
LOCATION Ottawa KS
FOREMAN Fred Maden

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
7.8.14	3451	Trestor # 5. HP	NE 8	24	19	AL
CUSTOMER Haas Petroleum LLC			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS 11551 Ash Ste 205			712	Fred Mad		
CITY STATE ZIP CODE Leawood KS 66211			666	Kei Car		
			675	Kei Car		
			548	Kei Car		

JOB TYPE Longstray HOLE SIZE 3 1/8 HOLE DEPTH 1022 CASING SIZE & WEIGHT 2 7/8 EUE
 CASING DEPTH 1019 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 2 1/2" Plug
 DISPLACEMENT 5.92 BBL DISPLACEMENT PSI _____ MIX PSI _____ RATE 4 BPM

REMARKS: Hold crew safety meeting. Establish pump rate. Mix Pump
100# Gel Flush. Mix + Pump 96 sks OWC Cement 14# Flo Seal / SK.
Cement to surface. Flush pump & lines clean. Displace 2 1/2"
Rubber Plug to casing T.D. Pressure to 200# PSI. Release
pressure to set float valve. Shut in casing.

Tos Drilling. Chad

Fred Maden

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	666	1085 ⁰⁰
5406	50	MILEAGE	666	210 ⁰⁰
5402	1019	Casing footage		NK
5407	Minimum	Ton Miles	548	368 ⁰⁰
5502C	2 1/2 hrs	80 BBL Vac Truck	675	250 ⁰⁰
1126	96 sks	OWC Cement	1896 ⁰⁰	
1116B	100 #	Premium Gel	22 ⁰⁰	
1107	24 #	Flo Seal	5928	
		Material	1977 ²⁸	
		Less 30%	-593 ¹⁵	
		Total		1384 ¹⁰
4402	1	2 1/2" Rubber Plug		29 ⁰⁰
			4068.28	
		7.4%	SALES TAX	104 ⁶⁰
			ESTIMATED TOTAL	3431 ²⁰

Revin 3737

AUTHORIZATION [Signature]

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