



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1226968
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: _____

1226968

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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MIDWEST SURVEYS

LOGGING - PERFORATING - CONSULTING SERVICES

P.O. Box 68, Osawatomie, KS 66064

913 / 755 - 2128

GAMMA RAY / NEUTRON / CCL

API# 15-121-30,393

File No.		Company		Haas Petroleum, LLC.			
		Well		Phillips No. 14-HP			
		Field		Paola / Rantoul			
		County		Miami State Kansas			
Location		1310' FSL & 840' FEL NE-NW-SE-SE		Other Services Perforate			
Sec. 14		Twp. 16s		Rge. 21e			
Permanent Datum		GL		Elevation 1009'			
Log Measured From		GL		Elevation 1009'			
Drilling Measured From		GL		Elevation 1009'			
Date		10-06-2014					
Run Number		One					
Depth Driller		725.0					
Depth Logger		714.0					
Bottom Logged Interval		713.0					
Top Log Interval		20.0					
Fluid Level		Full					
Type Fluid		Water					
Density / Viscosity		NA					
Salinity - PPM Cl		NA					
Max Recorded Temp		NA					
Estimated Cement Top		0.0					
Equipment No.		102		Osawatomie			
Recorded By		Gary Windsch					
Witnessed By		John Haas					
RUN		BORE-HOLE RECORD		CASING RECORD			
No.	BIT	FROM	TO	SIZE	WGT.	FROM	TO
One	9.875"	0.0	20.0	7.00"	17.0 #	0.0	20.0
Two	5.625"	20.0	725.0	2.875"	6.5 #	0.0	715.0

<<< Fold Here >>>

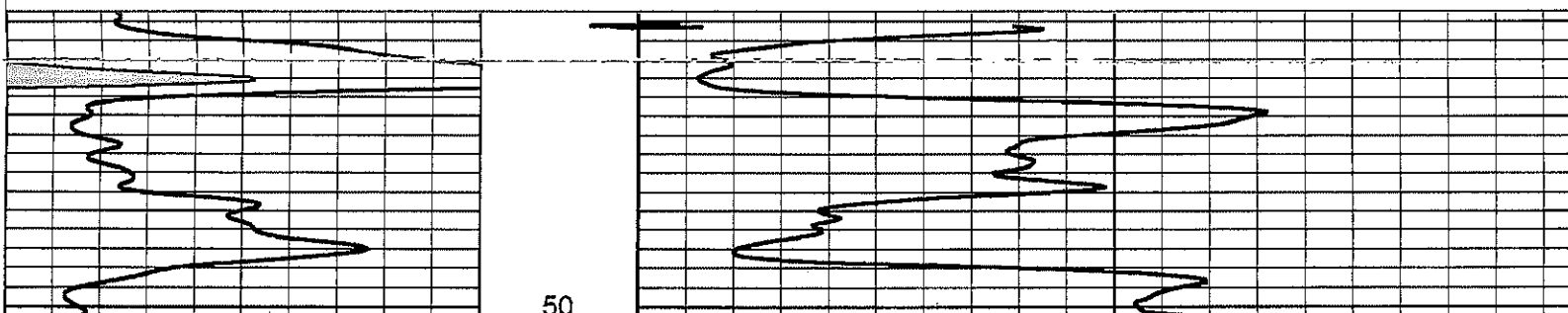
All interpretations are opinions based on inferences from electrical or other measurements and we cannot and do not guarantee the accuracy or correctness of any interpretation, and we shall not, except in the case of gross or willful negligence on our part, be liable or responsible for any loss, costs, damages, or expenses incurred or sustained by anyone resulting from any interpretation made by any of our officers, agents or employees. These interpretations are also subject to our general terms and conditions set out in our current Price Schedule.

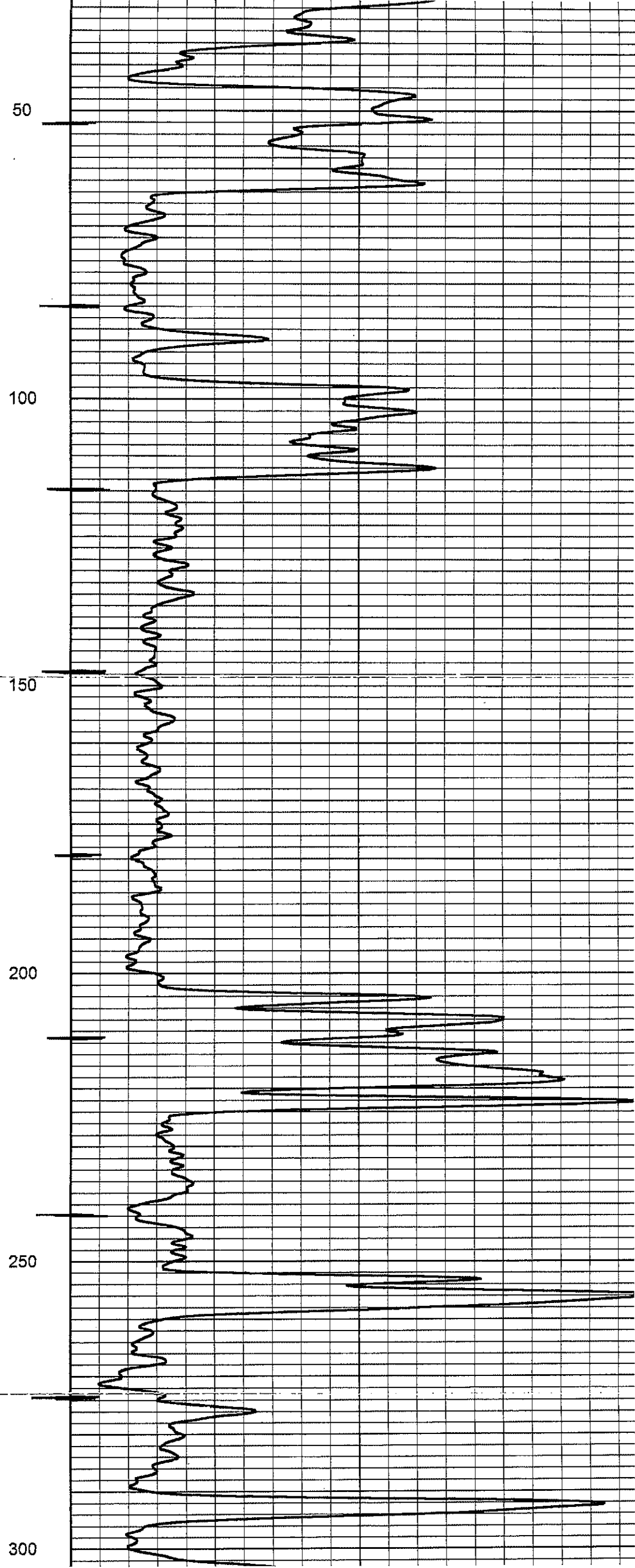
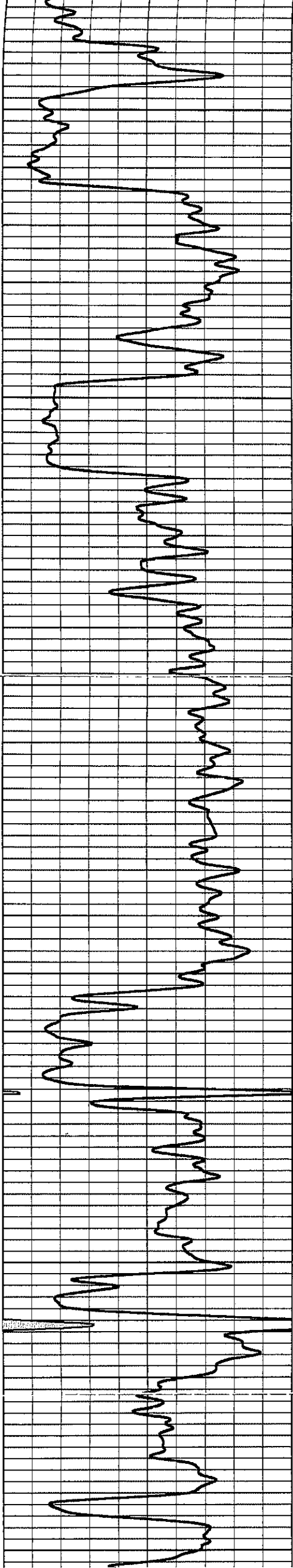
Comments

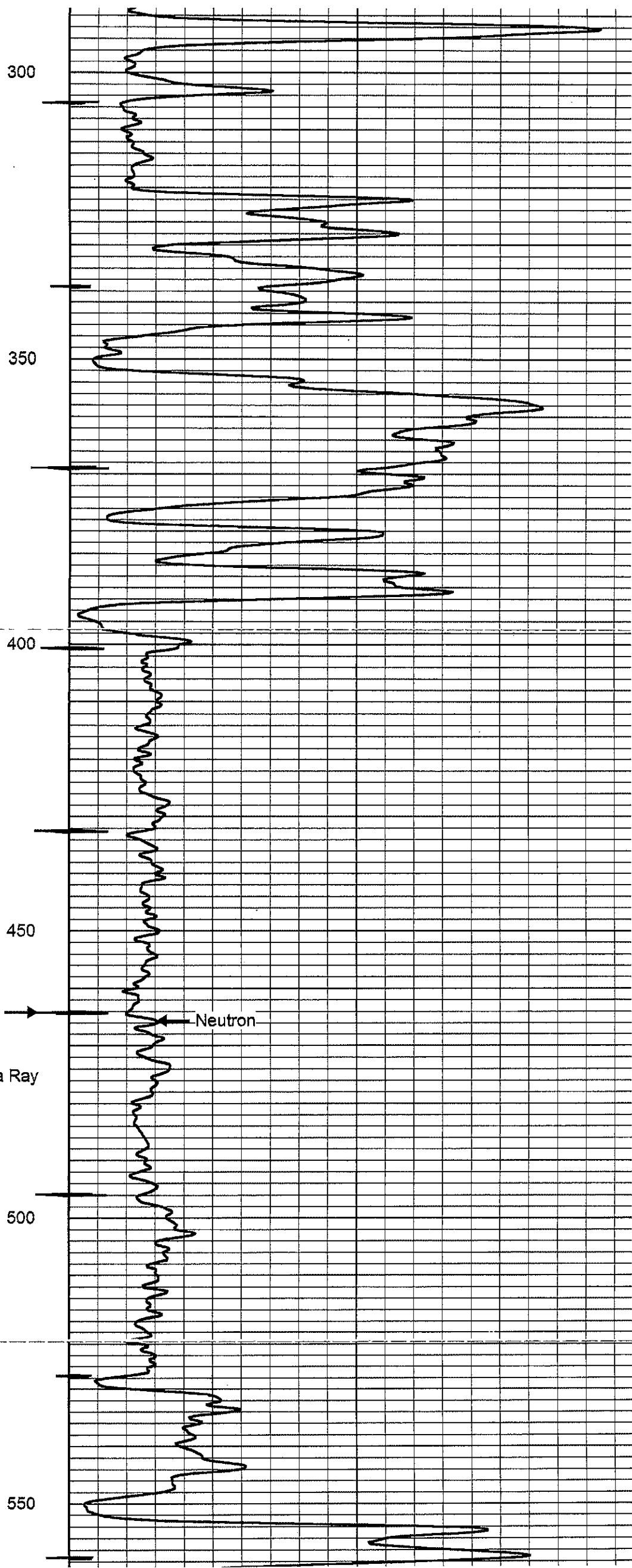
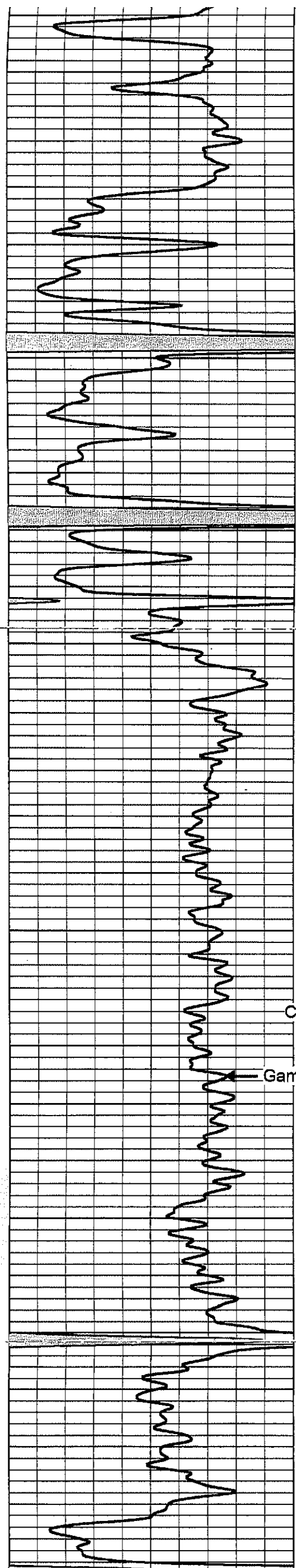
Drilling Contractor :
Skyy Drilling, LLC.
Rig #5

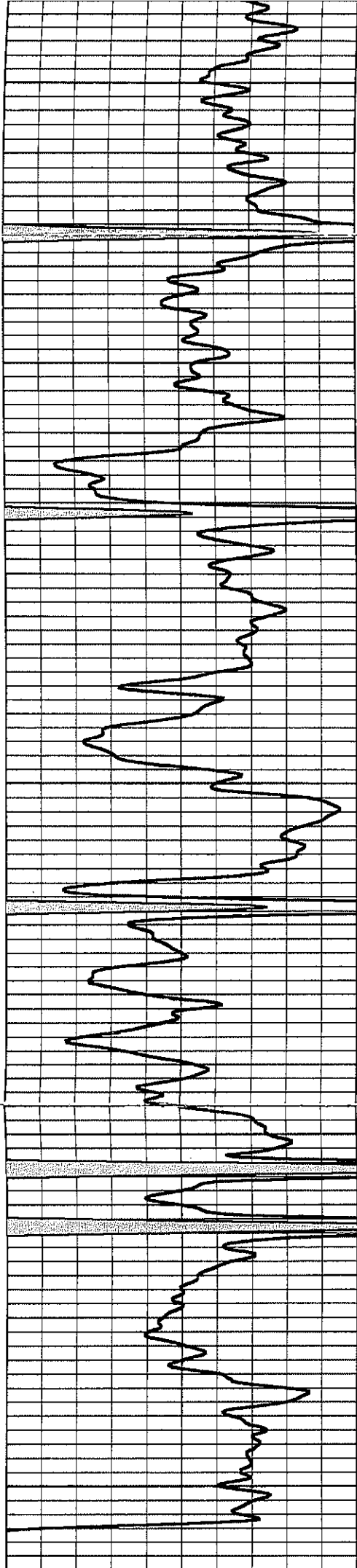
Database File: phillips14hp.db
 Dataset Pathname: pass1
 Presentation Format: gr-n-ccl
 Dataset Creation: Mon Oct 06 09:07:27 2014 by Log SCH 111116
 Charted by: Depth in Feet scaled 1:240

0	Gamma Ray (cps)	150	-1 CCL 1	100	Neutron (cps)	190
150	Gamma Ray (cps)	300				

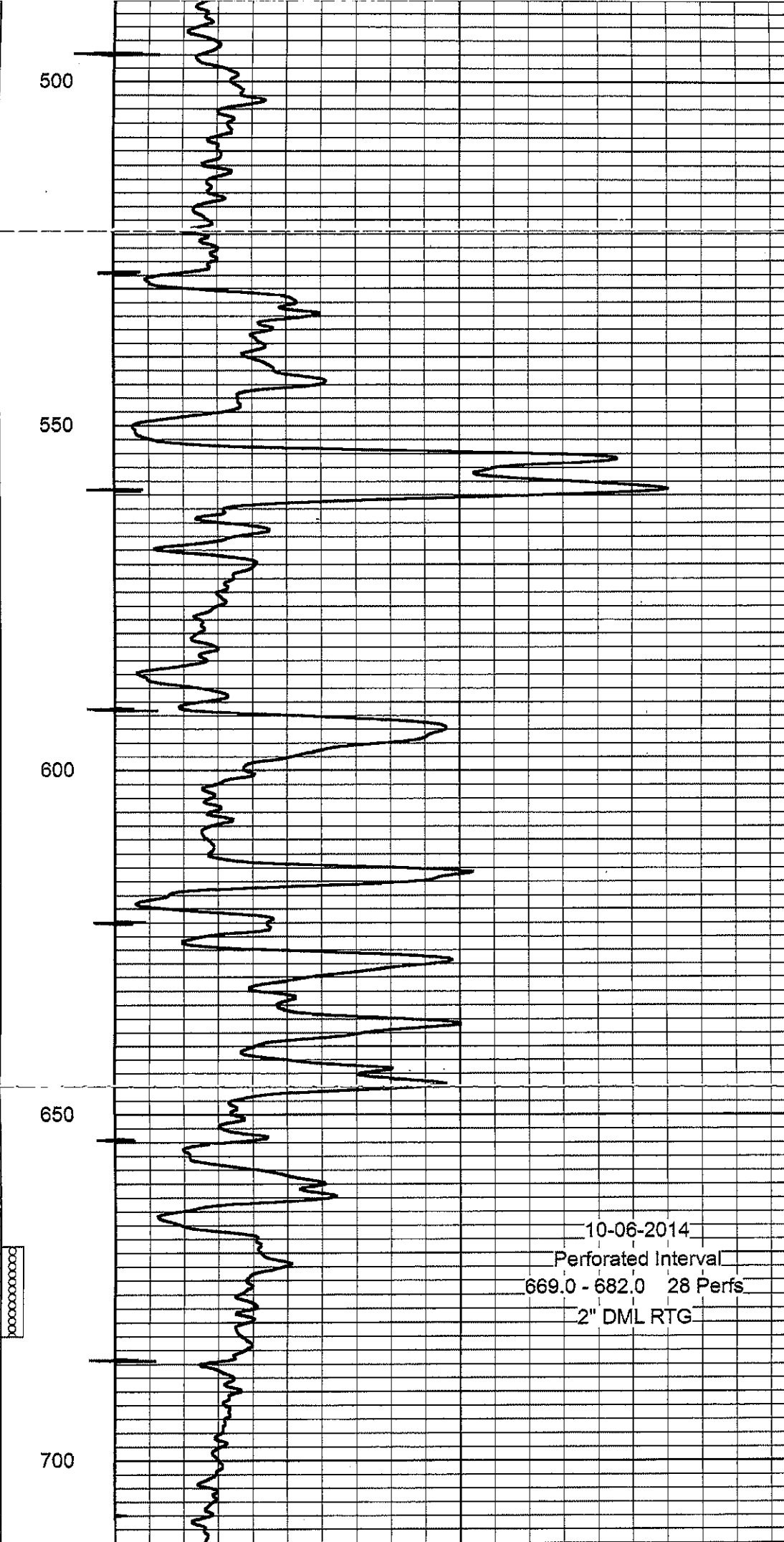








0	Gamma Ray (cps)	150
150	Gamma Ray (cps)	300



-1 CCL 1	Neutron (cps)	190
100		

10-06-2014
 Perforated Interval
 669.0 - 682.0 28 Perfs
 2" DML RTG

Skyy Drilling, L.L.C.
Park Place – Becker Building
11551 Ash Street, Suite # 205
Leawood, Kansas 66211
Office (913) 499-8373
Fax (913) 766-1310

October 9, 2014

Company: Haas Petroleum, LLC
11551 Ash Street, # 205
Leawood, Kansas 66211

Lease: Phillips – Well # 14 HP
County: Miami
Spot: NE NW SE SE Sec 14, Twp 16, R 21 E
API: 15-121-30393-00-00
TD: 725'

650' @ \$5,500.00
75' @ \$8.00 Per Foot - \$600.00

Total Due: \$6,100.00



PO Box 884, Chanute, KS 66720
620-431-9210 or 800-467-8676

271400

TICKET NUMBER 48194
LOCATION Ottawa
FOREMAN Alan Mader

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
9-22-14	3451	Phillips 14-HP	SE 1/4	16	21	M:
CUSTOMER Haas Petroleum			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS 11551 Ash St. Ste 205			730	Alan Mader	Safety	Meat
CITY hegwood			368	Mik Haas		
STATE KS			370	Mik Fox		
ZIP CODE 66211			510	Dan Webb		

JOB TYPE long string HOLE SIZE 5 1/8 HOLE DEPTH 784 CASING SIZE & WEIGHT 2 7/8
CASING DEPTH 717 DRILL PIPE _____ TUBING _____ OTHER _____
SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING yes
DISPLACEMENT 4.17 DISPLACEMENT PSI 800 MIX PSI 200 RATE 4 bpm

REMARKS: Held meeting. Ran wire line to check casing depth. Established rate. Mixed & pumped 100# gel followed by 110 SK 50150 cement plus 2% gel. Circulated cement. Flushed pump. Pumped plug to casing TD. Well held 800 PSI. Set float

Skyy, Sean & Steve.

Alan Mader

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	368	1085.00 ✓
5406	20	MILEAGE	368	84.00 ✓
5402	717	casing footage	368	— ✓
5407	min	ton miles	510	368.00 ✓
55036	2	80 gal	370	200.00 ✓
1124	110	50150 cement	1265.00 ✓	
1118B	285 #	gel	62.70 ✓	
		Material sub	1327.70	
		less 30% -	398.31 ✓	
		Material total		929.39 ✓
4402	1	2 1/2 plug		29.50 ✓
				3198.03
			SALES TAX	73.36 ✓
			ESTIMATED TOTAL	2769.25 ✓

Job completed

AUTHORIZATION Steve

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.