



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1238568
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: _____



1238568

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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GLOBAL CEMENTING, L.L.C.

1400

REMIT TO 18048 170RD
RUSSELL, KS 67665

SERVICE POINT: Russell KS

DATE <u>8-5-14</u>	SEC.	TWP.	RANGE	CALLED OUT	ON LOCATION	JOB START	JOB FINISH <u>10:00 AM</u>
LEASE <u>Haltner</u>	WELL #. <u>5-18</u>		LOCATION			COUNTY <u>Shelburne</u>	STATE <u>KS</u>
OLD OR NEW (CIRCLE ONE)							

CONTRACTOR W.W. Drilling Rig #12
 TYPE OF JOB Plug
 HOLE SIZE 2 1/2 T.D. 4445
 CASING SIZE 4 1/2 DEPTH
 TUBING SIZE DEPTH
 DRILL PIPE DEPTH
 TOOL DEPTH
 PRES. MAX MINIMUM
 MEAS. LINE SHOE JOINT
 CEMENT LEFT IN CSG.
 PERFS
 DISPLACEMENT

OWNER
 CEMENT AMOUNT ORDERED 2400 sks 44 60/100 lbs 1/2 gal 1 1/2 gal

EQUIPMENT
 PUMP TRUCK CEMENTER Coody
 # P1 HELPER Brad
 BULK TRUCK
 # A3 DRIVER Payton
 BULK TRUCK
 # DRIVER

COMMON @
 POZMIX @
 GEL @
 CHLORIDE @
 ASC @
 HANDLING @
 MILEAGE @
 TOTAL

REMARKS:

~~1 Plug 50 sks 2370~~
 2 Plug 50 sks 2370
 3 Plug 100 sks 1500
 4 Plug 50 sks 310
 cement 100 sks / P+ 300 sks wiper plug

CHARGE TO: Dan Haltner
 STREET
 CITY STATE ZIP

SERVICE

DEPTH OF JOB
 PUMP TRUCK CHARGE
 EXTRA FOOTAGE @
 MILEAGE 8x2 @
 MANIFOLD @
 TOTAL

PLUG & FLOAT EQUIPMENT

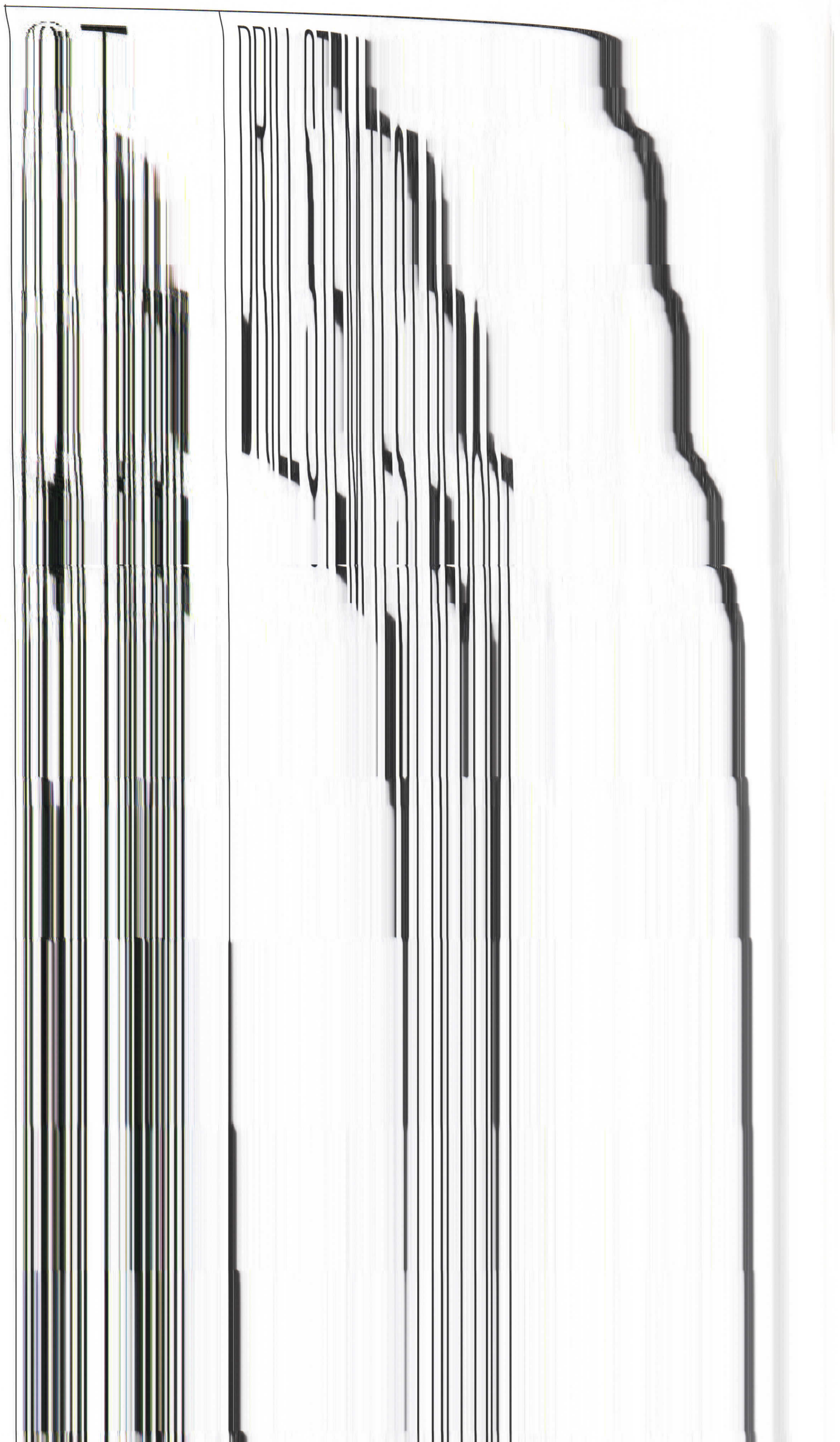
@
 @
2 1/2" dry hole Plug @
 @
 @
 TOTAL

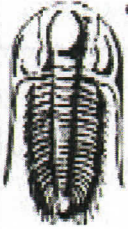
Global Cementing, L.L.C.,
 You are hereby requested to rent cementing equipment and furnish cementer and helper(s) to assist owner or contractor to do work as is listed. The above work was done to satisfaction and supervision of owner agent or contractor. I have read and understand the "GENERAL TERMS AND CONDITIONS" listed on the reverse side.

PRINTED NAME Cheryl Brannen
 SIGNATURE Cheryl Brannen

SALES TAX (If Any)
 TOTAL CHARGES
 DISCOUNT IF PAID IN 30 DAYS







**TRILOBITE
TESTING, INC.**

DRILL STEM TEST REPORT

TOOL DIAGRAM

Haffner, Dan

18-9s-27w Sheridan, KS

RR 2 Box 49
Hoxie KS 67740

Haffner #5-18

Job Ticket: 53956

DST#: 1

ATTN: Richard Bell

Test Start: 2014.08.01 @ 10:30:00

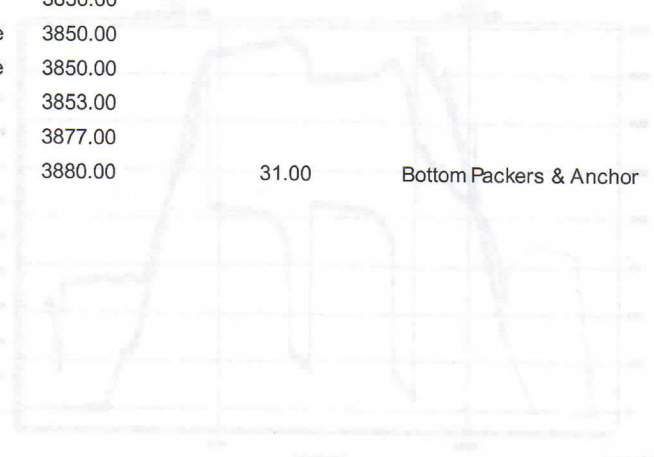
Tool Information

Drill Pipe:	Length: 3732.00 ft	Diameter: 3.80 inches	Volume: 52.35 bbl	Tool Weight: 2000.00 lb
Heavy Wt. Pipe:	Length: ft	Diameter: 2.70 inches	Volume: - bbl	Weight set on Packer: 25000.00 lb
Drill Collar:	Length: 120.00 ft	Diameter: 2.25 inches	Volume: 0.59 bbl	Weight to Pull Loose: 60000.00 lb
			Total Volume: - bbl	Tool Chased 0.00 ft
Drill Pipe Above KB:	23.00 ft			String Weight: Initial 51000.00 lb
Depth to Top Packer:	3849.00 ft			Final 53000.00 lb
Depth to Bottom Packer:	ft			
Interval between Packers:	31.00 ft			
Tool Length:	51.00 ft			
Number of Packers:	2	Diameter: 6.75 inches		

Tool Comments:

Tool Description	Length (ft)	Serial No.	Position	Depth (ft)	Accum. Lengths
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Shut In Tool	5.00			3834.00	
Hydraulic tool	5.00			3839.00	
Packer	5.00			3844.00	20.00 Bottom Of Top Packer
Packer	5.00			3849.00	
Stubb	1.00			3850.00	
Recorder	0.00	8957	Inside	3850.00	
Recorder	0.00	8934	Outside	3850.00	
Perforations	3.00			3853.00	
Perforations	24.00			3877.00	
Bullnose	3.00			3880.00	31.00 Bottom Packers & Anchor
Total Tool Length:	51.00				





DRILL STEM TEST REPORT

18-9s-27w Sheridan, KS

Haffner #5-18

Job Ticket: 53957

DST#: 2

ATTN: Richard Bell

RR 2 Box 49

Hoxie KS 67740

Haffner, Dan

GENERAL INFORMATION:

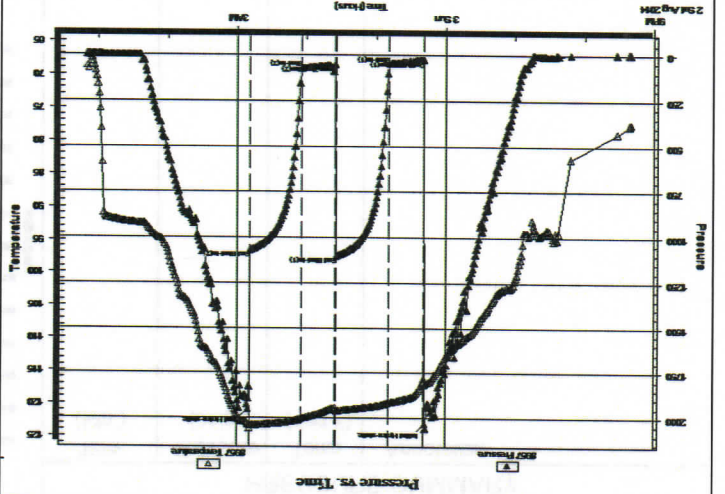
Formation: KC "H-L"
 Deviated: No Whipstock: ft (KB)
 Time Tool Opened: 00:19:00
 Time Test Ended: 05:09:45
 Interval: 3999.00 ft (KB) To 4140.00 ft (KB) (TVD)
 Total Depth: 4140.00 ft (KB) (TVD)
 Hole Diameter: 7.88 inches Hole Condition: Fair
 Reference Elevations: 2754.00 ft (KB)
 2746.00 ft (CF)
 8.00 ft
 KB to GR/CF:

TEST COMMENT:

Serial #: 8957 Inside
 Press@RunDepth: 71.00 psig @ 4000.00 ft (KB)
 Start Date: 2014.08.02 End Date: 2014.08.03
 Start Time: 21:20:05 End Time: 05:09:44
 Capacity: 8000.00 psig
 Last Callb.: 2014.08.03
 Time On Btm: 2014.08.03 @ 00:18:30
 Time Off Btm: 2014.08.03 @ 02:51:00
 TEST COMMENT: IF-2 1/8" blow
 ISH-No blow
 FF-No blow
 FSH-No blow

PRESSURE SUMMARY

Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	2030.28	117.10	Initial Hydro-static
1	25.51	116.17	Open To Flow (1)
31	46.81	119.81	Shut-in(1)
77	1103.74	121.08	End Shut-in(1)
78	53.65	120.56	Open To Flow (2)
106	71.00	122.25	Shut-in(2)
151	1071.48	123.31	End Shut-in(2)
153	1952.46	123.02	Final Hydro-static



Recovery

Length (ft)	Description	Volume (bbl)
60.00	MCW 30%M 70%W	0.30
20.00	OS Mud	0.10

Trilobite Testing, Inc

Ref. No: 53957

Printed: 2014.08.06 @ 14:21:53

Gas Rates

Choke (inches)	Pressure (psig)	Gas Rate (Mcf/d)
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Conservation Division
266 N. Main St., Ste. 220
Wichita, KS 67202-1513



Phone: 316-337-6200
Fax: 316-337-6211
<http://kcc.ks.gov/>

Shari Feist Albrecht, Chair
Jay Scott Emler, Commissioner
Pat Apple, Commissioner

Sam Brownback, Governor

January 12, 2015

dan haffner
Haffner, Dan
RR 2 BOX 49
HOXIE, KS 67740-9524

Re: ACO-1
API 15-179-21368-00-00
haffner 5-18
NW/4 Sec.18-09S-27W
Sheridan County, Kansas

Dear dan haffner:

K.A.R. 82-3-107 provides for all completion information to be filed within 120 days of the spud date. Subsection(e)(2) of that regulation states "All rights to confidentiality shall be lost if the filings are not timely."

The above referenced well was spudded on 07/28/2014 and the ACO-1 was received on January 12, 2015 (not within the 120 days timely requirement).

Therefore, your request for confidential treatment of data contained within the ACO-1 filing cannot be granted at this time.

If you should have any questions, please do not hesitate to contact me at (316)337-6200.

Sincerely,

Production Department