Confidentiality Requested:

Yes No

Kansas Corporation Commission Oil & Gas Conservation Division

1249000

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 #			API No. 15	
Name:			Spot Description:	
Address 1:			Sec	TwpS. R
Address 2:			Feet	from $\ \square$ North / $\ \square$ South Line of Section
City: St	ate: Ziŗ	D:+	Feet	from East / West Line of Section
Contact Person:			Footages Calculated from Ne	arest Outside Section Corner:
Phone: ()			□ NE □ NW	□ SE □ SW
CONTRACTOR: License #			GPS Location: Lat:	, Long:
Name:				. xx.xxxxx) (e.gxxx.xxxxx)
Wellsite Geologist:			Datum: NAD27 NAD27	
Purchaser:			County:	
Designate Type of Completion:			Lease Name:	Well #:
New Well Re-	·Fntrv	Workover	Field Name:	
	_		Producing Formation:	
☐ Oil ☐ WSW	SWD	SIOW	Elevation: Ground:	Kelly Bushing:
☐ Gas ☐ D&A ☐ OG	☐ ENHR	☐ SIGW ☐ Temp. Abd.	Total Vertical Depth:	Plug Back Total Depth:
CM (Coal Bed Methane)	G3W	Temp. Abd.	Amount of Surface Pipe Set a	and Cemented at: Feet
Cathodic Other (Core	Expl etc.)		Multiple Stage Cementing Co	
If Workover/Re-entry: Old Well Inf				Feet
Operator:				nent circulated from:
Well Name:			, ,	w/sx cmt.
Original Comp. Date:			loot doparto.	W,
	_	NHR Conv. to SWD		
Deepening Re-perf. Plug Back	Conv. to GS		Drilling Fluid Management F (Data must be collected from the	
Commingled	Permit #:		Chloride content:	ppm Fluid volume: bbls
Dual Completion	Permit #:		Dewatering method used:	
SWD	Permit #:		Location of fluid disposal if ha	uled offsite:
☐ ENHR	Permit #:		On a water Manage	
GSW	Permit #:			L'acces II
				License #:
Spud Date or Date Rea	iched TD	Completion Date or		TwpS. R
Recompletion Date		Recompletion Date	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:

1249000	

Sec Twp NSTRUCTIONS: Show	important tops of		West	County:	:				
		.							
and flow rates if gas to s		ures, whether	shut-in pre	ssure reach	ned stati	c level, hydrosta	atic pressures, bo		val tested, time too erature, fluid recove
Final Radioactivity Log, I iles must be submitted in						gs must be ema	ailed to kcc-well-lo	ogs@kcc.ks.go	v. Digital electronic
Drill Stem Tests Taken Yes No (Attach Additional Sheets)							on (Top), Depth a		Sample
Samples Sent to Geolog	ical Survey	Yes	No		Name	9		Тор	Datum
Cores Taken Electric Log Run		Yes Yes	☐ No ☐ No						
ist All E. Logs Run:									
		Report all	CASING		Ne	w Used	tion etc		
Purpose of String	Size Hole	Size Ca	asing	Weig	jht	Setting	Type of	# Sacks	Type and Percent
- urpose or curing	Drilled	Set (In	O.D.)	Lbs. /	Ft.	Depth	Cement	Used	Additives
		A	DDITIONAL	CEMENTIN	IG / SQU	EEZE RECORD			
Purpose:	Depth	Type of C		# Sacks				Percent Additives	
Perforate	Top Bottom	7,111							
Protect Casing Plug Back TD									
Plug Off Zone									
Did you perform a hydraulic	fracturing treatment of	on this well?				Yes	No (If No, sk	kip questions 2 ar	nd 3)
oes the volume of the total	-		treatment ex	ceed 350,00	0 gallons?		= ` ` '	kip question 3)	,
Vas the hydraulic fracturing	treatment information	n submitted to th	he chemical c	lisclosure reg	gistry?	Yes	No (If No, fil	l out Page Three	of the ACO-1)
Shots Per Foot		ON RECORD -					cture, Shot, Cemen		
	Specify I	Footage of Each	ı ıntervai Peri	orated		(A	mount and Kind of M	ateriai Used)	Depth
TUBING RECORD:	Size:	Set At:		Packer At		Liner Run:			
TODING FILOURD.	JILU.	OG! Al.		i ackei Al		Linei Huii.	Yes No)	
Date of First, Resumed Pro	oduction, SWD or EN	HR. Pro	oducing Meth	od:	g \square	Gas Lift (Other (Explain)		
Estimated Production Per 24 Hours	Oil	Bbls.	Gas	Mcf	Wate	er E	Bbls.	Gas-Oil Ratio	Gravity
DISPOSITION	OF GAS:		N.	IETHOD OF	COMPI F	TION.		PRODUCTIO	ON INTERVAL:
Vented Sold	Used on Lease	Oper	n Hole	Perf.	Dually	Comp. Co	mmingled	110000110	ZIN IINI EI IVAE.
(If vented, Submit		Otho:	r (Specify)		(Submit A	ICO-5) (Sub	omit ACO-4)		

Form	ACO1 - Well Completion
Operator	Haas Petroleum, LLC
Well Name	East Lidikay 27i-HP
Doc ID	1249000

Casing

Purpose Of String	Size Hole Drilled	Size Casing Set	Weight	Setting Depth	Type Of Cement		Type and Percent Additives
Surface	9.8750	7.0000	17.0	20	Cement	5	N/A
Production	5.6250	2.8750	6.5	745	Poz Mix	118	50/50

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

March 24, 2015

Company: Haas Petroleum, LLC

11551 Ash Street, # 205 Leawood, Kansas 66211

Lease:

East Lidikay – Well # 27 I HP

County:

Franklin

Spot:

SE SE NE SE of Sec 4, Twp 16, R 21 E

API:

15-059-26936-00-00

Spud:

March 14, 2015

TD:

760'

3/14/15:

Set 20' of 7" - Cemented with 5 sacks

3/17/15:

Drilled from 20' to 760' TD. Ran 745' of 2 7/8 casing

3/17/15:

Cemented with 118 sacks

TOTAL DUE: \$5,500.00



TICKET NUMBER	50816
LOCATION Office	va, CS
FOREMAN (ASOL 4	Kenned 11

O Box 884, Cha 20-431-9210 or	nute, KS 66720 800-467-8676		CEMENT			
DATE	CUSTOMER#	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
	3457	East Lidikary # 27:	T-AP NEY	16) DI	FR
STOMER	laslavia	′]	TRUCK #	DRIVER	TRUCK#	DRIVER
HOAS 100	Kolewa s		729	Caken	V Solsky	Martin
vite 20	5 11551	Ash St.	4/2	Kei Cor	1	
TY TY		TATE ZIP CODE	804	Barkon		. <u> </u>
eawood		KS 166211	218	lik Haa	·-	
BTYPE JOUG	Arina H		DLE DEPTH 260	CASING SIZE &	NEIGHT 27/8	"EVE
SING DEPTH_			IBING		OTHER	
URRY WEIGHT	• •		ATER gal/sk	CEMENT LEFT in	CASING	
SPLACEMENT	4.31 bbs 0		X PSI	RATE 4 50K	4	
MARKS: hel	A 4	racting established	circulation in	imed + pur	uped 200	#6el
lowed	bu 10 66	1) I/ n	rixed tourned	105 ste	10 Por	A
oment o	w/ 2%	gel per St. Ceru	4 1 6 A '	Hushed o	oup class	a sampe
1/2 " cJd	مر واحد الح	7	4.31 Hols fresh	voter ores	support to	श्व दें जी
soll hole	ま い ノ	br 33 min 1/2	, , , , , , , , , , , , , , , , , , ,	sture shu	th casic	1C.
	¥				-	
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				(')3	/	
ACCOUNT	QUANITY o	r UNITS DESC	RIPTION of SERVICES or P	RODUCT	UNIT PRICE	TOTAL
SYO1 /		PUMP CHARGE	· · · ·		1085.00	•
706	20 4	MILEAGE			84.00	
540a	7451	(-4)	10	A = 11 = -		
5807		7 7	Hage		184.00	
	/2 m	in Your us	rage	·	1000 00	
2209C	(hr		Trucks Sular	-d-1	1455.00	
					145.30	<u> </u>
			-10		173,30	1304.7
11211		N 502 50		stotal_	12000	4.40
1124		Sks 500 Pos	znix cement		1207,50	
1118B/	376.	* 6.el	· · · · · · · · · · · · · · · · · ·	<u> </u>	82.72	
			uncter:		1290,20	
			-3	<u>0%</u>	387.07	0.3 1
111 4 11				SOPAGE OF	 	903.13
4402 1		21/5" Nd	or plug			29.50
	st	- E				
	Control of the second					
	E			<u> 7. a</u>		7,35
ا سے Vin 3737				7.65%	SALES TAX ESTIMATED	71.35
~ ·	\sim	1			TOTAL	2311.7
UTHORIZTION	40 ·- (T SET	TLE		DATE	28736

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.