Сс	onfiden	tiality	Requested:
	Yes	ΠN	0

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

1249007

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:				
Address 2:	Feet from Dorth / South Line of Section			
City: State: Zip:+	Feet from East / West Line of Section			
Contact Person:	Footages Calculated from Nearest Outside Section Corner:			
Phone: ()				
CONTRACTOR: License #	GPS Location: Lat:, Long:			
Name:	(e.g. xx.xxxx) (e.gxxx.xxxx)			
Wellsite Geologist:	Datum: NAD27 NAD83 WGS84			
Purchaser:	County:			
Designate Type of Completion:	Lease Name: Well #:			
New Well Re-Entry Workover	Field Name:			
	Producing Formation:			
	Elevation: Ground: Kelly Bushing:			
Gas D&A ENHR SIGW	Total Vertical Depth: Plug Back Total Depth:			
OG GSW Temp. Abd. CM (Coal Bed Methane)	Amount of Surface Pipe Set and Cemented at: Feet			
Cathodic Other (Core, Expl., etc.):	Multiple Stage Cementing Collar Used?			
If Workover/Re-entry: Old Well Info as follows:	If yes, show depth set: Feet			
Operator:	If Alternate II completion, cement circulated from:			
Well Name:	feet depth to:w/sx cmt.			
Original Comp. Date: Original Total Depth:				
Deepening Re-perf. Conv. to ENHR Conv. to SWD	Drilling Fluid Management Plan			
Plug Back Conv. to GSW Conv. to Producer	(Data must be collected from the Reserve Pit)			
	Chloride content: ppm Fluid volume: bbls			
Commingled Permit #:	Dewatering method used:			
Dual Completion Permit #:				
SWD Permit #:	Location of fluid disposal if hauled offsite:			
ENHR Permit #:	Operator Name:			
GSW Permit #:	Lease Name: License #:			
	Quarter Sec TwpS. R [] East [] West			
Spud Date or Date Reached TD Completion Date or Recompletion Date 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:			

	Page Two	1249007
Operator Name:	Lease Name:	Well #:
Sec TwpS. R East _ West	County:	
INCTOLICTIONS. Chow important tang of formations ponetrated	Dotail all coros Poport all final	popios of drill stoms tasts giving interval tasted time tool

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 (Attach Additional Sheets)		Yes No	L	og Formatio	on (Top), Depth an	d Datum	Sample
Samples Sent to Geolog	jical Survey	Yes No	Nam	e		Тор	Datum
Cores Taken Electric Log Run		☐ Yes ☐ No ☐ Yes ☐ No					
List All E. Logs Run:							
		CASING	RECORD Ne	w Used			
		Report all strings set-o	conductor, surface, inte	rmediate, product	ion, 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 / SQU	EEZE RECORD			
Purpose: Perforate	Depth Top Bottom	Type of Cement	# Sacks Used		Type and P	ercent Additives	
Protect Casing							

Dic	Did you perform a hydraulic fracturing treatment on this well?				Yes	No	(If No, skip questions 2 and 3)	
	Plug Off Zone							
	Protect Casing Plug Back TD							
	Perforate							

Yes

Yes

No

Deep the volume of	f the total have	fluid of the bu	draulia franturian t	reatment a	vacad 250 000	a allana (
Does the volume of	or the total base	nuid of the hy	draulic fracturing t	reatment e	xceeu 350,000	gailons?
Was the hydraulic	fracturing treati	ment information	on submitted to the	e chemical	disclosure regi	stry?

No (If No, skip question 3)

(If No, fill out Page Three of the ACO-1)

Shots Per Foot	PERFORATION RECORD - Bridg Specify Footage of Each Inter)e	e Acid, Fracture, Shot, Cen (Amount and Kind o			Depth
TUBING RECORD:	Si	ze:	Set At:		Packe	r At:	Liner F	Run:	No	
Date of First, Resumed Production, SWD or ENHR.			٦.	Producing M	ethod:	ping	Gas Lift	Other (Explain)		
Estimated Production Oil Bbls. Per 24 Hours		ls.	Gas	Mcf	Wate	ər	Bbls.	Gas-Oil Ratio	Gravity	
DISPOSITION OF GAS:				METHOD OF COMPLETION			TION		PRODUCTION INT	FRVAL.
Vented Sold Used on Lease			Open Hole Perf. Dually			Comp. A <i>CO-5)</i>	Commingled (Submit ACO-4)			
DISPOSITION OF GAS:				Open Hole Other <i>(Specify)</i>	Perf.	Dually	Comp. A <i>CO-5)</i>		PRODUCTION INT	ERVAL:

Form	ACO1 - Well Completion
Operator	Haas Petroleum, LLC
Well Name	East Lidikay 12i-HP
Doc ID	1249007

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	770	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 # 12 I HP
County:	Franklin
Spot:	SW NW SE SE of Sec 4, Twp 16, R 21 E
API:	15-059-26897-00-00
Spud:	March 17, 2015
TD:	810'

3/17/15:	Set 20' of 7" – Cemented with 5 sacks
3/24/15:	Drilled from 20' to 810' TD. Ran 767' of 2 7/8 casing
3/24/15:	Cemented with 118 sacks

TOTAL DUE: \$5,500.00

PO Box 884, Chanute, KS 66720 PO Box 884, Chanute, KS 66720 DATE CUSTOMER# FIELD TICKET & TREATMENT REPORT CEMENT DATE CUSTOMER# WELLNAME & NUMBER SIGCITON TOWNSHIP RANGE COUNTY 31.02/15 3757 East 1 id. Kay # 121-HP UE 4 10 21 PR CUSTOMER TRUCK# DIRVER MADE Has Fatrolow MALKOR ADDRESS Sutte 205 11551 Ash 31. CITY STATE ZIP CODE STATE ZIP CODE STATE ZIP CODE US THE CUSTOMER HOLE SIZE STA" HOLE DEPTH 200' CASING SIZE & WEIGHT 574 COL ORIGINAL SIZE STATE THEN REQUIRE CONTENT SIZE SUBRY VEIGHT SUBRY VOL DIRL PIPE THENG CONTENT SIZE MARKS holl state, under the size of the content of the size state of th		INSOLIDA			90.70	4 2423	7	Hawa, KS	A
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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.