Сс	onfiden	tiality	Requested:
	Yes	ΠN	0

### KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

1250454

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.xxxxx)				
Wellsite Geologist:		Datum: NAD27 NAD83 WGS84				
Purchaser:		County:				
Designate Type of Completion:		Lease Name: Well #:				
	Workover	Field Name:				
	_	Producing Formation:				
	SIOW	Elevation:   Ground:   Kelly Bushing:     Total Vertical Depth:   Plug Back Total Depth:     Amount of Surface Pipe Set and Cemented at:   Feet				
OG GSW GSW CM (Coal Bed Methane)	Temp. Abd.					
Cathodic Other (Core, Expl., etc.):		Multiple Stage Cementing Collar Used? Yes No				
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 E						
Deepening Re-perf. Conv. to ENHR		Drilling Eluid Monogoment Dien				
	Conv. to Producer	Drilling Fluid Management Plan (Data must be collected from the Reserve Pit)				
		Chloride content: ppm Fluid volume: bbls				
Commingled Permit #:						
Dual Completion Permit #:		Dewatering method used:				
SWD Permit #:		Location of fluid disposal if hauled offsite:				
ENHR Permit #:		Operator Name:				
GSW Permit #:		Lease Name: License #:				
•	ompletion Date or	Quarter Sec TwpS. R East West				
Recompletion Date Re	ecompletion 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	1250454
Operator Name:	_ Lease Name:	Well #:
Sec TwpS. R East _ West	County:	
INCTRUCTIONS. Chain important tang of formations papetrated	tail all aaroo Ropart all final	popios of drill stome tosts giving interval tosted, 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 She	eets)	Yes No		-	Formation (Top), Depth and Datum Top		Sample
Samples Sent to Geolog	jical Survey	Yes No	Name	9			Datum
Cores Taken Electric Log Run		☐ Yes ☐ No ☐ Yes ☐ No					
List All E. Logs Run:							
		CASING Report all strings set-c	RECORD Ne		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 Percent Additives
Protect Casing Plug Back TD Plug Off Zone				

Yes

Did you perform a hydraulic fracturing treatment on this well?	Yes
Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons?	Yes
Was the hydraulic fracturing treatment information submitted to the chemical disclosure registry?	Yes

No	(If No, skip questions 2 and 3)
No	(If No, skip question 3)
No	(If No, fill out Page Three of the

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

			N RECORD - Bridge Plugs Set/Type botage of Each Interval Perforated				Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used)			Depth
TUBING RECORD:	Siz	e:	Set At:		Packe	r At:	Liner F	lun:	No	
Date of First, Resumed F	Production	on, SWD or ENHF	3.	Producing M	ethod:	ping	Gas Lift	Other (Explain)		
Estimated Production Oil Bb Per 24 Hours		ls.	Gas	Mcf	Wate	er	Bbls.	Gas-Oil Ratio	Gravity	
DISPOSITION OF GAS:				METHOD OF COMPLE			TION:		PRODUCTION IN	rerval:
Vented Sold Used on Lease			Open Hole	Perf.	Dually (Submit)	Comp. 4 <i>CO-5)</i>	Commingled (Submit ACO-4)			
(Il vented, Subinit ACO-18.)		,		Other (Specify)						

Form	ACO1 - Well Completion
Operator	Haas Petroleum, LLC
Well Name	East Lidikay 28-HP
Doc ID	1250454

# Casing

	Size Hole Drilled	Size Casing Set	U U	Setting Depth	Type Of Cement		Type and Percent Additives
Surface	9.8750	7.0000	17	20	Cement	5	N/A
Production	5.6250	2.8750	23	750	Poz Mix	78	50/50

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

March 17, 2015

Company:	Haas Petroleum, LLC 11551 Ash Street, # 205 Leawood, Kansas 66211
Lease:	East Lidikay – Well # 28 HP
County:	Franklin
Spot:	NE NE SW SE of Sec 4, Twp 16, R 21 E
API:	15-059-26920-00-00
Spud:	March 30, 2015
TD:	760'

3/30/15:	Set 20' of 7" – Cemented with 5 sacks
4/7/15:	Drilled from 20' to 760' TD. Dry Hole - Plugged

# TOTAL DUE: \$5,500.00

	DNSCILIDA HI Well Servis	A LINE MARK MEL	Invoice	404	ふびい	LOCATION_		A
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PO Box 884, Ch	anute, KS 667	20	ELD TICKET			EPORT		/
620-431-9210 0				CEMEN				
DATE	CUSTOMER #		LL NAME & NUM		SECTION		RANGE	COUNT
917/15	3451	East Li	dilcay # i	28-4P	NE 4	14	<u></u> 2	LFR.
HAAS P	Setroleum		,		TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRE				-	279	Casken	1 Salet	Unotin
5.70 3	205 1155	=1 Ash	St.		4112	Heilar	- and y	
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	00	HOLE SIZE	57/8"	_ HOLE DEPTH		CASING SIZE &	WEIGHT	
CASING DEPTH	7			TUBING			OTHER	
SLURRY WEIGH	Γ	SLURRY VOL		WATER gai/s	k	CEMENT LEFT I	n CASING	
DISPLACEMENT		DISPLACEME						
REMARKS: he	ld coleting	rapting	ostallish and	circula	tion mi	ind + pumpo	d 20 sts	907070A
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			DE PUMP CHARG		f SERVICES or	PRODUCT		TOTAL
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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.