Confidentiality Requested:

Yes No

Kansas Corporation Commission Oil & Gas Conservation Division

1251329

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:			SecTwpS. R				
Address 2:			F6	eet from North /	South Line of Section		
City:	State: Z	ip:+	Fe	eet from East /	West Line of Section		
Contact Person:			Footages Calculated from	Nearest Outside Section C	Corner:		
Phone: ()			□ NE □ NW	V □SE □SW			
CONTRACTOR: License #			GPS Location: Lat:	, Long:			
Name:				(e.g. xx.xxxxx)	(e.gxxx.xxxxx)		
Wellsite Geologist:			Datum: NAD27	NAD83 WGS84			
Purchaser:			County:				
Designate Type of Completion:			Lease Name: Well #:				
	e-Entry	Workover	Field Name:				
	_		Producing Formation:				
☐ Oil ☐ WSW ☐ D&A	☐ SWD	∐ SIOW ∏ SIGW	Elevation: Ground: Kelly Bushing:				
	GSW	Temp. Abd.	Total Vertical Depth:	Plug Back Total D	epth:		
CM (Coal Bed Methane)	dow	Temp. Abd.	Amount of Surface Pipe Se	et and Cemented at:	Feet		
☐ Cathodic ☐ Other (Co	ore. Expl., etc.):		Multiple Stage Cementing	Collar Used? Yes	No		
If Workover/Re-entry: Old Well I			If yes, show depth set:				
Operator:			If Alternate II completion, c	cement circulated from:			
Well Name:			feet depth to:	w/	sx cmt.		
Original Comp. Date:							
Deepening Re-perf	J	ENHR Conv. to SWD	Drilling Fluid Managemer	nt Plan			
Plug Back	Conv. to G		(Data must be collected from to				
Commingled	Permit #		Chloride content:	ppm Fluid volume	: bbls		
Dual Completion			Dewatering method used:_				
SWD			Location of fluid disposal if	hauled offsite:			
ENHR	Permit #:						
GSW	Permit #:		Operator Name:				
			Lease Name:				
Spud Date or Date R	eached TD	Completion Date or	Quarter Sec	TwpS. R	East West		
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 III Approved by: Date:

405

1251329	
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Operator Name:			Lease Name: _			_ Well #:	
Sec Twp	S. R	East West	County:				
open and closed, flow	now important tops of fo ving and shut-in pressu o surface test, along w	ires, whether shut-in p	ressure reached stat	ic level, hydrosta	tic pressures, bo		
	g, Final Logs run to ob ed in LAS version 2.0 o			ogs must be ema	illed to kcc-well-l	ogs@kcc.ks.go	v. Digital electronic log
Drill Stem Tests Taker (Attach Additional		Yes No			on (Top), Depth a		Sample
Samples Sent to Geo	logical Survey	Yes No	Nam	ie		Тор	Datum
Cores Taken Electric Log Run		☐ Yes ☐ No ☐ Yes ☐ No					
List All E. Logs Run:							
			G RECORD Note not	ew Used	ion etc		
Durance of String	Size Hole	Size Casing	Weight	Setting	Type of	# Sacks	Type and Percent
Purpose of String	Drilled	Set (In O.D.)	Lbs. / Ft.	Depth	Cement	Used	Additives
		ADDITIONA	L CEMENTING / SQI	JEEZE RECORD	1	<u> </u>	1
Purpose:	Depth Top Bottom	Type of Cement	# Sacks Used		Type and	Percent Additives	
Perforate Top Bottom Protect Casing							
Plug Back TD Plug Off Zone							
	ulic fracturing treatment or			Yes	=	kip questions 2 ar	nd 3)
	total base fluid of the hydra ring treatment information	-	=	? Yes [kip question 3) Il out Page Three	of the ACO-1)
Trac the Hydraune mastal							,
Shots Per Foot		N RECORD - Bridge Plu potage of Each Interval Pe			cture, Shot, Cemer mount and Kind of M		Depth
TUBING RECORD:	Size:	Set At:	Packer At:	Liner Run:	Yes No)	
Date of First Resumed	Production, SWD or ENH	IR. Producing Me	ethod:			-	
Date of First, Hesulfied	Traduction, OVVD or LIVE	Flowing	Pumping	Gas Lift 0	Other (Explain)		
Estimated Production Per 24 Hours	Oil B	bls. Gas	Mcf Wat	er B	bls.	Gas-Oil Ratio	Gravity
DISDOSITI	ON OF GAS:		METHOD OF COMPL	ETION:		PRODUCTIO	ON INTERVAL:
Vented Solo		Open Hole	Perf. Duall	y Comp. Cor	mmingled	THODOUTIC	ZIV IIVI LI IVAL.
	bmit ACO-18.)	Other (Specify)	(Submit	ACO-5) (Sub	mit ACO-4)		

Form	ACO1 - Well Completion
Operator	Haas Petroleum, LLC
Well Name	East Lidikay 29-HP
Doc ID	1251329

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	749	Poz Mix	102	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 # 29 HP

County:

Franklin

Spot:

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

ÄPI:

15-059-26937-00-00

Spud:

March 15, 2015

TD:

760°

3/15/15:

Set 20' of 7" - Cemented with 5 sacks

3/27/15:

Drilled from 20' to 760' TD. Ran 749' of 2 7/8 casing

3/27/15:

Cemented with 102 sacks.

TOTAL DUE: \$5,500.00



CONSOLIDATED

TICKET NUMBER 50904

LOCATION OFTENO KS

FOREMAN Fyo & Wader

0-431-9210 or	800-467-8676		• · · · · · ·	CEMEN	IT		<u> </u>	
DATE	CUSTOMER#	WELL	NAME & NUM	BER	SECTION	TOWNSHIP	RANGE	COUNTY
3-27-15	.3451	ELidik	m #2	7-1-18	SEY	16	21	FR.
USTOMER	`^ '		0			BD0 (50	TOUCK#	DRIVER
Haas AILING ADDRES	7e440 -	m tha		-	TRUCK#	DRIVER	TRUCK#	DRIVER
			_		712	Fre Mad	·	
21551 TY	Ash St	ト くた 204 ISTATE	SZIP CODE	4	495	NorBec	•	
	,	KS	662H		369	Mik Hea		
heawou			578]	510	Admed 1		E 11 E
OB TYPE_LOW	of string		5 78	_ HOLE DEPT	H <u> 760'</u>	CASING SIZE & W		CUN
ASING DEPTH_		DRILL PIPE		_TUBING			OTHER	1 Dlie
LURRY WEIGHT		SLURRY VOL		WATER galls	6K	RATE 4 8 PM		7
ISPLACEMENT	7 ~	DISPLACEMENT		MIX PSI			A.	<i>C.</i> 0
EMARKS:	old Sate	y meets				n. Mix & Pu		uex
Flush,	<u> </u>			15 50/5	,	Coment	Jy Cul.	
Comes	x 40 S	vitace.	Flush		nas clean.	Displace	2.2	
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press	UVE Th	Sex floo	A Valu	e. Shv	YM Cash	2		
						1		·
Skyy	Drilling	, t				Fud Mad	لسعبه	
' 6	Ø				, d			
ACCOUNT CODE	QUANITY	or UNITS	D	ESCRIPTION o	of SERVICES or PR	ODUCT	UNIT PRICE	TOTAL.
5401	•	,	PUMP CHAR	GE		495	108500	
54060	•		MILEAGE				N/C	
5402	•	747	Cashio	footac	<u> </u>		N/C	
5407	Yz Min			Miles	•	570	18400	
550ac	11			BL Vac	Touck	369	100 00	
333023		<u> </u>		50		The state of the s	1369 20	
				1	-ess 1070		-136 20	1232 10
	<u> </u>			<u>_</u>	_~35 /0/0			1 DE 34/95i
				^ -	. 0	,	//7340	
1124		RSKS	1 /		in Comens	<u></u>	1175	
HER	a	<u> </u>	Pren	vu a			5984	
					Naterial		1232 64	
					Less 30%).	- 36985	/ ex
	<i>*</i>				Total			86299
4402	,		24"	<u>Cubber</u>	Plug.			2750
		<u></u>			Ø	•		
			000	relate				
								<u> </u>
				2				
						6570 7450	SALES TAX	10 5 28
Ravin 3737		1 1	•				ESTIMATED	2192
	()	4	_9				TOTAL	197179
AUTHORIZTION	1 /2	1 1 2 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		TITLE			DATE	21817

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.