Сс	onfiden	tiality	Requested:
	Yes	ΠN	0

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

1251747

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 North / 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.xxxxx) (e.gxxx.xxxxx)		
Wellsite Geologist:	Datum: NAD27 NAD83 WGS84		
Purchaser:	County:		
Designate Type of Completion:	Lease Name: Well #:		
New Well Re-Entry Workover	Field Name:		
	Producing Formation:		
☐ Oil ☐ WSW ☐ SWD ☐ SIOW □ Gas □ D&A □ ENHR □ SIGW	Elevation: Ground: Kelly Bushing:		
□ Gas □ D&A □ ENHA □ SIGW □ OG □ GSW □ Temp. Abd.	Total Vertical Depth: Plug Back Total Depth:		
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 #:	Logation of fluid dispaced if hould offeite:		
ENHR Permit #:	Location of fluid disposal if hauled offsite:		
GSW Permit #:	Operator Name:		
	Lease Name: License #:		
Spud Date or Date Reached 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 II III Approved by: Date:					

	Page Two	1251747
Operator Name:	Lease Name:	Well #:
Sec TwpS. R East West	County:	
INCTRUCTIONS: Chave important tang of formations panetwated	Datail all aaroa Bapart all final	popios of drill stome tosts giving interval tostad, 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		0	Formation (Top), Depth an		Sample
Samples Sent to Geolog	jical Survey	Yes No	Name	9		Тор	Datum
Cores Taken Electric Log Run		Yes No					
List All E. Logs Run:							
		CASING Report all strings set-c	RECORD New		on, 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				

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

(If No, skip questions 2 and 3) (If No, skip question 3)

No

No

No

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

Shots Per Foot	PERFORATION Specify For			RD - Bridge F Each Interval		e			ement Squeeze Record d of Material Used)	Depth
TUBING RECORD:	Siz	ze:	Set At:		Packe	r At:	Liner R	un:	No	
Date of First, Resumed Production, SWD or ENH			٦.	Producing N		ping	Gas Lift	Other (Explain)		
Estimated Production Oil Bbl Per 24 Hours		ls.	Gas	Mcf	Wat	er	Bbls.	Gas-Oil Ratio	Gravity	
DISPOSITION OF GAS:					METHOD	OF COMPLE			PRODUCTION INTER	R\/Δ1 ·
Vented Sold Used on Lease			Open Hole	Perf.		Comp.	Commingled (Submit ACO-4)			
(If vented, Submit ACO-18.)		Other (Specify)								

Form	ACO1 - Well Completion
Operator	Haas Petroleum, LLC
Well Name	Detar 7-HP
Doc ID	1251747

Casing

Purpose Of String	Size Hole Drilled	Size Casing Set		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	885	Poz Mix	137	50/50

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

May 5, 2015

Company:	Haas Petroleum, LLC 11551 Ash Street, # 205 Leawood, Kansas 66211
Lease: County: Spot: API: Spud: TD:	Detar – Well # 7 HP Franklin E2 W2 SE NW of Sec 3, Twp 16, R 21 E 15-059-26947-00-00 April 13, 2015

4/13/15:	Set 20' of 7" – Cemented with 5 sacks
4/21/15:	Drilled from 20' to 900' TD. Ran 885' of 2 7/8 casing
4/21/15:	Cemented with 137 sacks.

TOTAL DUE: \$6,500.00

		MB	TICKET NUMB	5 0	943					
CONSOLIDATED		12	LOCATION (Σ'))						
CH Welt Services, LLC NVO	111-49-415-	> May	FOREMAN	1-1	-l					
			-	weg Leun	and y					
PO Box 884, Chanute, KS 66720 FIELD TICKET & TREATMENT REPORT										
620-431-9210 or 800-467-8676	CEMEN		TOMUCINO	RANGE	COUNTY					
DATE CUSTOMER # WELL NAM	AE & NUMBER	SECTION	TOWNSHIP							
4/21/15 3451 Dotar#	7-HP	NW3	16	21	FR					
CUSTOMER Petcolevu		TRUCK #	DRIVER	TRUCK#	DRIVER					
MAILING ADDRESS		729	Castan	1/ Salate	Martina					
Suite 205 11551 Ast St		4/07	Kei Car	<u> </u>						
CITY STATE ZIP	CODE	548	Har Bec	1						
lawood KS 60	0211	369	Mithad	1						
JOB TYPE OLOTION HOLE SIZE ST	8" HOLE DEPT	н <u>900'</u>	CASING SIZE & V	VEIGHT_24	"EVE					
CASING DEPTH	TUBING	······	• • • • • • • • • • • • • • • • • • •	OTHER						
SLURRY WEIGHT SLURRY VOL	WATER gal/	sk	CEMENT LEFT in	CASING						
DISPLACEMENT SIL SHE DISPLACEMENT PS	I MIX PSI		RATE 4 bom							
REMARKS: held safety meeting es	foblished circu	lation united	dt anos	d aco +	E Gel					
Allowed her 5 blog test int	er nixed t	voused 1	37 5651	5750 F33	uix					
COMPANT W/ 2% col per sk	, current to	Surface,	flushod p	up dean	perped					
21/2" rubber plug to casing TE	5 w/ SIR H	<u>Is fresh wo</u>	ter, press	used to 8	oo tsi,					
released ordessure cluting casing.										
			+	<u> </u>						
			-1/4							
			-12							
· · · · · · · · · · · · · · · · · · ·										

		QUANITY or UNITS	DESCRIPTION of SERVICES of PRODUCT	UNIT PRICE	TOTAL
	5401		PUMP CHARGE	108500	-100- C
	5906	Dai	MILEAGE	84.90	
	5402 -	20 rii 885'	Casing tootage	• • •	
	5407	minimum	ton neitenge	368.000	
	55000	2 hrs	80 Vac	200.00	
			trucks.	1737.00	
			~16%	173.70	
			Subtotal		1563.30
mark	1124	137 sts	5955 Pornix coment	1575.50.	
	1118B	430 dt	Gel	94,60.	
	111 012		materials	1670.10	
			-30%	501.03	
			Substatal		1169.07
	1402		21's "ruber plus		29.50
		· · · · · · · · · · · · · · · · · · ·			
		RELEVIS			91.69
	Ravin 3737		7.65%	SALES TAX ESTIMATED	
				TOTAL	2853.56
	AUTHORIZTION	No Co. Rep.	TITLE	DATE	(3566.627

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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.