Confidentiality Requested:

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION 1263978

Form ACO-1 November 2016 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.:
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:
	Total Vertical Depth: Plug Back Total Depth:
OG GSW 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 EOR Conv. to SWD	Drilling Fluid Management Plan
Plug Back Liner Conv. to GSW Conv. to Producer	(Data must be collected from the Reserve Pit)
Commingled Permit #:	Chloride content: ppm Fluid volume: bbls
Commingled Permit # Dual Completion Permit #:	Dewatering method used:
SWD Permit #:	Location of fluid disposal if hauled offsite:
EOR Permit #:	
GSW Permit #:	Operator Name:
	Lease Name: License #:
Spud Date or Date Reached TD Completion Date or	Quarter Sec Twp S. 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 Drill Stem Tests Received
Geologist Report / Mud Logs Received
UIC Distribution
ALT I II III Approved by: Date:

	Page Two	1263978
Operator Name:	Lease Name:	Well #:
Sec TwpS. R East _ West	County:	
INSTRUCTIONS: Show important tops of formations populated	otail all cores Report 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 Tal (Attach Addition		[Yes No	[Log	Formatio	n (Top), Dep	th and Datum	Sample
Samples Sent to G		ev	Yes No	1	Name			Тор	Datum
Cores Taken Electric Log Run Geolgist Report / M	-	[Yes No						
List All E. Logs Rur	n:								
			CASING Report all strings set	RECORD	New , interme	Used ediate, production	on, etc.		
Purpose of Strin		Hole	Size Casing Set (In O.D.)	Weight Lbs. / Ft.		Setting Depth	Type of Cement		Type and Percent Additives
			ADDITIONA	L CEMENTING /	SQUEE	ZE RECORD			
Purpose: Perforate		epth Bottom	Type of Cement	# Sacks Use	d		Туре а	and Percent Additives	
Protect Casir	ວັ								
Plug Off Zone	e								
 Did you perform a Does the volume o Was the hydraulic 	of the total base f	luid of the hydrau	lic fracturing treatme		-	Yes Yes	No (If N	o, skip questions 2 an o, skip question 3) o, fill out Page Three	
Date of first Production	on/Injection or R	esumed Productio	on/ Producing Me	thod:	Gas	s Lift 🗌 O	ther <i>(Explain)</i> _		
Estimated Productio Per 24 Hours	n	Oil Bbls.	Gas	Mcf	Water	Bb	bls.	Gas-Oil Ratio	Gravity
DISPOS	SITION OF GAS:			METHOD OF COI	MPLETIC	DN:			ON INTERVAL:
Vented S	Sold Used	on Lease	Open Hole		Jually Co	·	mingled	Тор	Bottom
(If vented,	Submit ACO-18.)			(5	ubmit AC	0-5) (Subr	nit ACO-4)		
Shots Per Foot	Perforation Top	Perforation Bottom	Bridge Plug Type	Bridge Plug Set At		Acid,		, Cementing Squeeze Kind of Material Used)	

Packer At:

TUBING RECORD:

Size:

Set At:

Form	ACO1 - Well Completion
Operator	Haas Petroleum, LLC
Well Name	Coughenour 2-HP
Doc ID	1263978

Casing

Purpose Of String	Size Hole Drilled	Size Casing Set	Weight	Setting Depth	Type Of Cement		Type and Percent Additives
Surface	9.875	7.000	17.0	20	Cement	5	N/A
Production	5.625	2.875	6.5	737	Cement	102	IA Blend

BH Drilling, LLC 11551 Ash Street, Suite # 205 Leawood, Kansas 66211 Office (913) 499-8373 Fax (913) 766-1310

August 12, 2015

Company:	Haas Petroleum, LLC 11551 Ash Street, # 205 Leawood, Kansas 66211
Lease:	Coughenhour – Well # 2 HP
County:	Franklin
Spot:	NW SW NE SW of Sec 3, Twp 16, R 21 E
API:	15-059-27005-00-00
Spud:	August 6, 2015
Spud:	August 6, 2015
TD:	750'
8/6/15:	Set 20' of 7" – Cemented with 5 sacks
8/11/15:	Drilled from 20' to 750' TD. Ran 737' of 2 7/8 casing
8/11/15:	Cemented with 102 sacks



TICKET NUMBER 49749

PO Box 884, Cha 620-431-9210 or		212		2 TDEAT	MENT REPO	*		ved Ma	
	nute, KS 6672 800-467-8676			CEMEN			nvol	100#805	345
DATE	CUSTOMER#	WEL	L NAME & NUMBE		SECTION	TOWNSI	HIP	RANGE	COUN
8-11-15	3451	Coush		RIHP	SW 3	1	4	21	FA
CUSTOMER	<u>},</u>								
	exvolour	n LLC			TRUCK #	DRIVE	R	TRUCK #	DRIV
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CITY		STATE	ZIP CODE		1075 /	KiD	1	*	
Leawood		KS	66211		503 /	Arla	lcD1		
JOB TYPE LONG	strin	HOLE SIZE	J 71.	IOLE DEPTH	7.50	CASING SIZ	(E & W	EIGHT 275	" EUÉ
CASING DEPTH	7370	DRILL PIPE	1	IUBING				OTHER	
SLURRY WEIGHT		SLURRY VOL	V	NATER gal/s	k	CEMENT LE	EFT in (CASING	
DISPLACEMENT	41.28BBL	DISPLACEME	NTPSI M	WIX PSI		RATE 4	BPL	n	
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ACCOUNT CODE CE 450 CE 000 2 CE 07H	QUANITY	or UNITS	PUMP CHARGE MILEAGE	liles Da SL Vac	liver Truck	200UCT 49 49 49 49 49 49 49 49 49 49 49 49 49	75 75 75 75	1500 ⁹ 143 ¹ 660 ² 150 ²	
ACCOUNT CODE CE 450 CE 000 2 CE 07H	QUANITY	or UNITS	PUMP CHARGE MILEAGE	liles Da SL Vac	eliver Truck Sub Total	200UCT 49 49 49 49 49 49 49 49 49 49 49 49 49	75 75 75 75	15000 143 4 660 - 150 - 245300	
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АССОИNT СОДЕ С <u>Е 9450</u> С <u>Е 9450</u> С <u>Е 974</u> WE 0853	QUANITY	or UNITS	PUMP CHARGE MILEAGE Ton M 80 BB	liles Da Sc Vac	iliver Truck iub Total Less 39	200UCT 4 4 5 6 76	75 75 75 75	1500 ²⁰ 143 ²¹ 660 ²⁰ 150 ²⁰ 2453 ⁰⁰ - 951 ⁶⁷	149
АССОИNT CODE <u>СЕ0002</u> <u>СЕ0002</u> <u>СЕ0002</u> <u>СЕ001</u> <u>ШЕ0853</u>	QUANITY Thini,	or UNITS (20 mi MUM Ikhr Ikhr 102 sks	PUMP CHARGE MILEAGE Ton M 80 BA	liles Da 32 Vac 5 Blend	liver Truck Sub Total Less 39	200UCT 4 4 5 6 76	75 75 75 75	1500 ²⁰ 143 ²¹ 660 ²¹ 150 ²² 2453 ²⁰ - 951 ⁶² 2550 ²²	149
АССОИNT СОДЕ СЕ 0450 СЕ 074 ИЕ 0853 ИЕ 0853 СС 5860 СС 5860 СС 5860	QUANITY Thini,	or UNITS (20 mi num 1/2 hr	PUMP CHARGE MILEAGE Ton M 80 BB 76 BB	Blend	Iliver Truck Sub Total Less 39 [A Come	200UCT 4 4 5 6 76	75 75 75 75	1500 ²⁰ 143 ²¹ 660 ²¹ 150 ²² 2453 ²⁰ - 951 ⁶² 2550 ²²	149
АССОИNT CODE <u>СЕ0002</u> <u>СЕ0002</u> <u>СЕ0002</u> <u>СЕ001</u> <u>ШЕ0853</u>	QUANITY Thini,	or UNITS (20 mi MUM Ikhr Ikhr 102 sks	PUMP CHARGE MILEAGE Ton M 80 BA	Blend	Eliver Truck Sub Total Less 39 [A (amai 2 . Plug	2000 4 4 4 6 7 6 7 6 7 6 7 6 7 6	75 75 75 75	15000 143 4 660 150 2 24530 - 951 67 2550 - 951 67 60 - 951 67 - 951 67	149
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AUTHORIZTION

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.

FITLE

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SALES TAX

ESTIMATED

TOTAL.

DATE

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