Confidentiality Requested:

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION 1265120

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 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.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:
☐ Oil ☐ WSW ☐ SWD □ Gas □ DH □ EOR	Elevation: Ground: Kelly Bushing:
	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 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)
	Chloride content: ppm Fluid volume: bbls
Commingled Permit #: Dual Completion Permit #:	Dewatering method used:
Dual Completion Permit #: SWD Permit #:	Location of fluid dianocal if bould affeite:
EOR Permit #:	Location of fluid disposal if hauled offsite:
GSW Permit #:	Operator Name:
	Lease Name: License #:
Spud Date or Date Reached TD Completion Date or	QuarterSecTwpS. 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	1265120
Operator Name:	Lease Name:	Well #:
Sec TwpS. R East _ West	County:	
INSTRUCTIONS: Show important tops of formations penetrated. De	tail all cores Report all fina	I conjes of drill stems tests giving interval tested, 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 Taker (Attach Additional			Yes	No			_og	Formatio	n (Top), Dep	th and Datum	Sample
Samples Sent to Geo	ological Surv	ey	Yes	No		Nam	ne			Тор	Datum
Cores Taken Electric Log Run Geolgist Report / Mur List All E. Logs Run:	-		☐ Yes ☐ Yes ☐ Yes	No No No							
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					RECORD			Jsed			
				-	conductor, s		1				
Purpose of String		Hole	Size Ca Set (In (Wei Lbs.			tting epth	Type of Cement		Type and Percent Additives
		· · ·	A	DDITIONAI		NG / SQ	JEEZE R	ECORD		'	
Purpose: Perforate		epth Bottom	Type of C	Cement	# Sacks	s Used			Туре	and Percent Additives	3
Protect Casing Plug Back TD											
Plug Off Zone											
 Did you perform a hy Does the volume of the state of the	he total base f	luid of the hydra	ulic fractur	-		-	ons?] Yes] Yes] Yes	No (If N	lo, skip questions 2 a lo, skip question 3) lo, fill out Page Three	
Date of first Production, Injection:	/Injection or Re	esumed Product	ion/ Pro	oducing Met	hod:	ng	Gas Lift	01	her <i>(Explain)</i> .		
Estimated Production Per 24 Hours		Oil Bbls.		Gas	Mcf	Wa	ter	Bb	ls.	Gas-Oil Ratio	Gravity
DISPOSITI	ION OF GAS:				METHOD OF	COMPL	ETION:			PRODUCTI	ON INTERVAL:
Vented Solo	d 🗌 Used	on Lease	Oper	Hole	Perf.		y Comp.		mingled	Тор	Bottom
(If vented, Su	ıbmit ACO-18.)					(Subm	it ACO-5)	(Subn	nit ACO-4)		
Shots Per F Foot	Perforation Top	Perforation Bottom		ge Plug Type	Bridge Plu Set At			Acid,		t, Cementing Squeez d Kind of Material Used	

Packer At:

TUBING RECORD:

Size:

Set At:

Form	ACO1 - Well Completion
Operator	Haas Petroleum, LLC
Well Name	Coughenour 6-HP
Doc ID	1265120

Casing

Purpose Of String	Size Hole Drilled	Size Casing Set		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	105	Poz Blend	105	N/A

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

September 11, 2015

Company	Haas Petroleum, LLC 11551 Ash Street, # 205 Leawood, Kansas 66211
Lease:	Coughenhour – Well # 6 HP
County:	Franklin
Spot:	SE SW NE SW of Sec 3, Twp 16, R 21 E
ÂPI:	15-059-27009-00-00
Spud:	September 4, 2015
TD:	765'
9/4/15:	Set 20' of 7" – Cemented with 5 sacks
9/9/15:	Drilled from 20' to 765' TD. Ran 753' of 2 7/8 casing
0/0/15.	

9/9/15: Cemented with 105 sacks

	NSOLIDATED		VII	1110	TICKET NUME	Oftau	
	i Bran Marin Sarahir Provi			/ 4/01	FOREMAN	Alan,	Made
PO Box 884, Cha 620-431-9210 or	anute, KS 66720 800-467-8676	FIELD TICKET	F & TREATN CEMENT	MENT REF	PORT INVO	1ia#805	2689
DATE	CUSTOMER #	WELL NAME & NUM	and the second s	SECTION	TOWNSHIP	RANGE	COUNTY
9.9.13	3451 Cours	honour 6	·HP	SW 3	16	a_1	FR
CUSTOMER							
HGGS MAILING ADDRES	Mark	· · · · · · · · · · · · · · · · · · ·	┨ ┝-	TRUCK#	DRIVER	TRUCK#	DRIVER
		Je205	-,	<u>100</u> 21.0	Del N.D	DURERY	Mee
	JIG ISTATE	ZIP CODE	-	<u>700</u> 3169	Mik Hag	<u> </u>	
heavon	0 165	66211		W8	Trev Har		
JOB TYPE 009	Arken HOLE SIZ			765	CASING SIZE & V		IR
CASING DEPTH	703 DRILL PIF		_TUBING	<u> </u>		OTHER	- U
SLURRY WEIGHT			WATER gal/sk_		CEMENT LEFT in		25
DISPLACEMENT_		EMENT PSI ROD	MIX PSI 20	0	RATE 4 4	m	
REMARKS: 140	and an and in	in Esta	hlished) cate	Mire.	L A Diara	npol
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ACCOUNT	QUANITY or UNITS	DE	ESCRIPTION of \$	ALE ERVICES OF PI	WW M Roduct		TOTAL
ACCOUNT CODE	QUANITY or UNITS						TOTAL
CODE CEONSTO	QUANITY or UNITS	DE PUMP CHARG MILEAGE		ALE ERVICES or PI	RODUCT 368 368	1500	TOTAL
CODE CEONSD	ào	PUMP CHARG	9E	A Le ERVICES or Pi	368 360 8	1500 14300 14300 1500 1500 1500 1500 1500 1500 1500 1	TOTAL
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CODE CEONSTO	ào	PUMP CHARG	HE M:(ES Vac	······································	368 360 8	1500 1430 660 150	TOTAL
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CODE CEONSDO CEO711 41E 0853	20 Min	PUMP CHARG MILEAGE	эе <u>м:(qg</u> Vac	545	368 368 548 369	1500 1430 660 150 245300	
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CODE CEONSDO CEO711 41E 0853	20 Min 11/2 105	PUMP CHARG MILEAGE	эе <u>м:(qg</u> Vac	545	368 368 548 369	1500 1430 660 150 24530 952.67	
CODE CEONSDO CEO711 41E 0853	20 Min 11/2 105	PUMP CHARG MILEAGE	эе <u>м:(qg</u> Vac	<u>546</u> heas	368 368 548 369 369	1500 1430 660 150 24530 952.67	
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CODE CEONSDO CEO711 41E 0853	$\frac{20}{\frac{105}{125}}$	PUMP CHARG MILEAGE	эе <u>м:(qg</u> Vac	<u>546</u> <u>hees</u>	368 368 548 369 369 3996 -	1500 1430 1600 150 24530 952.67 1417.50 82.80 1545.30	1496
CODE CEOW570 CEO711 41E 0853 CL 5846 CC 5965 CP B176	20 Min 11/2 105	PUMP CHARG MILEAGE	эе <u>м:(qg</u> Vac	<u>546</u> <u>hees</u>	368 368 548 369 369 3996 -	1500 1430 1600 150 24530 952.67 1417.50 82.80 1545.30	1496
CODE CEOW570 CEO711 41E 0853 CL 5846 CC 5965 CP B176	$\frac{20}{\frac{105}{125}}$	PUMP CHARG MILEAGE	эе <u>м:(qg</u> Vac	<u>546</u> <u>hees</u>	368 368 548 369 369 3996 -	1502 1432 660 150 24532 952.67 1417.50 82.80 1545.30 602.67	1496
CODE CEOW570 CEO711 41E 0853 CL 5846 CC 5965 CP B176	$\frac{20}{\frac{105}{125}}$	PUMP CHARG MILEAGE	эе <u>м:(qg</u> Vac	<u>546</u> <u>hees</u>	368 368 548 369 369 3996 -	1500 1430 1600 150 24530 952.67 1417.50 82.80 1545.30	1496.

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.