

Kansas Corporation Commission Oil & Gas Conservation Division

1267555

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:		Sec. Twp. S. R. East West					
Address 2:		Feet from North / South I	ine of Section				
City: State: 2	Zip:+	Feet from	ine of Section				
Contact Person:		Footages Calculated from Nearest Outside Section Corner:					
Phone: ()		□NE □NW □SE □SW					
CONTRACTOR: License #		GPS Location: Lat:, Long:					
Name:		(e.g. xx.xxxxx) (e.g.	-xxx.xxxxx)				
Wellsite Geologist:		Datum: NAD27 NAD83 WGS84					
Purchaser:		County:					
Designate Type of Completion:		Lease Name: Well #:					
New Well Re-Entry	Workover	Field Name:					
☐ Oil ☐ WSW ☐ SWD		Producing Formation:					
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? 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 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)					
Dameit #		Chloride content:ppm Fluid volume:	bbls				
_		Dewatering method used:					
		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 ☐ Drill Stem Tests Received						
Geologist Report / Mud Logs Received						
UIC Distribution						
ALT I II III Approved by: Date:						

Page Two



Operator Name:					Lease Na	ıme: _			Well #:	
SecTwp	oS. F	R	East	West	County: _					
	flowing and sh	ut-in pressure	s, whe	ther shut-in pre	essure reache	ed stati	c level, hydrosta	tic pressures, t		val tested, time tool erature, fluid recovery,
Final Radioactivit files must be sub							gs must be ema	iled to kcc-wel	l-logs@kcc.ks.gov	v. Digital electronic log
Drill Stem Tests T			Ye	es No		L		on (Top), Depth		Sample
Samples Sent to	Geological Sur	vey	Ye	es No		Nam	е		Тор	Datum
Cores Taken Electric Log Run Geolgist Report / List All E. Logs R	_		 Y€ Y€	es No						
			Repo		RECORD conductor, surfa	Ne	w Used	on, etc.		
Purpose of Str	ring Siz	e Hole		e Casing	Weight		Setting	Type of	# Sacks	Type and Percent
1 uipose oi oti	"' ⁹ D	rilled	Set	(In O.D.)	Lbs. / F	t.	Depth	Cement	Used	Additives
				ADDITIONAL	CEMENTING	a / SQL	JEEZE RECORD			
Purpose:		Depth Bottom	Type	of Cement	# Sacks U	# Sacks Used Type and Percent Additives				
Perforate Protect Case	sing									
Plug Back T										
1 lug 0 li 20										
1. Did you perform	a hydraulic fractu	ring treatment o	n this w	ell?			Yes	No (If No,	skip questions 2 an	nd 3)
2. Does the volume	e of the total base	fluid of the hydr	aulic fra	cturing treatmen	t exceed 350,00	00 gallo	ons? Yes	No (If No,	skip question 3)	
3. Was the hydrauli	ic fracturing treatr	nent information	submit	ted to the chemic	cal disclosure re	egistry?	Yes	No (If No,	fill out Page Three	of the ACO-1)
Date of first Produc	ction/Injection or F	Resumed Produc	ction/	Producing Met	hod:					
Injection:				Flowing	Pumping		Gas Lift C	ther (Explain)		
Estimated Produc Per 24 Hours	tion	Oil Bbls	S.	Gas	Mcf	Wat	er Bl	ols.	Gas-Oil Ratio	Gravity
DISPO	OSITION OF GAS	:		N	METHOD OF C	OMPLE	TION:			N INTERVAL:
Vented	Sold Use	d on Lease		Open Hole	Perf.			nmingled	Тор	Bottom
(If vente	d, Submit ACO-18.)				(Submit	ACO-5) (Subi	mit ACO-4)		
Shots Per	Perforation	Perforation	1	Bridge Plug	Bridge Plug		Acid,	Fracture, Shot, (Cementing Squeeze	Record
Foot	Тор	Bottom		Туре	Set At			(Amount and k	Kind of Material Used)	
						-				
TUBING RECORE): Size:		Set At:	<u> </u>	Packer At:					

Form	ACO1 - Well Completion
Operator	Haas Petroleum, LLC
Well Name	Detar 8i-HP
Doc ID	1267555

Casing

Purpose Of String	Size Hole Drilled	Size Casing Set	Weight		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	736	IA Poz Blend	103	50/50

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

September 30, 2015

Company: Haas Petroleum, LLC

11551 Ash Street, # 205 Leawood, Kansas 66211

Lease:

Detar – Well #8 I HP

County:

Franklin

Spot:

SW NW SE NW of Sec 3, Twp 16, R 21 E

API:

15-059-26951-00-00 September 22, 2015

Spud: TD:

748'

9/22/15:

Set 20' of 7" – Cemented with 5 sacks

9/25/15:

Drilled from 20' to 748' TD. Ran 736' of 2 7/8 casing

9/25/15:

Cemented with 103 sacks.



PO	Box	884,	Cha	nute,	KS	66720
620	-431	-9210	or	800-	467-	8676

520-431-9210 or	800-467-8676		EAIMENI KEP IENT	invoice#	805808	3
	CUSTOMER#	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
	3421	Petar # 8I-HP	2m3	160	21	FR
CUSTOMER HAW Pe	troleum					
IAILING ADDRES	S		TRUCK#	DRIVER	TRUCK#	DRIVER
Juite 2	05 11557	Ash St	729	Casken /	Valdy	Meeting
ITY O'C		ATE ZIP CODE	4/07	Kei Car	,	
Leaveoo	₹	KS 66211	804	rotter		
DB TYPE ORON	<u>1</u>	LE SIZE 578" HOLE DE	675 EPTH 708'	ReiDet	12/	/. l'
ASING DEPTH	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ 	ILL PIPETUBING		CASING SIZE & V		a cue
URRY WEIGHT					OTHER	
SPLACEMENT_C	1 1 1	SPLACEMENT PSI MIX PSI_		CEMENT LEFT in RATE_ 4 めの		
MARKS: Lek	7	eeting established civ				<u> </u>
- Clowed 1	10/61/6	Wesh water nike		ixed + pur	707 7	T (sel
4 cela and	1 6/27		out to surface	0 4 4	3 07.50 }	OPLIEN
numed 2		celus en asino TI	n / //	77 7 7		Jean,
0 800 3	PS1 0000		30 ann 1	bols tras	A	/
	wira.	add pressure for.	SU WYN M	17, relas	ed press	<u>ure /</u>
				1 /	.	
						
	1		- /	74	/ 	
				/ · /		<u> </u>
ACCOUNT CODE	QUANITY or U	INITS DESCRIPTION	N of SERVICES or PRO	DUCT	UNIT PRICE	TOTAL
E0450/		PUMP CHARGE			1500,00	
Ecoco /	Doni	MILEAGE			143.00	
F0711	uin	ton nuleage			660.00	
DE0853	2405	80 Vac			200.00	
			Lambo		2503.00	
			- 20	9	976.17	
				Subtotal	7.70-17	1526.8
C5840	103 8	s Spo Pozder	of TA	51010	1390.50	
59651	373 #	Gel	- LF I	- 		
P81761	1		1		111.90	
, , , , , , ,		D/2" rdbber	Value 1	<u>, </u>	45.00	
			- mater	ars	1547.40	
			_ 2		603.49	~~~~
				Support		943.91
						<u>.</u>
						·
	· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·	08		1-7-A-
3737	•			8%	SALES TAX	75.51
1	10 Co Ray				ESTIMATED TOTAL	2544.25
HORIZTION	1 4 CO XQ	2TITLE		_	DATE	11 - 11 - 1

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.