

## Kansas Corporation Commission Oil & Gas Conservation Division

1267561

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:			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 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	_		<ul><li> Y€</li><li> Y€</li></ul>	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	"' <sup>9</sup> 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	sed		Type an	d Percent Additives	
Perforate Protect Case	sing									
Plug Back Plug Off Zo										
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 7i-HP
Doc ID	1267561

## Casing

Purpose Of String	Size Hole Drilled	Size Casing Set			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	742	IA Cement	115	Poz Blend

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

October 14, 2015

Company: Haas Petroleum, LLC

11551 Ash Street, # 205 Leawood, Kansas 66211

Lease:

Detar - Well #7 I HP

County:

Franklin

Spot:

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

API: Spud:

15-059-26951-00-00 September 29, 2015

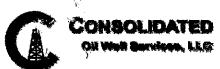
TD:

748'

9/29/15: Set 20' of 7" – Cemented with 5 sacks

10/1/15: Drilled from 20' to 748' TD. Ran 742' of 2 7/8 casing

10/1/15: Cemented with 115 sacks.



44349

ticket number 49813
LOCATION House KS
FOREMAN (ase, Ke une du)

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

FIELD TICKET & TREATMENT REPORT

Invoia # 805995

620-431-9210 or 800-467-8676		CEMENT	ľ	11110108 ++ 000   10			
DATE CUSTOMER#	WELL NAME & N		SECTION	TOWNSHIP	RANGE	COUNTY	
10/1/15 3451	Deter #7	T-HP	5W3	16	91	ER	
CUSTOMER DAL /		ŝ				DRIVER	
Haas Petroleus	<u> </u>	<b></b>	TRUCK#	DRIVER	TRUCK#		
Suite 205 1155	1 Ad PL		729 1	Casken	- stelly	Mooting	
	STATE ZIP CODE		467	Kei (ar			
Leawood	KS 6621	1 1	804	Jim Gree		<u>.                                    </u>	
		LHOLE DEPTH	370 1	CASING SIZE & V	VEIOUT & 7/	LII TO IE	
<del></del>			776	CASING SIZE & Y	•	· CUE	
	DRILL PIPE	TUBING	<del></del>		OTHER		
	SLURRY VOL		<u> </u>	RATE 4 Lon			
DISPLACEMENT 4.29 bole	_	MIX PSI		. 0		1 24 4	
	meeting, gotal	dished cir	4-3	4 4 1	POWNDER	200 \$	
Gel tollowed by	> 6HS Trash w	other, unix	od + pun	and 110	Stes 1 To	tbield	
IA convent us/	22 gelper &	E, celine	ريد لام ي	istace, o	17cm	ound 1	
	1/2 10 orbber p	lug to a	7 //	w/ 4.29	PPR Mec	h waxe	
pressured to 80		hold press	tre for	50 Min	MILICA	u eased	
greature shirtin	casica.	· · ·		$\overline{}$	-	<del> </del>	
					<del></del>		
					74/		
		-			/ / (		
ACCOUNT		DE0001071011 - 5	AFRICA	2216T	UNIT PRICE	TOTAL	
CODE QUANITY	or UNITS	DESCRIPTION of	SERVICES OF PRO	DDUCI		TOTAL	
CE04501 1	PUMP CH/	ARGE			1500.00		
150002 / 20 m	. MILEAGE				143.00		
CE0711 / min	Yon	vileage			660,00		
WEO853/ 2 hr	80	Vac			200,00		
			truc	ts.	2503.00		
			-3		976,17		
						1	
CC 8840 / 115				Sultator		1826.	
CC8840 X 115	SK Par	deval TA	Min out	Subtotal	1852.50		
	SKs Pozl	deud IA	coment	Subtotal	1852.50	1526.8	
CC5965 393 CP8176 1	# Gel	dend IA		Subtotal	1852.50 117,90		

Ravin 3737

SALES TAX 83.74

ESTIMATED TOTAL 2656.95

AUTHORIZTION No Co Pep on longtion

TITLE\_

DATE 4355.63

1046.39

669.01