

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

Confidentiality Requested:

 Yes No

OPERATOR: License # _____

Name: _____

Address 1: _____

Address 2: _____

City: _____ State: _____ Zip: _____ + _____

Contact Person: _____

Phone: (_____) _____

CONTRACTOR: License # _____

Name: _____

Wellsite Geologist: _____

Purchaser: _____

Designate Type of Completion:

- New Well Re-Entry Workover
- Oil WSW SWD SIOW
- Gas D&A ENHR SIGW
- OG GSW Temp. Abd.
- CM (*Coal Bed Methane*)
- Cathodic Other (*Core, Expl., etc.*): _____

If Workover/Re-entry: Old Well Info as follows:

Operator: _____

Well Name: _____

Original Comp. Date: _____ Original Total Depth: _____

- Deepening Re-perf. Conv. to ENHR Conv. to SWD
- Plug Back Conv. to GSW Conv. to Producer
- Commingled Permit #: _____
- Dual Completion Permit #: _____
- SWD Permit #: _____
- ENHR Permit #: _____
- GSW Permit #: _____

Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - _____

Spot Description: _____

_____-_____-_____- ____ Sec. ____ Twp. ____ S. R. ____ East West____ Feet from North / South Line of Section____ Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

 NE NW SE SW

GPS Location: Lat: _____, Long: _____

(e.g. xx.xxxxx)

(e.g. -xxx.xxxxx)

Datum: NAD27 NAD83 WGS84

County: _____

Lease Name: _____ Well #: _____

Field Name: _____

Producing Formation: _____

Elevation: Ground: _____ Kelly Bushing: _____

Total Vertical Depth: _____ Plug Back Total Depth: _____

Amount of Surface Pipe Set and Cemented at: _____ Feet

Multiple Stage Cementing Collar Used? Yes No

If yes, show depth set: _____ Feet

If Alternate II completion, cement circulated from: _____

feet depth to: _____ w/ _____ sx cmt.

Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)

Chloride content: _____ ppm Fluid volume: _____ bbls

Dewatering method used: _____

Location of fluid disposal if hauled offsite:

Operator Name: _____

Lease Name: _____ License #: _____

Quarter ____ Sec. ____ Twp. ____ S. R. ____ East West

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 DistributionALT I II III Approved by: _____ Date: _____

1313409

Operator Name: _____ Lease Name: _____ Well #: _____

Sec. _____ Twp. _____ S. R. _____ East West County: _____

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 <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey <input type="checkbox"/> Yes <input type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Run <input type="checkbox"/> Yes <input type="checkbox"/> No List All E. Logs Run: _____	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum
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CASING RECORD <input type="checkbox"/> New <input type="checkbox"/> Used							
Report all strings set-conductor, surface, intermediate, production, 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 / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
<input type="checkbox"/> Perforate <input type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> Plug Off Zone				

Did you perform a hydraulic fracturing treatment on this well? Yes No *(If No, skip questions 2 and 3)*
 Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons? Yes No *(If No, skip question 3)*
 Was the hydraulic fracturing treatment information submitted to the chemical disclosure registry? Yes No *(If No, fill out Page Three of the ACO-1)*

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>	Depth

TUBING RECORD: Size: _____ Set At: _____ Packer At: _____ Liner Run: Yes No

Date of First, Resumed Production, SWD or ENHR: _____ Producing Method:
 Flowing Pumping Gas Lift Other *(Explain)* _____

Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity

DISPOSITION OF GAS: <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <i>(Submit ACO-5)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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Rotary Drilling
 Drew King - Manager/Driller

Bar Drilling, LLC
 Phone: (719) 210-8806

1317 106th Rd.
 Yates Center, KS 66783

Company/Operator Core Natural Resources, LLC Box 28760 tsdale, AZ 85255	Well No. 1-1	Lease Name Haas	Well Location 4561s, 1638e	1/4 NE	1/4 SE	1/4 NW	Sec. 2	Twp. 22	Rge, 13E
Job/Project Name/No.	Well API # 15-001-30962	Type/Well Oil	County Woodson	State KS	Total Depth 1588	Date Started 5/28/2014	Date Completed 5/30/2014		

Job/Project Name/No.	Surface Record	Bit Record				Coring Record						
		Type	Size	From	To	Core #	Size	From	To	% Rec.		
	Driller/Crew	Bit Size:	11 1/4	PDC	11 1/4	0'	40'	1	2.125"	1535	1563	99
		Casing Size:	7"	PDC	5 7/8	40'	1588'					
		Casing Length:	40'									
		Cement Used:	14sx									
		Cement Type:	Portland									

Form	To	Formation	From	To	Formation	From	To	Formation
0	38	overburden	1410	1434	lime			
38	45	lime	1434	1481	sandy shale			
45	144	shale	1481	1488	lime			
44	178	lime	1488	1500	shale			
78	192	shale	1500	1521	lime			
92	200	lime	1521	1525	shale			
00	228	shale	1525	1529	5' lime			
28	231	lime	1529	1535	shale			
31	252	shale	1535	1537	oil sand			
52	256	lime	1537	1563	core			
56	534	lime/shale	1563	1588	no samples lost cir			
34	713	shale						
13	717	lime						
17	753	sandy lime.						
53	816	shale						
16	836	lime						
36	843	shale						
43	913	lime						
13	991	shale						
91	1101	lime						
01	1126	(red&green) shale						
26	1248	KC lime						
148	1367	shale						
167	1410	sandy lime						

Well Notes:
 Ran 1580'+- 2 7/8" casing

Hurricane Services, Inc.
 3613 A Y Road
 Madison, KS 66860
 Office # 620-437-2661
 Brad Cell # 620-437-6765



Ticket Number 100488
 Location Madison
 Foreman Brad Butler

Cement Service ticket

Date	Customer #	Well Name & Number	Sec./Township/Range	County
5-30-14		Hass " I-1		Grant
Customer	Mailing Address		City	State Zip
Hermes Enterprises LLC	P.O. Box 28010		Scottsdale, AZ	85255

Job Type:	Longstring			Truck #	Driver
Hole Size:	5 7/8"	Casing Size:		201	Jerry
Hole Depth:	1588'	Casing Weight:		203	Bryan
Bridge Plug:		Tubing:	2 7/8"	106	Charlie
Packer:		PBTD:	1581'	146-156	Eric

Quantity Or Units	Description of Services or Product	Pump charge	
10	Mileage	\$3.25/Mile	32.50
235 SACKS	60/40 Pozmix cement	12.00	2820.00
400 lbs.	Gel 2%	.30	120.00
60 lbs.	Flocals 1/4" P ⁴ /SK	2.15	129.00
15 lbs.	COI-26	6.50	97.50
300 lbs.	Gel Flush	.30	90.00
25 lbs.	Hulls	25.00/ASK	12.50
4 Hrs.	WATER TRUCK	84.00	336.00
4 Hrs.	WATER TRANSPORT	105.00	420.00
	Wire line Services	50.00	50.00
10.4 Tons	Bulk Truck > Minimum charge		400.00
2	Plugs 2 7/8" Top Rubber Plugs	25.00	50.00
		Subtotal	5407.50
		7.15%	Sales Tax 237.30
		Estimated Total	5644.80

Bid

Remarks: Note! Lost circulation on well at bottom of Hulls. Rig up to 2 7/8" Taped Float shoe at 1581' by wireline. Pumped 5 Bbls water ahead, Pumped 12 Bbl. Gel w/ Hulls followed with 5 Bbls water get circulation for awhile then lost returns, Pumped another 15 Bbls water to shut down well on VAC SET mixing cement, mixed 5 sks. then SET Adding Hulls to cement, mixed 235 sks cement with good circulation, shut down 2 - wash out Pump lines, Release 2- Top Rubber Plugs Displaced Plugs with 9 1/4 Bbls water, Final Pumping at 1000 PSI, Pumped Plugs to 1500 PSI closed Tubing at 1520 PSI Good cement returns with 8 Bbl slurry.

"Thank you"

[Signature]
 Customer Signature

Summary of Changes

Lease Name and Number: Haas I-1

API/Permit #: 15-073-24214-00-00

Doc ID: 1313409

Correction Number: 1

Approved By: Karen Ritter

Field Name	Previous Value	New Value
Approved By	NAOMI JAMES	Karen Ritter
Approved Date	10/08/2014	08/04/2016
Date of First or Resumed Production or SWD or Enhr Method Of Completion - Perf	No	8/30/2014 Yes
Operator's Phone	440-3512	460-1390
Producing Method Pumping	No	Yes
Production - Barrels Oil		5
Production - Barrels of Water		20
Production - MCF Gas		0
Save Link	../..kcc/detail/operatorEditDetail.cfm?docID=1220683	../..kcc/detail/operatorEditDetail.cfm?docID=1313409

Summary of changes for correction 1 continued

Field Name	Previous Value	New Value
Tubing Packer At		NA
Tubing Set At		1560
Tubing Size		1
Well Type	EOR	OIL

Summary of Attachments

Lease Name and Number: Haas I-1

API: 15-073-24214-00-00

Doc ID: 1313409

Correction Number: 1

Attachment Name