### KOLAR Document ID: 1352070

Confiden	tiality Requested	:
Yes	No	

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION Form ACO-1 January 2018 Form must be Typed Form must be Signed All blanks must be Filled

## WELL COMPLETION FORM

WELL HISTORY - DE	ESCRIPTION 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.xxxxx) (e.gxxx.xxxxx)
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 #:	Dewatering method used:
Dual Completion Permit #:      SWD Permit #:	Leastion of fluid diamonal if hould offaite:
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	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:					

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Operator Name:	Lease Name: Well #:
Sec TwpS. R East 🗌 West	County:

Page Two

**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 (Attach Additional Sheets)		Y	′es 🗌 No			og Formatio	n (Top), Depth a	and Datum	Sample
Samples Sent to Geolo		⁄es 🗌 No	1	Name	Э		Тор	Datum	
Cores Taken Electric Log Run Geologist Report / Mud List All E. Logs Run:		□ Y □ Y	Yes ☐ No Yes ☐ No Yes ☐ No						
		Rep	CASING ort all strings set-c		] Ne	w Used rmediate, productio	on. etc.		
Purpose of String	Size Hole Drilled	Siz	ze Casing et (In O.D.)	Weight Lbs. / Ft.		Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives
[			ADDITIONAL	CEMENTING /	SQU	EEZE RECORD			
Purpose:	Depth Top Bottom	Туре	e of Cement	# Sacks Used		Type and Percent Additives			
Protect Casing Plug Back TD Plug Off Zone									
<ol> <li>Did you perform a hydra</li> <li>Does the volume of the</li> <li>Was the hydraulic fracture</li> </ol>	total base fluid of the	hydraulic fr	acturing treatment		-	☐ Yes ns? ☐ Yes ☐ Yes	No (If No, s	kip questions 2 ar kip question 3) ill out Page Three	
Date of first Production/Inj Injection:	jection or Resumed Pr	oduction/	Producing Method:						
Estimated Production Per 24 Hours	Oil	Bbls.	Gas	Gas Mcf Water Bbls. Gas-Oil Ratio			Gas-Oil Ratio	Gravity	
DISPOSITIO	N OF GAS:		Ν	IETHOD OF COM	F COMPLETION:			PRODUCTION INTERVAL: Top Bottom	
Vented Sold (If vented, Subn	Used on Lease		Open Hole		-	·	nit ACO-4)	Тор	Bollom
	foration Perform Top Botto		Bridge Plug Type	Bridge Plug Set At		Acid,		ementing Squeezend of Material Used)	
TUBING RECORD:	Size:	Set At:		Packer At:					

Form	ACO1 - Well Completion
Operator	Haas Petroleum, LLC
Well Name	FERRELL 9I-HP
Doc ID	1352070

# 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	22	Cement	26	N/A
Production	5.625	2.875	6.5	687	Poz Blend	94	N/A



# **LEIS OIL SERVICES**

1410 150th Rd. • Yates Center, Kansas 66783 • (620) 212-0752



Operator License #: 33640	API #: 15-059-27137-00-00					
Operator: Haas Petroleum, LLC	Lease: Ferrell					
Address: 10551 Barkley St. Ste 307, OP KS 66211	Well #: 9i-HP					
Phone: (913) 207-0257	Spud Date: 2-20-17 Completed: 2-21-17					
Contractor License: 34036	Location: NE-NE-SE-NW of 18-18-21E					
T.D.: 692 T.D. of Pipe: 686 Size: 2.875"	1360 Feet From North					
Surface Pipe Size: 7" Depth: 22'	2510 Feet From West					
Kind of Well: Enc. Rec.	County: Franklin					

# LOG

Thickness	Strata	From	To	Thickness	Strata	From	То
11	Lime	0	11	5	Broken Sand	645	650
32	Shale	11	43	42	Shale	650	692
45	Lime	43	88	1		0.00	0.52
65	Shale	88	153	F			
21	Lime	153	174		·····	+	
19	Shale	174	193				··
8	Lime	193	201				
43	Shale	201	244			1	
13	Lime	244	257	<u> </u>		•	
10	Shale	257	267				
12	Lime	267	279				
2	Shale	279	281			+	***
14	Lime	281	295			+	
7	Shale/Black Shale	295	302			+	
23	Lime	302	325				
3	Black Shale	325	328		T.D.	┼╼╌╌┥	692
12	Lime	328	340		T.D. of Pipe	<u> </u>	686
163	Shale	340	503				000
9	Lime	503	512			╉╍━╍╍╋	· · · · · · · · · · · · · · · · · · ·
50	Shale	512	562			┟────┤	····
10	Lime	562	572			┠────┼	
15	Shale	572	587			<u> </u>	
3	Lime	587	590				
16	Shale	590	606				<u> </u>
21	Lime	606	627				·
3	Shale	627	630				· ·
1	Lime	630	631				
4	Shale	631	635		· · · · · · · · · · · · · · · · · · ·		
10	Oil Sand	635	645		· · · · · · · · · · · · · · · · · · ·		

, - N	
CONSOLIDATED	
Oil Well Services, LLC	

50403 TICKET NUMBER

LOCATION & + aug KS FOREMAN Freduce dur

PO Box 884, Chanute, KS 66720 FIELD HCKE 620-431-9210 or 800-467-8676				CEMENT CEMENT REPORT INVOIA # 8096				
DATE	CUSTOMER #	WELL	. NAME & NUM		SECTION	TOWNSHIP	RANGE	COUNTY
2-21-17	3451	Ferres	e tor.	HP	NW IR	18	, <u>, ,</u>	FR
CUSTOMER								
Hoas		· vm			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRE	ISS				רוז -	FrayMad	*	
1055	1 Barle	ley · Ste	-		495 -	Nou Boc-	•	
ĊITY		STATE	ZIP CODE		675 -	Ki Dax -	•	
Queila	and Park	KS	66212		<u> </u>	Armed		
JOB TYPE LA	na States	HOLE SIZE	57/8	HOLE DEPTH	695'	CASING SIZE & W	EIGHT 274	SVE
CASING DEPTH	68-71	DRILL PIPE		_TUBING			OTHER	
			WATER gal/sk CEMENT LEFT IN CASING えた"			"Plug		
DISPLACEMENT 48BL DISPLACEMENT PSI			MIX PSI RATE 48 Pm					

REMARKS: Hold Sufety muting Establish Circulation. mix+ Pump 100 GR	
Flush. Mix+ Pump 94/sks Por Bland I A Cament 2% and Comed	t
to surface. Flush nump + lines clean Disalace 21/2" Rubber	
to surface. Flush pump + ines clean Displace 21/2" Rubber plug to Casing TD. Pressure to 800 # PSI. Monitar Pressure	
For BO Mix MIT. Release pressure to Set float Value.	
Shutin Casing.	

Leis Drilling.

Ful Made

•••

	ACCOUNT CODE	QUANITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
	CE0450		PUMP CHARGE 4	95 150000	<u>^</u>
	CEOBORT	15m	MILEAGE	N/c-	
ł	CEOTAL	3 Mininera	Ton Miles Dulivery	804 3302	L
	WEO853	12hr	80 BBL Vac Truck	675 150-00	
			Sub Total	19.5000	
			Less 55%	5	89100
				et	
N N	<u>CC5340 /</u>	94/sks	Por Bland I A Cemest	1269 00.	
	66 5965	<del>2774</del>	Brutonite Gel	63 10	
	CP 8176	<u> </u>	2/2" Rubber Alug	4500	
			TSU6 Total	13951	( 70
		· · · · ·	Less 55%	•	6787
ł					
ľ					·····
R			87	SALES TAX	5030
	Ravin 3737	Man//	1	ESTIMATED	· · · ·
		11 14/1		TOTAL	1570 00 (3451 57)

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.