

Confidentiality 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 - DESCRIPTION OF WELL & LEASE

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

Gas DH EOR

OG GSW

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 EOR Conv. to SWD

Plug Back Liner Conv. to GSW Conv. to Producer

Commingled Permit #: _____

Dual Completion Permit #: _____

SWD Permit #: _____

EOR Permit #: _____

GSW Permit #: _____

Spud Date or Date Reached TD Completion Date or Recompletion Date

API No.: _____

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 Drill Stem Tests Received

Geologist Report / Mud Logs Received

UIC Distribution

ALT I II III Approved by: _____ Date: _____

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 Geologist Report / Mud Logs <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				

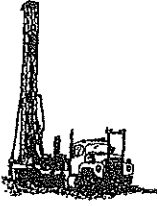
1. Did you perform a hydraulic fracturing treatment on this well? Yes No *(If No, skip questions 2 and 3)*
2. Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons? Yes No *(If No, skip question 3)*
3. Was the hydraulic fracturing treatment information submitted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

Date of first Production/Injection or Resumed Production/Injection:	Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other <i>(Explain)</i> _____			
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> <i>(Submit ACO-4)</i>	PRODUCTION INTERVAL: Top Bottom
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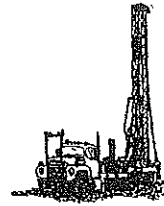
Shots Per Foot	Perforation Top	Perforation Bottom	Bridge Plug Type	Bridge Plug Set At	Acid, Fracture, Shot, Cementing Squeeze Record <i>(Amount and Kind of Material Used)</i>

TUBING RECORD:	Size:	Set At:	Packer At:	
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LEIS OIL SERVICES

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



Operator License #: 33640	API #: 15-003-26571-00-00
Operator: Haas Petroleum, LLC	Lease: Sprague
Address: 10551 Barkley St. Ste 307, OP KS 66211	Well #: 1-HP
Phone: (913) 207-0257	Spud Date: 3-20-17 Completed: 3-22-17
Contractor License: 34036	Location: NE-NE-NW-NE of 9-23-19E
T.D. : 783 T.D. of Pipe: 780 Size: 2.875"	220 Feet From North
Surface Pipe Size: 7" Depth: 22'	1640 Feet From East
Kind of Well: Oil	County: Anderson

LOG

Thickness	Strata	From	To	Thickness	Strata	From	To
12	Soil/Clay/Sand	0	12	4	Black Shale	693	697
87	Shale	12	99	23	Shale	697	720
38	Lime	99	137	2	Broken Oil Sand	720	722
71	Shale	137	208	8	Oil Sand	722	730
62	Lime	208	270	6	Broken Oil Sand	730	736
6	Shale/Black Shale	270	276	47	Shale	736	783
18	Lime	276	294				
4	Shale/Black Shale	294	298				
22	Lime	298	320				
133	Shale	320	453				
3	Lime	453	456				
36	Shale	456	492				
6	Lime	492	498				
18	Shale	498	516				
14	Lime	516	530				
63	Shale	530	593		T.D.		783
10	Lime	593	603		T.D. of Pipe		780
16	Shale	603	619				
3	Lime	619	622				
2	Black Shale	622	624				
19	Shale	624	643				
9	Lime	643	652				
18	Shale	652	670				
4	Lime	670	674				
4	Shale	674	678				
4	Black Shale	678	682				
5	Shale	682	687				
3	Black Shale	687	690				
3	Shale	690	693				



CONSOLIDATED
Oil Well Services, LLC

7837 / 1135

TICKET NUMBER 50433

LOCATION Ottawa KS

FOREMAN Fred Madar

PO Box 880, Chanute, KS 66720
620-431-9210 or 800-467-8676

FIELD TICKET & TREATMENT REPORT
CEMENT

INVOICE # 809913

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
3-22-17	3451	Sprague # 1 HP	NE 9	23	19	AN
CUSTOMER <u>Moas Petroleum</u>			TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS <u>10551 Barkley Ste 307</u>			<u>712</u>	<u>Fred Madar</u>		
CITY <u>Overland Park</u>			<u>467</u>	<u>Leis Car</u>		
STATE <u>KS</u>			<u>675</u>	<u>Leis Det</u>		
ZIP CODE <u>66212</u>			<u>804</u>	<u>Al Madar</u>		

JOB TYPE Long string HOLE SIZE 5 7/8 HOLE DEPTH 780' CASING SIZE & WEIGHT 2 7/8 EUE
 CASING DEPTH 778' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 2 1/2" Plug
 DISPLACEMENT 4.52 BBL DISPLACEMENT PSI _____ MIX PSI _____ RATE 4.8 PM

REMARKS: Hold Safety meeting. Establish Circulation. Mix & Pump
100' Gel Fldsh. Mix & Pump 105 SKs Por Blend IA Cement
2 7/8" Cml. Cement to Surface Flush pump & lines clean. Displace
2 1/2" Rubber plug to casing TD. Circulation returns stopped
with plug app 200' down. No increased pressures. Circulation resumed
when plug @ TD. Rig back up & fill well from Top w/ Cement
25 extra Sacks Cement.

Leis Well Services

Fred Madar

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
CE0450	1	PUMP CHARGE	467	1500 ⁰⁰
CE0002	25 mi	MILEAGE	467	17875 ⁰⁰
CE0711	Minimum	Ten Miles Delivery	804	660 ⁰⁰
WE0853	2 hrs	80 BBL Vac Truck	675	200 ⁰⁰
		Sub Total		253875 ⁰⁰
		Less 50%		126937 ⁵⁰
11889 CC5840	130 SKS	Por Blend IA Cement		1755 ⁰⁰
CC5965	319 ⁰⁰	Bentonite Gel		9520 ⁰⁰
CP8176	1	2 1/2" Rubber Plug		45 ⁰⁰
		Sub Total		189520 ⁰⁰
		Less 50%		94760 ⁰⁰
		6%		7583 ⁰⁰
		SALES TAX		7583 ⁰⁰
		ESTIMATED TOTAL		229306 ⁰⁰

Ravin 3737

AUTHORIZATION _____ TITLE _____ DATE 4586¹¹

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.