



Sec. \_\_\_\_\_ Twp. \_\_\_\_\_ S. R. \_\_\_\_\_ ☐ East ☐ West      County: \_\_\_\_\_

Final Radioactivity Log, Final Logs run to obtain Geophysical Data and Final Electric Logs must be emailed to [kcc-well-logs@kcc.ks.gov](mailto: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 <i>(Attach Additional Sheets)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Name	Top	Datum
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:					

<div style="text-align: center;"> <b>CASING RECORD</b>      <input type="checkbox"/> New    <input type="checkbox"/> Used            Report all strings set-conductor, surface, intermediate, production, etc.         </div>							
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 (Explain) _____			
Estimated Production Per 24 Hours	Oil      Bbls.	Gas      Mcf	Water	Bbls.	Gas-Oil Ratio      Gravity

<p>DISPOSITION OF GAS:</p> <p><input type="checkbox"/> Vented    <input type="checkbox"/> Sold    <input type="checkbox"/> Used on Lease</p> <p><i>(If vented, Submit ACO-18.)</i></p>	<p>METHOD OF COMPLETION:</p> <p><input type="checkbox"/> Open Hole    <input type="checkbox"/> Perf.    <input type="checkbox"/> Dually Comp.    <input type="checkbox"/> Commingled</p> <p><i>(Submit ACO-5)</i>    <i>(Submit ACO-4)</i></p>	<p>PRODUCTION INTERVAL:</p> <p>Top                      Bottom</p>	

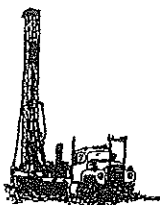
Shots Per Foot	Perforation Top	Perforation Bottom	Bridge Plug Type	Bridge Plug Set At	Acid, Fracture, Shot, Cementing Squeeze Record (Amount and Kind of Material Used)

TUBING RECORD:	Size:	Set At:	Packer At:	
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Form	ACO1 - Well Completion
Operator	Haas Petroleum, LLC
Well Name	SPRAGUE 2-HP
Doc ID	1352209

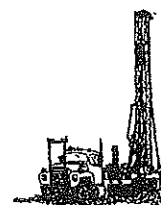
#### Casing

Purpose Of String	Size Hole Drilled	Size Casing Set	Weight	Setting Depth	Type Of Cement	Number of Sacks Used	Type and Percent Additives
Surface	9.875	7.000	17	22	Cement	24	N/A
Production	5.625	2.875	6.5	751	Poz Blend	108	N/A



# LEIS OIL SERVICES

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



<b>Operator License #:</b> 33640	<b>API #:</b> 15-003-26572-00-00
<b>Operator:</b> Haas Petroleum, LLC	<b>Lease:</b> Sprague
<b>Address:</b> 10551 Barkley St. Ste 307, OP KS 66211	<b>Well #:</b> 2-HP
<b>Phone:</b> (913) 207-0257	<b>Spud Date:</b> 3-16-17 <b>Completed:</b> 3-17-17
<b>Contractor License:</b> 34036	<b>Location:</b> NE-NW-NE-NE of 9-23-19E
<b>T.D. : 762 T.D. of Pipe: 751 Size: 2.875"</b>	220 <b>Feet From</b> North
<b>Surface Pipe Size:</b> 7" <b>Depth:</b> 22'	880 <b>Feet From</b> East
<b>Kind of Well:</b> Oil	<b>County:</b> Anderson

## LOG

Thickness	Strata	From	To	Thickness	Strata	From	To
18	Soil/Clay/Sand	0	18	5	Shale	686	691
84	Shale	18	102	4	Lime	691	695
37	Lime	102	139	7	Shale	695	702
33	Shale	139	172	4	Black Shale	702	706
7	Lime	172	179	2	Shale	706	708
29	Shale	179	208	7	Broken Oil Sand	708	715
65	Lime	208	273	47	Shale	715	762
6	Shale/Black Shale	273	279				
25	Lime	279	304				
6	Shale/Black Shale	304	310				
10	Lime	310	320				
174	Shale	320	494				
7	Lime	494	501				
16	Shale	501	517				
12	Lime	517	529				
6	Shale	529	535		T.D.		762
3	Lime	535	538		T.D. of Pipe		751
58	Shale	538	596				
4	Lime	596	600				
3	Shale	600	603				
6	Lime	603	609				
13	Shale	609	622				
4	Lime	622	626				
23	Shale	626	649				
12	Lime	649	657				
17	Shale	657	674				
5	Lime	674	679				
3	Shale	679	682				
4	Black Shale	682	686				



## FIELD TICKET & TREATMENT REPORT CEMENT

TICKET NUMBER 50431  
LOCATION Ottawa KS  
FOREMAN Fred Mader

**Invoice #80986**

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
3-17-17	3451	Sprague # 2-HP	NE 9	23	19	AN
CUSTOMER						
Hass Petroleum						
MAILING ADDRESS						
10551 Barkley ste 307						
CITY	STATE	ZIP CODE	TRUCK #	DRIVER	TRUCK #	DRIVER
Overland Park	KS	66212	712	Fre Mad		
			495	Har Ber		
			369	Mik Ha		
			548	Ab Mad		

JOB TYPE <u>Long String</u>	HOLE SIZE <u>5 5/8</u>	HOLE DEPTH <u>760'</u>	CASING SIZE & WEIGHT <u>2 3/8" EUE</u>
CASING DEPTH <u>7510</u>	DRILL PIPE _____	TUBING _____	OTHER _____
SLURRY WEIGHT _____	SLURRY VOL _____	WATER gal/sk _____	CEMENT LEFT in CASING <u>2 1/2" Plug</u>
DISPLACEMENT <u>4.37 bbl</u>	DISPLACEMENT PSI _____	MIX PSI _____	RATE <u>48 BPM</u>

REMARKS: Hold Safety meeting. Establish circulation. Mix & Pump 100% Gel Flush. Mix & Pump 10% SWS for Blend 1st Cement 2% Gel. Cement to Surface. Flush pump & lines clean. Displace 2 1/2" Rubber plug to Casing Top. Pressure to 800\* PSI. Release pressure to Set float Valve. Shut in Casing.

Leis Oil well Services.

Fred Maden

[illegible]

Bayin 3737

### AUTHORIZATION

**TITLE**

DATE \_\_\_\_\_

**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.**