KOLAR Document ID: 1355744

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 # | API No.: |
|--|--|
| Name: | Spot Description: |
| Address 1: | SecTwpS. R |
| 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: () | □NE □NW □SE □SW |
| 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: |
| □ Oil □ WSW □ SWD | Producing Formation: |
| Gas DH EOR | Elevation: Ground: Kelly Bushing: |
| ☐ OG ☐ GSW | 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) |
| Committed at Provider | Chloride content: ppm Fluid volume: bbls |
| Commingled Permit #: Dual Completion Permit #: | Dewatering method used: |
| SWD Permit #: | Location of fluid disposal if hauled offsite: |
| EOR Permit #: | Location of fluid disposal if fladied offsite. |
| GSW Permit #: | Operator Name: |
| <u> </u> | 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: | | | | | | | | |

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Page Two

| Operator Name: | : | | | | | | _ Lease | Name: _ | | | | W | /ell #: | |
|---|---|---------------------------------|---|--------------------------------------|--------------------------------|---------------------------------------|---------------------------------------|---|---------|---------------------------|---------------------|------------|---|---|
| SecTw | vp | S. R. | | East | t 🗌 W | /est | Count | ty: | | | | | | |
| open and closed and flow rates if | d, flowing a gas to sur rity Log, Fir | and shu face tes nal Logs | t-in pressu st, along w s run to ob | ures, who vith final otain Geo | ether sh chart(s ophysic | hut-in pre). Attach cal Data a | ssure rea extra she and Final I | ached state eet if more Electric L | ic leve | , hydrosta e is needed | tic pressures d. | s, botton | n hole tempe | val tested, time tool erature, fluid recovery, v. Digital electronic log |
| Drill Stem Tests (Attach Addi | | rs) | | | ⁄es [| No | | | _og | Formatio | on (Top), Dep | oth and | Datum | Sample |
| Samples Sent to | | • | ey | | es [| No | | Nam | ne | | | | Тор | Datum |
| Cores Taken Electric Log Rur Geologist Repoi | rt / Mud Lo | gs | | | /es [/es [/es [| No No No | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | Rep | | | RECORD | | | Used ate, producti | on. etc. | | | |
| Purpose of S | tring | | Size Hole Siz | | Size Casing Set (In O.D.) | | Weight Lbs. / Ft. | | 5 | Setting Depth | Type of Cement | | # Sacks Used | Type and Percent Additives |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | 4.0.0 | | OFNENT | -110 / 00 | | DE00DD | | | | |
| Purpose: | | De | epth | Typ | | | | ks Used | JEEZE | RECORD | Typo | and Pare | cont Additivos | |
| Perforate | | тур | Type of Cement | | | 13 03eu | Type and Percent Additives | | | | | | | |
| Plug Off Z | Zone | | | | | | | | | | | | | |
| Did you perforn Does the volum Was the hydrau | ne of the tota | al base fl | luid of the h | ydraulic fr | acturing | | | | | Yes Yes Yes | ☐ No (If N | lo, skip c | questions 2 an question 3) t Page Three (| · |
| Date of first Produ | uction/Injecti | ion or Re | esumed Pro | duction/ | | ucing Meth | nod: | ing | Gas Li | ft 🗆 C | other (Explain) | | | |
| Estimated Produ | ction | | Oil E | Bbls. | | | Mcf | Wa | | | bls. | Gas | s-Oil Ratio | Gravity |
| Per 24 Hours | 8 | | | | | | | | | | | | | |
| DISPOSITION OF GAS: Vented Sold Used on Lease | | | | METHOD OF C | | | Duall | OMPLETION: Dually Comp. Commingled (Submit ACO-5) (Submit ACO-4) | | | PRODUCTION INTER' | | ON INTERVAL: Bottom | |
| (If vent | ted, Submit A | .CO-18.) | | | | | | (| | , (848) | | | | |
| Shots Per Foot | Perfora Top | | Perfora Botto | | Bridge Typ | | Bridge P Set At | | | Acid, | Fracture, Sho | | nting Squeeze Material Used) | Record |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| TUBING RECOR | RD: | Size: | | Set At: | | | Packer At: | | | | | | | |

| Form | ACO1 - Well Completion |
|-----------|------------------------|
| Operator | Haas Petroleum, LLC |
| Well Name | DYE 28 |
| Doc ID | 1355744 |

Casing

| Purpose Of String | Size Casing Set | Weight | Type Of Cement | Type and Percent Additives |
|----------------------|-----------------------|--------|-------------------|----------------------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |