

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 Recompletion Date _____ 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				

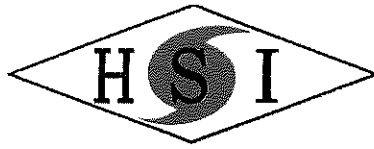
1. Did you perform a hydraulic fracturing treatment on this well? Yes No *(If No, skip questions 2 and 3)*
2. Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons? Yes No *(If No, skip question 3)*
3. Was the hydraulic fracturing treatment information submitted 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) (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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CEMENT TREATMENT REPORT

Customer:	Haas Petroleum	Well:	Thowe #VHP 2	Ticket:	ICT 1901
City, State:		County:	Wabaunsee, KS	Date:	4/6/2019
Field Rep:	Dave Farthing	S-T-R:	8-13s-10e	Service:	Surface

Downhole Information	
Hole Size:	12.25 In
Hole Depth:	304 ft
Casing Size:	8.875 in
Casing Depth:	311.9 ft
Tubing / Liner:	In
Depth:	ft
Tool / Packer:	
Depth:	ft
Displacement:	19.03 bbbls

Slurry	
Weight:	14.5 # / sx
Water / Sx:	7.44 gal / sx
Yield:	1.49 ft ³ / sx
Bbls / Ft.:	
Depth:	ft
Volume:	bbbls
Excess:	%
Total Slurry:	53.07 bbbls
Total Sacks:	200 sx

Cement Blend		
Product	%	#
Class A	100.0	18800
Gel	2.0	376
CaCl	3.0	564
Metso		
KolSeal		
PhenoSeal	0.5	100
Salt		
Total		19,840

TIME	RATE	PSI	BBLs	REMARKS	TIME	RATE	PSI	BBLs	REMARKS
				On location safety meeting					
				Spot in and rig up					
				Hook up to casing					
	3.0	200.0	10.0	Break circulation with mudflush					
	3.0	200.0	53.1	Mix and pump cement					
				Stop					
	3.0	200.0	19.0	Displace					
				Stop and shut in well					

CREW			UNIT	SUMMARY		
Cementer:	Jake Heard		77	Average Rate	Average Pressure	Total Fluid
Pump Operator:	Kevin		265	2.25 bpm	200.00 psi	82.07 bbbls
Bulk #1:	Josh		240			
Bulk #2:						



HURRICANE SERVICES INC

Customer	Haas Petroleum	Lease & Well #	Thoma #VHP-2	Date	4/6/2019
Service District	Garnett, KS	County & State	Wabaunsee, KS	Legals S/T/R	8-13s-10s
Job Type	Surface	<input checked="" type="checkbox"/> PROD <input type="checkbox"/> NJ <input type="checkbox"/> SWD	New Well?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> No	Job #
					Ticket #
					ICT 1901

Equipment #	Driver	Job Safety Analysis - A Discussion of Hazards & Safety Procedures			
265	Kevin	<input checked="" type="checkbox"/> Hard hat	<input checked="" type="checkbox"/> Gloves	<input type="checkbox"/> Lockout/Tagout	<input type="checkbox"/> Warning Signs & Flagging
240	Josh	<input checked="" type="checkbox"/> H2S Monitor	<input checked="" type="checkbox"/> Eye Protection	<input type="checkbox"/> Required Permits	<input type="checkbox"/> Fall Protection
77	Jake H	<input checked="" type="checkbox"/> Safety Footwear	<input type="checkbox"/> Respiratory Protection	<input type="checkbox"/> Slip/Trip/Fall Hazards	<input type="checkbox"/> Specific Job Sequence/Expectations
		<input checked="" type="checkbox"/> FRC/Protective Clothing	<input type="checkbox"/> Additional Chemical/Acid PPE	<input type="checkbox"/> Overhead Hazards	<input type="checkbox"/> Muster Point/Medical Locations
		<input checked="" type="checkbox"/> Hearing Protection	<input type="checkbox"/> Fire Extinguisher	<input type="checkbox"/> Additional concerns or issues noted below	

Comments

Product/ Service Code	Description	Unit of Measure	Quantity	Rate	Net Amount
cbt0	Cement Pump	ea	1.00		\$750.00
m010	Heavy Equipment Mileage	mi	100.00		\$260.00
m020	Ton Mileage	tm	992.00		\$967.20
cp015	H-325	sack	200.00		\$2,800.00
cp170	Mud Flush	gal	500.00		\$185.00

Customer Section: On the following scale how would you rate Hurricane Services Inc ?				Net:	\$4,762.20
Based on this job, how likely is it you would recommend HSI to a colleague?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Unlikely	1 2 3 4 5 6 7 8 9 10	Extremely Likely	
				Total Taxable	\$ -
				Tax Rate:	-
				Sale Tax:	\$ -
				Total:	\$ 4,762.20

HSI Representative: **Jake Heard**

TERMS: Cash in advance unless Hurricane Services Inc. (HSI) has approved credit prior to sale. Credit terms of sale for approved accounts are total invoice due on or before the 30th day from the date of invoice. Past due accounts shall pay interest on the balance past due at the rate of 1 1/2% per month or the maximum allowable by applicable state or federal laws. In the event it is necessary to employ an agency and/or attorney to affect the collection, Customer hereby agrees to pay all fees directly or indirectly incurred for such collection. In the event that Customer's account with HSI becomes delinquent, HSI has the right to revoke any discounts previously applied in arriving at net invoice price. Upon revocation, the full invoice price without discount is immediately due and subject to collection. Prices quoted are estimates only and are good for 30 days from the date of issue. Pricing does not include federal, state, or local taxes, or royalties and stated price adjustments. Actual charges may vary depending upon time, equipment, and material ultimately required to perform these services. Any discount is based on 30 days net payment terms or cash. **DISCLAIMER NOTICE:** Technical data is presented in good faith, but no warranty is stated or implied. HSI assumes no liability for advice or recommendations made concerning the results from the use of any product or service. The information presented is a best estimate of the actual results that may be achieved and should be used for comparison purposes and HSI makes no guarantee of future production performance. Customer represents and warrants that well and all associated equipment in acceptable condition to receive services by HSI. Likewise, the customer guarantees proper operational care of all customer owned equipment and property while HSI is on location performing services. The authorization below acknowledges the receipt and acceptance of all terms/conditions stated above, and Hurricane has been provided accurate well information in determining taxable services.

[Handwritten Signature]
CUSTOMER AUTHORIZATION SIGNATURE



CEMENT TREATMENT REPORT

Customer: Haas Petroleum	Well: Thowe #VHP 2	Ticket: ICT1952
City, State:	County: Wabaunsee	Date: 4/19/2019
Field Rep: John	S-T-R:	Service: Cement

Downhole Information	
Hole Size:	7 7/8 in
Hole Depth:	3153 ft
Casing Size:	5.5 in
Casing Depth:	3150 ft
Tubing / Liner:	in
Depth:	ft
Tool / Packer:	
Depth:	ft
Displacement:	77 bbls

Slurry	
Weight:	12.0/14.5 # / sk
Water / Sk:	15.77/5.3 gal / sk
Yield:	2.6/1.53 ft³ / sk
Bbls / Ft.:	0.0244
Depth:	3150 ft
Volume:	bbls
Excess:	%
Total Slurry:	120 bbls
Total Sacks:	170/155 sk

Cement Blend		
Product	%	#
Class A		
Gel		
CaCl		
Metso		
KotSeal		
PhenoSeal		
Salt		
Total		-

TIME	RATE	PSI	BBLs	REMARKS	TIME	RATE	PSI	BBLs	REMARKS
6:00 AM				Arrive on location					
6:05 AM				Safety meeting					
6:10 AM				Rig up					
8:00 AM				Pump 600 gal of mudflush					
8:30 AM	3.0	220.0	78.0	Mix 170 sks of HCON					
9:00 AM	3.0	200.0	42.0	Mix 165 sks of HSC					
9:25 AM				Wash up pump and lines					
9:40 AM	4.0	200.0	77.0	Displace Plug					
10:00 AM		1,500.0		Final LIN 1000 psi landed plug @ 1500					
10:30 AM				Rig down					
11:00 AM				Depart					

CREW		UNIT	SUMMARY		
Cementor:	Dane Retzliff	78	Average Rate	Average Pressure	Total Fluid
Pump Operator:	Kevin	265	3.333333 bpm	630.00 psi	197.00 bbls
Bulk #1:	Grant	241			
Bulk #2:	Josh	240			



HURRICANE SERVICES INC

Customer	Haas Petroleum	Lease & Well #	Thowe # VHP-2	Date	4/18/2018
Service District	Garnett, Ks	County & State	Wabaunsee, Ks	Legals S/T/R	Job #
Job Type	Longstring	<input type="checkbox"/> PROD <input type="checkbox"/> INJ <input type="checkbox"/> SWD	New Well?	<input type="checkbox"/> YES <input type="checkbox"/> No	Ticket #
Equipment #	Driver	Job Safety Analysis - A Discussion of Hazards & Safety Procedures			

Equipment #	Driver	<input type="checkbox"/> Hard hat	<input type="checkbox"/> Gloves	<input type="checkbox"/> Lockout/Tagout	<input type="checkbox"/> Warning Signs & Flagging
265	Kevin	<input type="checkbox"/> H2S Monitor	<input type="checkbox"/> Eye Protection	<input type="checkbox"/> Required Permits	<input type="checkbox"/> Fall Protection
240	Josh	<input type="checkbox"/> Safety Footwear	<input type="checkbox"/> Respiratory Protection	<input type="checkbox"/> Slip/Trip/Fall Hazards	<input type="checkbox"/> Specific Job Sequence/Expectations
241	Grant	<input type="checkbox"/> FRC/Protective Clothing	<input type="checkbox"/> Additional Chemical/Add PPE	<input type="checkbox"/> Overhead Hazards	<input type="checkbox"/> Muster Point/Medical Locations
78	Dane	<input type="checkbox"/> Hearing Protection	<input type="checkbox"/> Fire Extinguisher	<input type="checkbox"/> Additional concerns or issues noted below	


Comments

All chemicals loaded out of Madison KS

Product/Service Code	Description	Unit of Measure	Quantity	Net Amount
c010	Cement Pump	ea	1.00	\$750.00
m010	Heavy Equipment Mileage	mi	100.00	\$300.00
m020	Ton Mileage	tm	1,675.00	\$1,884.38
cp020	H-Quick (OWG)	sack	155.00	\$2,441.25
cp025	H-Con	sack	170.00	\$2,677.50
cp170	Mud Flush	gal	500.00	\$185.00
fe146	5 1/2" Float Shoe - AFU Flapper Type	ea	1.00	\$281.25
fe170	5 1/2" Latch Down Plug & Baffle	ea	1.00	\$262.50
fe125	5 1/2" Centralizer	ea	5.00	\$225.00
fe130	5 1/2" Cement Basket	ea	2.00	\$450.00

Customer Section: On the following scale, how would you rate Hurricane Services, Inc.?		Total Taxable	\$ -	Tax Rate:		Net:	\$9,456.88
Based on this job, how likely is it you would recommend HSI to a colleague?		State tax laws deem certain products and services used on new wells to be sales tax exempt. Hurricane Services relies on the customer provided well information above to make a determination if services and/or products are tax exempt.		Sale Tax:	\$ -	Total:	\$ 9,456.88
<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 Unlikely Extremely Likely		HSI Representative: <i>Dane Rayloff</i>					

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X  _____ **CUSTOMER AUTHORIZATION SIGNATURE**

Conservation Division
266 N. Main St., Ste. 220
Wichita, KS 67202-1513



Phone: 316-337-6200
Fax: 346-337-6211
<http://kcc.ks.gov/>

Dwight D. Keen, Chair
Shari Feist Albrecht, Commissioner
Susan K. Duffy, Commissioner

Laura Kelly, Governor

August 06, 2019

Mark Haas
Haas Petroleum, LLC
10551 BARKLEY ST. #307
OVERLAND PARK, KS 66212-1812

Re: ACO-1
API 15-197-20308-00-00
THOWE VHP-2
SE/4 Sec.02-13S-10E
Wabaunsee County, Kansas

Dear Mark Haas:

K.A.R. 82-3-107 provides for all completion information to be filed within 120 days of the spud date. Subsection(e)(2) of that regulation states "All rights to confidentiality shall be lost if the filings are not timely."

The above referenced well was spudded on 03/29/2019 and the ACO-1 was received on August 06, 2019 (not within the 120 days timely requirement).

Therefore, your request for confidential treatment of data contained within the ACO-1 filing cannot be granted at this time.

If you should have any questions, please do not hesitate to contact me at (316)337-6200.

Sincerely,

Production Department