

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form ACO-1
September 1999
Form Must Be Typed

ORIGINAL

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

Operator: License # 33640
Name: Haas Petroleum LLC.
Address: 800 W. 47th St. Suite # 409
City/State/Zip: Kansas City, Mo 64112
Purchaser: Plains Marketing
Operator Contact Person: Mark L. Haas
Phone: (816) 531-5922
Contractor: Name: Leis Oil Service
License: 32079
Wellsite Geologist: _____

Designate Type of Completion:
 New Well Re-Entry Workover
 Oil SWD SLOW Temp. Abd.
 Gas ENHR SIGW
 Dry Other (Core, WSW, Expl., Cathodic, etc)

If Workover/Re-entry: Old Well Info as follows:

Operator: _____
Well Name: _____
Original Comp. Date: _____ Original Total Depth: _____
 Deepening Re-perf. Conv. to Enhr./SWD
 Plug Back _____ Plug Back Total Depth _____
 Commingled Docket No. _____
 Dual Completion Docket No. _____
 Other (SWD or Enhr.?) Docket No. _____

6-23-26	6-26-06	6-26-06
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 121-28241-0000
County: Miami
_____ SWSW - NE - SE Sec. 14 Twp. 16s S. R. 21 East West
1590 feet from (S) N (circle one) Line of Section
1020 feet from (E) W (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:

(circle one) NE SE NW SW

Lease Name: Cone Well #: 50-H

Field Name: Wellsville

Producing Formation: Squirrel

Elevation: Ground: N/A Kelly Bushing: _____

Total Depth: 722 Plug Back Total Depth: _____

Amount of Surface Pipe Set and Cemented at 22 Feet

Multiple Stage Cementing Collar Used? Yes No

If yes, show depth set _____ Feet

If Alternate II completion, cement circulated from 716

feet depth to surface w/ 88 Alt 2 - Dg - 12/1/08 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 No.: _____

Quarter _____ Sec. _____ Twp. _____ S. R. _____ East West

County: _____ Docket No.: _____

INSTRUCTIONS: An original and two copies of this form shall be filed with the Kansas Corporation Commission, 130 S. Market - Room 2078, Wichita, Kansas 67202, within 120 days of the spud date, recompletion, workover or conversion of a well. Rule 82-3-130, 82-3-106 and 82-3-107 apply. Information of side two of this form will be held confidential for a period of 12 months if requested in writing and submitted with the form (see rule 82-3-107 for confidentiality in excess of 12 months). One copy of all wireline logs and geologist well report shall be attached with this form. ALL CEMENTING TICKETS MUST BE ATTACHED. Submit CP-4 form with all plugged wells. Submit CP-111 form with all temporarily abandoned wells.

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.

Signature: _____

Title: President Date: 10-5-06

Subscribed and sworn to before me this 5th day of October,

2006.

Notary Public: Mary L. Weber

Date Commission Expires: May 22, 2008

MARY L. WEBER
Notary Public - State of Kansas
My Appt. Expires May 22, 2008

KCC Office Use ONLY

Letter of Confidentiality Received

If Denied, Yes Date: _____

Wireline Log Received

Geologist Report Received

UIC Distribution

RECEIVED

OCT 18 2006

KCC WICHITA

Operator Name: Haas Petroleum LLC. Lease Name: Cone Well #: 50-H
 Sec. 14 Twp. 16s S. R. 21 East West County: Miami

INSTRUCTIONS: Show important tops and base 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. Attach copy of all Electric Wireline Logs surveyed. Attach final geological well site report.

Drill Stem Tests Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Electric Log Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(Submit Copy)</i> List All E. Logs Run:	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum Sending copy
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CASING RECORD <input checked="" 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
Surf		7		20	3		
Prod		2 7/8		706			

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				

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used)		Depth

TUBING RECORD		Size	Set At	Packer At	Liner Run <input type="checkbox"/> Yes <input type="checkbox"/> No
Date of First, Resumerd Production, SWD or Enhr.			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

Disposition of Gas Vented Sold Used on Lease *(If vented, Submit ACO-18.)*

METHOD OF COMPLETION Open Hole Perf. Dually Comp. Commingled Other (Specify) _____

Production Interval _____

RECEIVED
 OCT 18 2006
 KCC WICHITA



CONSOLIDATED
OIL WELL SERVICES, INC.
 AN INFINITY COMPANY

REMIT TO
 Consolidated Oil Well Services, Inc.
 Dept. 1228
 Denver, CO 80256

MAIN OFFICE
 P.O. Box 884
 Chanute, KS 66720
 620/431-9210 • 1-800/467-8676
 FAX 620/431-0012

INVOICE

Invoice # 208378

Invoice Date: 08/24/2006 Terms:

Page 1

HAAS, MARK
 800 W. 47TH ST. SUITE 409
 KANSAS CITY MO 64112
 (913)402-0998

^{25H}
 PHILLIPS 26H, CONE 50H
 29590
 08-22-06

Part Number	Description	Qty	Unit Price	Total
3107	15% HCL	225.00	1.3000	292.50
1123	CITY WATER	14250.00	.0128	182.40
1215	KCL SUB (ESA-55) MB6875	30.00	24.7500	742.50
1231	FRAC GEL	300.00	4.5500	1365.00
1208	BREAKER LEB4-ESA 14-GB10	.75	164.2500	123.19
4326	7/8" RUBBER BALL SEALERS	28.00	2.2600	63.28
2101	20/40 BRADY SAND	800.00	.1400	112.00
2102	12/20 BRADY	6200.00	.1600	992.00

Description	Hours	Unit Price	Total
T-90 WATER TRANSPORT (FRAC)	6.00	98.00	588.00
449 MINIMUM ACID SPOTTING CHARGE	1.00	305.00	305.00
449 MINIMUM ACID SPOTTING CHARGE	1.00	305.00	305.00
449 MINIMUM ACID SPOTTING CHARGE	1.00	305.00	305.00
VALVE FRAC VALVES (2" OR 3")	3.00	68.00	204.00
BALLI BALL INJECTOR	2.00	90.00	180.00
476 MINIMUM COMBO CHARGE 1300 HP UNIT	1.00	1850.00	1850.00
476 MINIMUM COMBO CHARGE 1300 HP UNIT	1.00	1550.00	1550.00
476 MINIMUM COMBO CHARGE 1300 HP UNIT	1.00	1550.00	1550.00
476 MILEAGE CHARGE (ONE WAY)	1.00	472.50	472.50
482 BULK SAND DELIVERY	1.00	275.00	275.00
T-106 WATER TRANSPORT (FRAC)	6.00	98.00	588.00

PAID
 ✓ # 20070

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 KANSAS CORPORATION COMMISSION

NOV 09 2007

CONSERVATION DIVISION
 WICHITA, KS

Parts:	3872.87	Freight:	.00	Tax:	16.09	AR	12061.46
Labor:	.00	Misc:	.00	Total:	12061.46		
Sublt:	.00	Supplies:	.00	Change:	.00		

Signed _____ Date _____

BARTLESVILLE, OK
 P.O. Box 1453 74005
 918/338-0808

EUREKA, Ks
 820 E. 7th 67045
 620/583-7664

OTTAWA, Ks
 2631 So. Eisenhower Ave. 66067
 785/242-4044

GILLETTE, WY
 300 Enterprise Avenue 82716
 307/686-4914

THAYER, Ks
 8655 Dorn Road 66776
 620/839-5269

CONSOLIDATED OIL WELL SERVICES, INC.
P.O. BOX 884, CHANUTE, KS 66720
620-431-9210 OR 800-467-8676

TICKET NUMBER 08702
LOCATION Ottawa
FOREMAN Alan Mader

TREATMENT REPORT & FIELD TICKET
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
6.27.06	3451	S. Lone #30-H	74	16	21	MI.
CUSTOMER <u>Itgas, Mark</u>						
MAILING ADDRESS <u>800 W 47th Ste 409</u>						
CITY <u>Kansas City</u>		STATE <u>Mo</u>	ZIP CODE <u>64112</u>			

TRUCK #	DRIVER	TRUCK #	DRIVER
<u>386</u>	<u>Ala Mad</u>		
<u>764</u>	<u>Ric Arb</u>		
<u>365</u>	<u>Rod Bus</u>		
<u>122</u>	<u>All Hie</u>		

JOB TYPE long string HOLE SIZE 3 7/8 HOLE DEPTH 711 CASING SIZE & WEIGHT 2 7/8
 CASING DEPTH 706' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT _____ DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Established rate. Mixed 200# gel to condition hole followed by 90 sx 50/50 ppz, 20% gel. Circulated cement to surface. Flushed pump clean. Pumped 2 1/2 plus to casing TD. Well held 800 PSI. Closed valve.

Alan Mader

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	164	800.00
5406	15	MILEAGE	164	47.25
5402	706'	casing footage	164	N/C
5407	min	ton miles	122	275.00
5502C	2	80 val	369	180.00
1118B	380	premium gel		5320
1124	88	50/50 ppz		78.80
4402	1	2 1/2 rubber plug		18.00
RECEIVED KANSAS CORPORATION COMMISSION			<u>Sub</u>	<u>2152.25</u>
NOV 09 2007				
CONSERVATION DIVISION WICHITA, KS				
			6.55	SALES TAX 55.67
				ESTIMATED TOTAL # <u>2207.93</u>

AUTHORIZATION _____

TITLE W# 206588

DATE Alan Mader