

CONFIDENTIAL

4/26/14

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form ACO-1
June 2009
Form Must Be Typed
Form must be Signed
All blanks must be Filled

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # 33640
Name: Haas Petroleum, LLC
Address 1: 11551 Ash Street, # 205
Address 2: _____
City: Leawood State: KS Zip: 66211
Contact Person: Mark Haas
Phone: (913) 499-8373
CONTRACTOR: License # 33557
Name: Skyy Drilling, LLC
Wellsite Geologist: GGR, Inc.
Purchaser: Plains Marketing, LP

RECEIVED
KANSAS CORPORATION COMMISSION
APR 30 2012
CONSERVATION DIVISION
WICHITA, KS

API No. 15 - 059-25939-00-00
Spot Description: _____
SW SE NW SW Sec. 5 Twp. 16 S. R. 21 East West
1,500 Feet from North / South Line of Section
790 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Franklin
Lease Name: Fiehler Well #: 21
Field Name: Paola-Rantoul
Producing Formation: Squirrel Sandstone
Elevation: Ground: 985 Kelly Bushing: _____
Total Depth: 760 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: 21' w/ 20 sx cmt.

Designate Type of Completion:
 New Well Re-Entry Workover
 Oil WSW SWD SIOW
 Gas D&A ENHR SIGW
 OG GSW Temp. Abd.
 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 ENHR Conv. to SWD
 Conv. to GSW
 Plug Back: _____ Plug Back Total Depth
 Commingled Permit #: _____
 Dual Completion Permit #: _____
 SWD Permit #: _____
 ENHR Permit #: _____
 GSW Permit #: _____

March 15, 2012 March 27, 2012 April 2, 2012
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

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 _____ Twp. _____ S. R. _____ East West
County: At. Co Permit #: _____
KCC

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.

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.

Signature: _____
Title: Operator Date: April 27, 2012

KCC Office Use ONLY
 Letter of Confidentiality Received
Date: 4/26/12 - 4/26/14
 Confidential Release Date: _____
 Wireline Log Received
 Geologist Report Received
 UIC Distribution
ALT I II III Approved by: US Date: 5-7-12