



KANSAS CORPORATION COMMISSION 1086644  
OIL & GAS CONSERVATION DIVISION

Form ACO-1  
June 2009

Form Must Be Typed  
Form must be Signed  
All blanks must be Filled

**CONFIDENTIAL**

**WELL COMPLETION FORM**

**WELL HISTORY - DESCRIPTION OF WELL & LEASE**

OPERATOR: License # 33640  
Name: Haas Petroleum, LLC  
Address 1: 11551 ASH ST., STE 205  
Address 2: \_\_\_\_\_  
City: LEAWOOD State: KS Zip: 66211 + \_\_\_\_\_  
Contact Person: Mark Haas  
Phone: (913) 499-8373  
CONTRACTOR: License # 32079  
Name: Leis, John E.  
Wellsite Geologist: None  
Purchaser: \_\_\_\_\_

API No. 15 - 15-003-25199-00-00  
Spot Description: \_\_\_\_\_  
SE NW SW SW Sec. 11 Twp. 23 S. R. 19  East  West  
880 Feet from  North /  South Line of Section  
440 Feet from  East /  West Line of Section  
Footages Calculated from Nearest Outside Section Corner:  
 NE  NW  SE  SW  
County: Anderson  
Lease Name: Foster Well #: 3i-HP  
Field Name: \_\_\_\_\_  
Producing Formation: Squirrel Sandstone  
Elevation: Ground: 1096 Kelly Bushing: 0  
Total Depth: 833 Plug Back Total Depth: \_\_\_\_\_  
Amount of Surface Pipe Set and Cemented at: 21 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.

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 #: \_\_\_\_\_  
05/01/2012 05/02/2012 05/02/2012  
Spud Date or Date Reached TD Completion Date or Recompletion Date

**Drilling Fluid Management Plan**  
(Data must be collected from the Reserve Pit)  
Chloride content: 0 ppm Fluid volume: 0 bbls  
Dewatering method used: Evaporated  
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**

Letter of Confidentiality Received  
Date: 07/06/2012

Confidential Release Date: \_\_\_\_\_

Wireline Log Received

Geologist Report Received

UIC Distribution

ALT  I  II  III Approved by: NAOMI JAMES Date: 07/09/2012