



KANSAS CORPORATION COMMISSION 1089799
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 # 33557
Name: Skyy Drilling, LLC
Wellsite Geologist: GGR, Inc
Purchaser: _____

Designate Type of Completion:
 New Well Re-Entry Workover
 Oil WSW SWD SLOW
 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 #: _____

| | | |
|-----------------------------------|-------------------|---|
| <u>07/18/2012</u> | <u>07/21/2012</u> | <u>07/21/2012</u> |
| Spud Date or Recompletion Date | Date Reached TD | Completion Date or Recompletion Date |

API No. 15 - 15-207-28212-00-00
Spot Description: _____
SE NE SW Sec. 35 Twp. 23 S. R. 14 East West
1650 Feet from North / South Line of Section
2970 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Woodson
Lease Name: Massey Well #: 5-HP
Field Name: _____
Producing Formation: Mississippian
Elevation: Ground: 1137 Kelly Bushing: 0
Total Depth: 1725 Plug Back Total Depth: _____
Amount of Surface Pipe Set and Cemented at: 41 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
(Date 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 | |
|--|---|
| <input checked="" type="checkbox"/> | Letter of Confidentiality Received Date: <u>08/07/2012</u> |
| <input type="checkbox"/> | Confidential Release Date: _____ |
| <input checked="" type="checkbox"/> | Wireline Log Received |
| <input type="checkbox"/> | Geologist Report Received |
| <input type="checkbox"/> | UIC Distribution |
| ALT <input type="checkbox"/> I <input checked="" type="checkbox"/> II <input type="checkbox"/> III | Approved by: <u>Deanna Garrison</u> Date: <u>08/13/2012</u> |