1115257

CONFIDENTIAL

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 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: N/A
Purchaser:

Designate Type of Completion:

- [x] New Well
- [ ] Re-Entry
- [ ] Workover

- [ ] Oil
- [ ] WSW
- [ ] SWD
- [ ] SIOW
- [ ] Gas
- [ ] D&A
- [x] 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 #:

01/22/2013	01/25/2013	01/25/2013
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-207-28371-00-00
Spot Description:
NE - NW - SW - SW Sec. 35 Twp. 23 S. R. 14 [x] East [ ] West
1315 Feet from [ ] North / [x] South Line of Section
600 Feet from [ ] East / [x] West Line of Section

Footages Calculated from Nearest Outside Section Corner:
[ ] NE [ ] NW [ ] SE [x] SW

County: Woodson
Lease Name: B. Edwards Well #: 3i-HP
Field Name:
Producing Formation: Mississippian
Elevation: Ground: 1146 Kelly Bushing: 0
Total Depth: 1750 Plug Back Total Depth:
Amount of Surface Pipe Set and Cemented at: 42 Feet
Multiple Stage Cementing Collar Used? [ ] Yes [x] 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: 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

- [x] **Letter of Confidentiality Received**
  Date: 02/12/2013
- [ ] **Confidential Release Date:**
- [x] **Wireline Log Received**
- [ ] **Geologist Report Received**
- [x] **UIC Distribution**

ALT [ ] I [x] II [ ] III **Approved by:** NAOMI JAMES **Date:** 02/13/2013