



KANSAS CORPORATION COMMISSION 1104309  
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     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 #:

<b>11/20/2012</b>	<b>11/26/2012</b>	<b>11/26/2012</b>
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-207-28378-00-00

Spot Description:  
**SE NW NW SE** Sec. **35** Twp. **23** S. R. **14**  East  West  
**2130** Feet from  North /  South Line of Section  
**2025** Feet from  East /  West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE     NW     SE     SW

County: **Woodson**  
Lease Name: **Massey** Well #: **3i-HP**  
Field Name:

Producing Formation: **Mississippian**  
Elevation: Ground: **1124** Kelly Bushing: **0**  
Total Depth: **1680** Plug Back Total Depth:  
Amount of Surface Pipe Set and Cemented at: **40** 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**

(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: **12/10/2012**  
 Confidential Release Date:  
 Wireline Log Received  
 Geologist Report Received  
 UIC Distribution  
ALT  I  II  III Approved by: **NAGMI JAMES** Date: **01/23/2013**