



KANSAS CORPORATION COMMISSION 1109118  
OIL & GAS CONSERVATION DIVISION

Form ACO-1  
June 2009

**CONFIDENTIAL**

**WELL COMPLETION FORM**

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

**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.

API No. 15 - 15-207-28387-00-00

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

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

County: Woodson  
Lease Name: McColt Well #: 7-HP  
Field Name: \_\_\_\_\_

Producing Formation: Mississippian  
Elevation: Ground: 1111 Kelly Bushing: 0  
Total Depth: 1670 Plug Back Total Depth: \_\_\_\_\_  
Amount of Surface Pipe Set and Cemented at: 44 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  SLOW  
 Gas  D&A  ENHR  SIGW  
 OG  GSW  Temp. Abd.  
 CM (Coal Bed Methane)  
 Cathodic  Other (Core. Expl., etc.): \_\_\_\_\_

**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 #: \_\_\_\_\_

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 #: \_\_\_\_\_  
01/03/2013 01/05/2013 01/05/2013  
Spud Date or Date Reached TD Completion Date or Recompletion Date

**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: 01/22/2013  
 Confidential Release Date: \_\_\_\_\_  
 Wireline Log Received  
 Geologist Report Received  
 UIC Distribution  
ALT  I  II  III Approved by: NAOMI JAMES Date: 01/23/2013