

CONFIDENTIAL

ORIGINAL

4/2/14

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 Street, # 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: Plains Marketing, LP

API No. 15 - 207-28055-00-00
Spot Description: _____
N2_NW_SW_SE Sec. 35 Twp. 23 S. R. 14 East West
1,080 Feet from North / South Line of Section
2,310 Feet from East / West Line of Section

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.): _____

Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Woodson
Lease Name: Massey Well #: 10 HP
Field Name: Winterscheid
Producing Formation: Mississippian
Elevation: Ground: 1130 Kelly Bushing: _____
Total Depth: 1690 Plug Back Total Depth: _____
Amount of Surface Pipe Set and Cemented at: 1677 Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set: _____ Feet
If Alternate II completion, cement circulated from: 0'
feet depth to: 40' w/ 30 sx cmt.

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 #: _____
March 1, 2012 March 9, 2012 March 11, 2012
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

Drilling Fluid Management Plan
(Data must be collected from the Reserve Pit)
Chloride content: _____ ppm Fluid volume: _____ bbls
Dewatering method used: _____
Location of fluid disposal if hauled offsite: _____
Operator Name: _____
Lease Name: _____ License #: _____
Quarter _____ Sec. _____ Twp. _____ S. R. _____ East West
County: **CONFIDENTIAL** Permit #: _____

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INSTRUCTIONS: An original and two copies of this form shall be filed with the Kansas Corporation Commission, 130 S. Market - Room 2078, Wichita, Kansas 67202, within 120 days of the spud date, recompletion, workover or conversion of a well. Rule 82-3-130, 82-3-106 and 82-3-107 apply. Information of side two of this form will be held confidential for a period of 12 months if requested in writing and submitted with the form (see rule 82-3-107 for confidentiality in excess of 12 months). One copy of all wireline logs and geologist well report shall be attached with this form. ALL CEMENTING TICKETS MUST BE ATTACHED. Submit CP-4 form with all plugged wells. Submit CP-111 form with all temporarily abandoned wells.

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.

Signature: _____
Title: Operator Date: March 29, 2012

KCC Office Use ONLY

Letter of Confidentiality Received
Date: 4-2-14 to 4-2-14
 Confidential Release Date: _____
 Wireline Log Received
 Geologist Report Received
 UIC Distribution
ALT I II III Approved by: NJ Date: 4-9-14

Operator Name: Haas Petroleum, LLC Lease Name: Massey Well #: 10 HP
 Sec. 35 Twp. 23 S. R. 14 East West County: Woodson

INSTRUCTIONS: Show important tops and base of formations penetrated. Detail all cores. Report all final copies of drill stems tests giving interval tested, time tool open and closed, flowing and shut-in pressures, whether shut-in pressure reached static level, hydrostatic pressures, bottom hole temperature, fluid recovery, and flow rates if gas to surface test, along with final chart(s). Attach extra sheet if more space is needed. Attach complete copy of all Electric Wire-line Logs surveyed. Attach final geological well site report.

Drill Stem Tests Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Electric Log Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Electric Log Submitted Electronically <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(If no, Submit Copy)</i> List All E. Logs Run:	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum
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CASING RECORD <input type="checkbox"/> New <input type="checkbox"/> Used							
Report all strings set-conductor, surface, intermediate, production, etc.							
Purpose of String	Size Hole Drilled	Size Casing Set (In O.D.)	Weight Lbs. / Ft.	Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives
Surface	12 1/4	8 5/8		40'	Regular	30	
Long String	6 3/4	4 1/2	9.50#	1677	Poz Mix	235	60/40

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
___ Perforate				
___ Protect Casing				
___ Plug Back TD				
___ Plug Off Zone				

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used)	Depth
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TUBING RECORD:	Size:	Set At:	Packer At:	Liner Run: <input type="checkbox"/> Yes <input type="checkbox"/> No
Date of First, Resumed Production, SWD or ENHR.		Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain) _____		
Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio Gravity

DISPOSITION OF GAS: <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <i>(Submit ACO-5) (Submit ACO-4)</i> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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Skyy Drilling, L.L.C.
Park Place – Becker Building
11551 Ash Street, Suite # 205
Leawood, Kansas 66221
Office (913) 499-8373
Fax (913) 766-1310

March 26, 2012

Company: Haas Petroleum, LLC
Lease: Massey – Well # 10 HP
County: Woodson
Spot: N2 NW SW SE Sec 35, Twp 23, SR 14 E
Spud Date: March 1, 2012
API: 15-207-28055-00-00
TD: 1690'

3/1/12: Build location. Dig pits. Pump water. Move in Rig #2 and rig up. Spud 12 ¼ surface. Drilled from 0' to 41' TD. AT TD cir hole clean. Trip out 12 ¼ bit, rig and ran 40' of casing. Rig to cement. Cement casing by hand. Mixed total of 30 sacks cement.
3/4/12: Start up. Nipple up. Trip in 6 ¾ bit, drilled out cement. Drilled from 40' to 62'. Shut down for repairs to rig.
3/5/12: Start up. Trip in bit. Drilled from 62' to 397'.
3/6/12: Start up. Trip back in hole. Drilled from 397' to 753'.
3/7/12: Start up. Trip back in hole and drilled from 753' to 1195'. Mud up @ 1195'.
3/8/12: Start up. Trip back in hole. Drilled from 1195' to 1503'.
3/9/12: Start up. Trip in hole. Drilled from 1503' to 1690' TD. CFS 1630', 1635', 1640', 1645', 1659'. TD hole 1690'. Cir hole. Lay down drill pipe and collars.
3/10/12: Rig and ran 1685' of casing. Rig up cementers and cemented.

Total Footage 1690' @ \$13.00 Per Foot	\$21,970.00
Rig Time 13.5 Hours @ \$250.00 Per Hour	\$ 3,375.00
30 Sacks Cement @ \$11.00 Per Sack	\$ 330.00
5 Hours Dozer Time @ \$100.00 Per Hour	\$ 500.00
TOTAL DUE:	\$26,175.00

Rig Time:
4 Hours Surface Job
1 ½ Hours CFS
8 Hours Laying Down, Running Casing

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CONSOLIDATED
Oil Well Services, LLC

ENTERED

TICKET NUMBER 36388

LOCATION Eureka, KS

FOREMAN Shannon Feck

PO Box 884, Chanute, KS 66720
620-431-9210 or 800-467-8676

FIELD TICKET & TREATMENT REPORT

CEMENT API # 15-207-28055

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
3-10-12	340	Massey 10 HP	35	235	14E	Woodson
CUSTOMER Haas Petroleum LLC			TRUCK # DRIVER TRUCK # DRIVER			
MAILING ADDRESS 11551 Ash St Ste 205			520	Allen B		
CITY STATE ZIP CODE Leawood KS 66211			667	Chris B		

JOB TYPE Longstring HOLE SIZE 6 3/4" HOLE DEPTH 1690' CASING SIZE & WEIGHT 4 1/2" @ 9.50 #
 CASING DEPTH 1677 6.4 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 13.2 SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 9.10 Joint w/inst
 DISPLACEMENT 27.5 DISPLACEMENT PSI 800 MIX PSI 1200 RATE 5 BPM

REMARKS: Rig up to 4 1/2" casing, Break circulation w 10 Bbl water. Mixed 235 SKS 60/40 Pozmix cement with 4% gel, 5# Kolseal/sk, 1# Phenoseal, + 1% calcium @ 13.2 #/gal. Shut down wash out pump + lines, + displace 4 1/2" Rubber Plug with 27.5 Bbl water. Good circulation @ all times. 7 Bbl Slurry to pit. Final pumping pressure of 800psi. Plug Bumped to 1200psi. As soon as plug hit, Pile Jumped up 3 Feet, + pressure dropped instantly to 150-200 psi. Plug would not hold. Left head + manifold shut in. Job complete

"Thanks Shannon + crew"

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	1030.00	1030.00
5406	45	MILEAGE	4.00	180.00
1131	235 #	60/40 Pozmix cement	12.55	2949.25
1118 B	809 #	6el @ 4%	.21	169.89
1110 A	1175 #	Kol-Seal @ 5#/sk	.46	540.50
1107 A	235 #	Phenoseal @ 1#/sk	1.29	303.15
1102	203 #	Calcium @ 1%	.74	150.22
5407 A	10.1 Tons	Ton mileage bulk truck	1.34	609.03
4404	1	4 1/2" Rubber Plug	45.00	45.00
4310	1	4 1/2" Baffle Plate	63.00	63.00
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		Sub Total		6040.04
		7.3% SALES TAX		308.15
		ESTIMATED TOTAL		6348.19

Revin 3737

AUTHORIZATION [Signature] TITLE Treasurer DATE _____

I acknowledge that the payment terms, unless specifically amended in writing on the front of the form or in the customer's account records, at our office, and conditions of service on the back of this form are in effect for services identified on this form.