

CONFIDENTIAL

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION
WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

RECEIVED

MAY 18 2012

5/16/12 ORIGINAL

Form ACO-1
June 2009

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

KCC WICHITA

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: _____
Purchaser: Plains Marketing, LP
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 #: _____

April 27, 2012 April 30, 2012 May 3, 2012
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 059-25739-00-00
Spot Description: _____
W2_SE_SW Sec. 5 Twp. 16 S. R. 21 East West
330 Feet from North / South Line of Section
710 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Franklin
Lease Name: W. Lidikay Well #: # 7-1
Field Name: Paola-Rantoul
Producing Formation: Squirrel Sandstone
Elevation: Ground: 978 Kelly Bushing: _____
Total Depth: 760 Plug Back Total Depth: _____
Amount of Surface Pipe Set and Cemented at: _____ 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: 22' w/ 35 sx cmt.

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: _____
Quarter _____ Sec. _____ Typ. _____ S. R. _____ East West
County: _____ Permit #: _____

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KCC

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: 5/16/12

KCC Office Use ONLY

- Letter of Confidentiality Received
Date: 5/16/12 - 5/16/14
- Confidential Release Date: _____
- Wireline Log Received
- Geologist Report Received
- UIC Distribution
- ALT I II III Approved by: MS Date: 6-12-12

Operator Name: Haas Petroleum, LLC Lease Name: W. Lidikay Well #: # 7-1
 Sec. 5 Twp. 16 S. R. 21 East West County: Franklin

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 checked="" type="checkbox"/> Yes <input 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 _____ <div style="text-align: center; font-size: 24px; font-weight: bold; transform: rotate(-5deg);"> RECEIVED MAY 18 2012 KCC WICHITA </div>
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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	9 7/8	7		22'	Regular	35	
Longstring	5 5/8	2 7/8		754'	50/50	113	

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
<input type="checkbox"/> Perforate <input type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> 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
	Perforated from 678.0 to 692.0		
		CONFIDENTIAL MAY 16 2014 KCC	

TUBING RECORD:	Size:	Set At:	Packer At:	Liner Run: <input type="checkbox"/> Yes <input type="checkbox"/> No
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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) _____
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Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
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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)</i> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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CONSOLIDATED
Oil Well Services, LLC

PO Box 884, Chanute, KS 66720
820-431-9210 or 800-467-8676

RECEIVED

MAY 18 2012

TICKET NUMBER 36952

LOCATION Ottawa, KS

FOREMAN Cassidy Kennedy

KCC WICHITA
FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
5/3/12	3451	Lidacky # I-7	SW 5	1E	21	FR
CUSTOMER <u>Hess, Mark</u>						
MAILING ADDRESS <u>800 W. 47th St. Suite 714</u>						
CITY <u>Kansas City</u>		STATE <u>MO</u>	ZIP CODE <u>64112</u>			
		TRUCK #	DRIVER	TRUCK #	DRIVER	
		<u>481</u>	<u>Cas Ken</u>	<u>ck</u>		
		<u>6666</u>	<u>Gar Moo</u>	<u>GM</u>		
		<u>558</u>	<u>Rya Sin</u>	<u>IS</u>		
		<u>675</u>	<u>Kei Det</u>	<u>KD</u>		

JOB TYPE longstring HOLE SIZE 5 5/8" HOLE DEPTH 760' CASING SIZE & WEIGHT 2 7/8" EUG
 CASING DEPTH 354' DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 2 1/2" rubber plug
 DISPLACEMENT 4.38 bbls DISPLACEMENT PSI _____ MIX PSI _____ RATE 5.6 bpm

REMARKS: held safety meeting, established circulation, mixed & pumped 100 # Premium Gel followed by 10 bbls fresh water, mixed & pumped 113 sks 50/50. Pozmix cement w/ 2% gel per sk, cement to surface, flushed pump clean, pumped 2 1/2" rubber plug to casing TD w/ 4.38 bbls fresh water, pressured to 800 PSI, well held pressure for 30 min MIT, released pressure, shut in casing.

[Handwritten signature]

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE		1030.00
5406	1.5 mi	MILEAGE		60.00
5402	754'	casing footage		
5407	minimum	ton mileage		350.00
5502C	1.5 hrs	80 Vac		135.00
1124	113 sks	50/50 Pozmix cement		1237.35
1118B	290 #	Premium Gel		60.90
4402	1	2 1/2" rubber plug		28.00
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KCC				
			7.8%	SALES TAX 103.44
				ESTIMATED TOTAL 3004.69

Wn 3737

249591

AUTHORIZATION No Co. Rep. on location

TITLE _____

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.