

Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

1214319

Form ACO-1 August 2013 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 | API No. 15 - 15-003-25979-00-00 |
|--|--|
| Name: Haas Petroleum, LLC | Spot Description: |
| Address 1:11551 ASH ST., STE 205 | SE_SE_NE_NE_Sec. 14 Twp. 20 S. R. 20 East West |
| Address 2: | 1040 Feet from V North / South Line of Section |
| City: LEAWOOD State: KS Zip: 66211 + | Feet from ✓ East / ☐ West Line of Section |
| Contact Person: Mark Haas | Footages Calculated from Nearest Outside Section Corner: |
| Phone: (913) 499-8373 | ☑NE □NW □SE □SW |
| CONTRACTOR: License # 33715 | GPS Location: Lat: . Long: |
| Name: Town Oilfield Service | GPS Location: Lat:, Long:(e.g. *xxx.xxxxxx) |
| Wellsite Geologist; N/A | Datum: NAD27 NAD83 WGS84 |
| Purchaser: | County: Anderson |
| | Lease Name: Zastrow Well #: 23i-HP |
| Designate Type of Completion: | Field Name: |
| ✓ New Well ☐ Re-Entry ☐ Workover | Producing Formation: Cattleman Sandstone |
| Oil wsw swd siow | Elevation: Ground: 944 Kelly Bushing: 0 |
| ☐ Gas ☐ D&A | Total Vertical Depth: 780 Plug Back Total Depth: |
| ☐ OG ☐ GSW ☐ Temp. Abd. | Amount of Surface Pipe Set and Cemented at: 20 Feet |
| CM (Coal Bed Methane) | |
| Cathodic Other (Core, Expl., etc.): | Multiple Stage Cementing Collar Used? Tyes V No |
| If Workover/Re-entry: Old Well Info as follows: | If yes, show depth set: Feet |
| Operator: | If Alternate II completion, cement circulated from: |
| Well Name: | feet depth to:sx cmt. |
| Original Comp. Date: Original Total Depth: | |
| Deepening Re-perf. Conv. to ENHR Conv. to SWD | Drilling Fluid Management Plan |
| ☐ Plug Back ☐ Conv. to GSW ☐ Conv. to Producer | (Data must be collected from the Reserve Pit) |
| Commingled Permit #: | Chloride content: 0 ppm Fluid volume: 0 bbls |
| Commingled Permit #: | Dewatering method used: Evaporated |
| SWD Permit #: | Location of fluid disposal if hauled offsite: |
| ENHR Permit #: | · |
| GSW Permit #: | Operator Name: |
| | Lease Name: License #: |
| 05/29/2014 06/04/2014 06/04/2014 Spud Date or Date Reached TD Completion Date or | QuarterSecTwpS. R 🗌 East 🗌 West |
| Recompletion Date Recompletion Date | 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 | |
|---|--|
| Confidentiality Requested Date: 07/15/2014 | |
| Confidential Release Date: | |
| ☑ Wireline Log Received | |
| Geologist Report Received | |
| ✓ UIC Distribution | |
| ALT I I III Approved by: NAOMI JAMES Date: 07/16/2014 | |