



WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # _____

Name: _____

Address 1: _____

Address 2: _____

City: _____ State: _____ Zip: _____ + _____

Contact Person: _____

Phone: (_____) _____

CONTRACTOR: License # _____

Name: _____

Wellsite Geologist: _____

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 #: _____

Spud Date or Recompletion Date Date Reached TD Completion Date or Recompletion Date

API No. 15 - _____

Spot Description: _____

_____-_____-_____- Sec. _____ Twp. _____ S. R. _____ East West

_____ Feet from North / South Line of Section

_____ Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE NW SE SW

County: _____

Lease Name: _____ Well #: _____

Field Name: _____

Producing Formation: _____

Elevation: Ground: _____ Kelly Bushing: _____

Total Depth: _____ 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: _____

feet depth to: _____ w/ _____ 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: _____ 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: _____
- Confidential Release Date: _____
- Wireline Log Received
- Geologist Report Received
- UIC Distribution
- ALT I II III Approved by: _____ Date: _____



1128778

Operator Name: _____ Lease Name: _____ Well #: _____

Sec. _____ Twp. _____ S. R. _____ East West County: _____

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 type="checkbox"/> No <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey <input type="checkbox"/> Yes <input type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Run <input type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Submitted Electronically <input type="checkbox"/> Yes <input 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

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 <i>(Amount and Kind of Material Used)</i>	Depth

TUBING RECORD: Size: _____ Set At: _____ Packer At: _____ Liner Run: Yes No

Date of First, Resumed Production, SWD or ENHR. _____ Producing Method:
 Flowing Pumping Gas Lift Other (Explain) _____

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> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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CONSOLIDATED
Oil Well Services, LLC

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

1st well

TICKET NUMBER 54779
FIELD TICKET REF # 48161
LOCATION Thayer
FOREMAN Brett Busby

TREATMENT REPORT
FRAC & ACID

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
1-4-13		Barnett # 6	1	29S	16E	WL
CUSTOMER						
F+B Natural Resources						
MAILING ADDRESS						
CITY STATE ZIP CODE						
TRUCK # DRIVER TRUCK # DRIVER						
476 Josh						
490 Don						
478 Mark						
618T95 Duwayne						
679T102 Junior						

WELL DATA

CASING SIZE	TOTAL DEPTH
CASING WEIGHT	PLUG DEPTH
TUBING SIZE 2 7/8 8EUS	PACKER DEPTH
TUBING WEIGHT	OPEN HOLE
PERFS & FORMATION	
660-76 (65) Squicrel	

TYPE OF TREATMENT

~~ACID~~ FRAC

CHEMICALS

Rch SUP Biocide - Breaker

STAGE	BBL'S PUMPED	INJ RATE	PROPPANT PPG	SAND / STAGE	PSI	
PAD	30	21			1100	BREAKDOWN NA
16-30		21	.5-1.0	100#		START PRESSURE
12-20		21	1.0-2.0			END PRESSURE
12-20		21	3.0	3650	1150	BALL OFF PRESS
12-20 (20) balls		21	.5			ROCK SALT PRESS
12-20 (20) balls			.75			ISIP 625 11:54
12-20 (10) balls			.75	700#	1175	5 MIN 546 11:59
12-20 (50)			1.0			10 MIN 523 12:09
12-20			2.0			15 MIN 500 12:09
12-20		21	3.0	3000#	1150	MIN RATE
FLUSH	5	21				MAX RATE
Release balls to T.D			TOTAL	7,500#		DISPLACEMENT 3.9
OVERFLUSH	10	21	SAND		1100	
TOTAL BBL'S	185					

REMARKS: * held safety-procedure meeting
well previously acidized

Location 11:30A - 12:15P 15 miles

AUTHORIZATION [Signature] TITLE _____ DATE 1-4-13

Terms and Conditions are printed on reverse side.



CONSOLIDATED
Oil Well Services, LLC

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

TICKET NUMBER 54411
FIELD TICKET REF # 47898
LOCATION THAYER, KS
FOREMAN LONDON WESSLEY

**TREATMENT REPORT
FRAC & ACID**

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
11-15-12	2706	BARNETT # 6	1	29	16	Wilson
CUSTOMER			TRUCK #			
E+B NATURAL Resources			DRIVER			
MAILING ADDRESS			TRUCK #			
CITY			DRIVER			
STATE			TRUCK #			
ZIP CODE			DRIVER			

WELL DATA

CASING SIZE <u>2 3/8</u>	TOTAL DEPTH
CASING WEIGHT	PLUG DEPTH
TUBING SIZE	PACKER DEPTH
TUBING WEIGHT	OPEN HOLE
PERFS & FORMATION	<u>65</u>
<u>660-76</u>	<u>Squirrel</u>

TYPE OF TREATMENT

SPOT + A/B

CHEMICALS

<u>Acid</u>	<u>CITY WATER</u>
<u>INHIB</u>	<u>KCl 0</u>
<u>STIM</u>	<u>Bioside</u>
<u>ESA-91</u>	

STAGE	BBL'S PUMPED	INJ RATE	PROPPANT PPG	SAND / STAGE	PSI
		<u>3.5</u>			BREAKDOWN <u>1050</u>
					START PRESSURE
					END PRESSURE
					BALL OFF PRESS <u>None</u>
					ROCK SALT PRESS
					ISIP <u>500</u>
					5 MIN
					10 MIN
					15 MIN
					MIN RATE
<u>Total Ballsalers</u>	<u>80</u>				MAX RATE
<u>TOTAL WATER</u>	<u>620 gal</u>				DISPLACEMENT
<u>TOTAL ACID</u>	<u>325 gal</u>			<u>154 111</u>	<u>163 gal</u>
<u>TOTAL FLUID</u>	<u>945 gal</u>				

REMARKS:

Break down w/water Establish Rate switched to Acid w/ 80
Ballsalers Very LITTLE ACTION shut down - Release - Let soak
Flush.

Total 2574.84

AUTHORIZATION _____ TITLE _____ DATE 11-15-12

Terms and Conditions are printed on reverse side.

Conservation Division
Finney State Office Building
130 S. Market, Rm. 2078
Wichita, KS 67202-3802



Phone: 316-337-6200
Fax: 316-337-6211
<http://kcc.ks.gov/>

Mark Sievers, Chairman
Thomas E. Wright, Commissioner
Shari Feist Albrecht, Commissioner

Sam Brownback, Governor

March 29, 2013

Randy Peterson
E & B Natural Resources Management Corp.
1600 NORRIS RD
BAKERSFIELD, CA 93308

Re: ACO1
API 15-205-24568-00-00
BARNETT KCAB 6
NW/4 Sec.01-29S-16E
Wilson County, Kansas

Dear Production Department:

We are herewith requesting that the Well Completion Form ACO-1 and attached information for the subject well be held confidential for a period of two years.

Should you have any questions or need additional information regarding subject well, please contact our office.

Respectfully,
Randy Peterson

Conservation Division
Finney State Office Building
130 S. Market, Rm. 2078
Wichita, KS 67202-3802



Phone: 316-337-6200
Fax: 316-337-6211
<http://kcc.ks.gov/>

Mark Sievers, Chairman
Thomas E. Wright, Commissioner
Shari Feist Albrecht, Commissioner

Sam Brownback, Governor

April 02, 2013

Randy Peterson
E & B Natural Resources Management Corp.
1600 NORRIS RD
BAKERSFIELD, CA 93308

Re: ACO-1
API 15-205-24568-00-00
BARNETT KCAB 6
NW/4 Sec.01-29S-16E
Wilson County, Kansas

Dear Randy Peterson:

K.A.R. 82-3-107 provides for all completion information to be filed within 120 days of the spud date. Subsection(e)(2) of that regulation states "All rights to confidentiality shall be lost if the filings are not timely."

The above referenced well was spudded on 10/17/2012 and the ACO-1 was received on March 29, 2013 (not within the 120 days timely requirement).

Therefore, your request for confidential treatment of data contained within the ACO-1 filing cannot be granted at this time.

If you should have any questions, please do not hesitate to contact me at (316)337-6200.

Sincerely,

Production Department