



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
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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: _____



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				

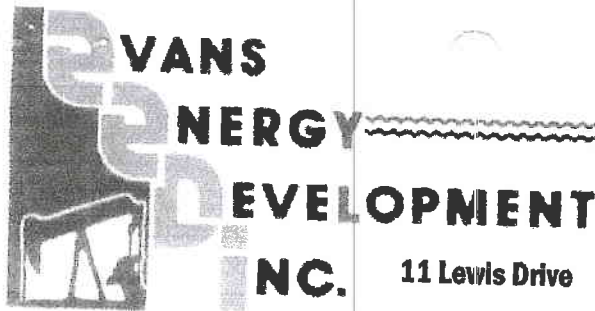
Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>	Depth

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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HB ENERGY DEVELOPMENT INC.
 11 Lewis Drive

Paola, KS 66071

**Oil & Gas Well Drilling
 Water Wells
 Geo-Loop Installation**

Phone: 913-557-9083
 Fax: 913-557-9084

WELL LOG
 HB Energy, LLC
 Fasolino #HB1
 API #15-091-24,207
 July 24 - July 25, 2013

Thickness of Strata

15
 3
 3
 3
 5
 13
 6
 9
 5
 2
 4
 15
 17
 66
 5
 1
 43
 12
 18
 6
 7
 17
 14
 1
 4
 2
 2
 10
 3
 16
 7
 22
 4
 3
 5
 7
 32
 4
 117

Formation
 soil & clay
 lime
 sandstone
 lirney sand
 shale
 lime
 shale
 lime
 shale
 lime
 shale
 lime
 shale
 lime
 shale
 lime
 shale
 lime
 shale
 lime
 shale
 lime
 shale
 lime
 shale
 lime
 shale
 lime
 shale
 lime
 shale
 lime
 shale
 broken sand
 shale

Total
 15
 18
 21 no water
 24 white, no water
 29
 42
 48
 57
 62
 64
 68
 83
 100
 166
 171
 172
 215
 227
 245
 251
 258
 275
 289
 290
 294
 296
 298
 308
 311
 327
 334
 356
 360
 363
 368
 375 base of the Kansas City
 407
 411 green & grey
 528

1	lime	529
22	shale	551
3	lime	554
3	shale	557
4	lime	561
7	shale	568
5	lime	573
20	shale	593
4	lime	597
15	shale	612
3	lime	615
29	shale	644 red
2	lime	646
78	shale	724
6	silty shale	730
55	shale	785
4	silty shale	789
2	linney sand	791 white, no oil
5	sand	796 white & tan, no oil
15	shale	811
1	ccal	812
21	shale	833
3.5	linney sand	836.5 white lime with few thin black sand streaks
0.5	oil sand	837 grey & black friable sand, ok bleeding
2	broken sand	839 black oil sand with few thin lime streaks, good bleeding, gassy
1.5	oil sand	840.5 black friable good bleeding, gassy
1.5	oil sand	842 black, good bleeding
2	broken sand	844 black sand & silty shale, no show
2	silty shale	846
69	shale	915 TD

Drilled a 9 7/8" hole to 24.3'
 Drilled a 5 5/8" hole to 915'

Set 24.3' of 7" casing threaded and coupled cemented with 6 sacks of cement.

Set 900' of 2 7/8" 8 round upset tubing with 1 baffle, 3 centralizers & 1 clamp.

	Core Times	
	<u>Minutes</u>	<u>Seconds</u>
833	1	22
834	2	45
835	2	59
836	1	32
837		52
838		55
839		43
840		56
841		59
842	1	26
843	1	12
844		59
845		56
846	1	0
847		58
848	1	2
849	1	9
850	1	2
851	1	7
852	1	8



CONSOLIDATED
ON Well Services, LLC

260957

TICKET NUMBER 42273

LOCATION Ottawa KS

FOREMAN Fred Madu

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

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
7-25-13	3645	Fascino HB 1	SW 33	13	22	JO
CUSTOMER H B Energy LLC			TRUCK # DRIVER TRUCK # DRIVER			
MAILING ADDRESS 3236 Virginia Rd			712	Fred Madu		
CITY STATE ZIP CODE Wellsville KS			495	Ken Car		
			369	Det Mas		
			510	Set Tuc		

JOB TYPE long string HOLE SIZE 5 7/8 HOLE DEPTH 915 CASING SIZE & WEIGHT 2 7/8 EUE
 CASING DEPTH 900' DRILL PIPE Baffle in tubing @ 888' OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 12' + Plug
 DISPLACEMENT 5.2 BBL DISPLACEMENT PSI _____ MIX PSI _____ RATE 50 BPM

REMARKS: No Id crew making. Establish pump rate. Mix Pump 100' Gel
Flush. Mix Pump 111 sks 50/50 Por Mix Cement 270' Gel 1/4" F10
Seal/sk. Cement to surface. Flush pump & lines clean.
Displace 2 1/2" Rubber plug to baffle. Pressure to 800* PSI.
Shut in casing. -- No float shoe.

Fred Madu

Evans Energy Dev. Inc. Mitchell.

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	495	1085 ⁰⁰
5406	30 mi	MILEAGE	495	126 ⁰⁰
5402	900'	Casing footage		N/C
5407	Minimum	Ten Miles	570	368 ⁰⁰
5502C	2hrs	80 BBL Vac Truck	369	180 ⁰⁰
1124	111 SKS	50/50 Por Mix Cement		1276 ⁵⁰
1118B	287 ⁴	Premium Gel		63 ¹⁴
1107	28 ¹⁴	Flo Seal		69 ¹⁶
4402	1	2 1/2" Rubber Plug		29 ⁵⁰
			7.375%	SALES TAX
				ESTIMATED TOTAL
				106 ⁰⁸
				3303 ³⁸

Ravin 3737

AUTHORIZATION Chay 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.