



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1190503
OIL & GAS CONSERVATION DIVISION

Form ACO-1

August 2013

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

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
- Plug Back Conv. to GSW Conv. to Producer
- 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

GPS Location: Lat: _____, Long: _____
(e.g. xx.xxxxx) (e.g. -xxx.xxxxx)

Datum: NAD27 NAD83 WGS84

County: _____

Lease Name: _____ Well #: _____

Field Name: _____

Producing Formation: _____

Elevation: Ground: _____ Kelly Bushing: _____

Total Vertical 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

- Confidentiality Requested
Date: _____
- Confidential Release Date: _____
- Wireline Log Received
- Geologist Report Received
- UIC Distribution
- ALT I II III Approved by: _____ Date: _____

1190503

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

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

INSTRUCTIONS: Show important tops 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.

Final Radioactivity Log, Final Logs run to obtain Geophysical Data and Final Electric Logs must be emailed to kcc-well-logs@kcc.ks.gov. Digital electronic log files must be submitted in LAS version 2.0 or newer AND an image file (TIFF or PDF).

Drill Stem Tests Taken <i>(Attach Additional Sheets)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name	Top	Datum
Cores Taken	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Electric Log Run	<input type="checkbox"/> Yes <input type="checkbox"/> No			
List All E. Logs Run:				

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
<input type="checkbox"/> Perforate				
<input type="checkbox"/> Protect Casing				
<input type="checkbox"/> Plug Back TD				
<input type="checkbox"/> Plug Off Zone				

Did you perform a hydraulic fracturing treatment on this well? Yes No *(If No, skip questions 2 and 3)*

Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons? Yes No *(If No, skip question 3)*

Was the hydraulic fracturing treatment information submitted to the chemical disclosure registry? Yes No *(If No, fill out Page Three of the ACO-1)*

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

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 <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	3 B Energy, Inc.
Well Name	PHILLIPS 43
Doc ID	1190503

Tops

Name	Top	Datum
soil/clay	0	
sandy shale	8	
shale	14	
lime	41	
shale	51	
lime	68	
shale	127	
lime	191	
shale	220	
lime	236	
shale	291	
lime	306	
shale/sand	505	
lime	528	
shale	586	
osw lime	617	
shale	623	
lime	635	
shale	640	
lime	643	
shale	756	
oil sand	770	
shale	785	
shale	802	

Form	ACO1 - Well Completion
Operator	3 B Energy, Inc.
Well Name	PHILLIPS 43
Doc ID	1190503

Tops

Name	Top	Datum
oil sand	786	

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/>

Shari Feist Albrecht, Chair
Thomas E. Wright, Commissioner
Jay Scott Emler, Commissioner

Sam Brownback, Governor

March 11, 2014

Sharon Wohler
3 B Energy, Inc.
PO BOX 354
NEODESHA, KS 66757-0354

Re: ACO-1
API 15-205-28207-00-00
PHILLIPS 43
SW/4 Sec.26-30S-16E
Wilson County, Kansas

Dear Sharon Wohler:

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 08/22/2013 and the ACO-1 was received on March 07, 2014 (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



ENTERED

TICKET NUMBER 43398LOCATION Eureka KSFOREMAN Shannon FeltPO Box 884, Chanute, KS 66720
620-431-9210 or 800-467-8676

FIELD TICKET & TREATMENT REPORT CEMENT

API # 15-205-28207-00-00

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
8-28-13	8151	Phillips #43				Wilson
CUSTOMER <u>Three B Energy</u>						
MAILING ADDRESS <u>P.O. Box 354</u>						
CITY <u>Neodesha</u>	STATE <u>KS</u>	ZIP CODE <u>66757</u>				
			TRUCK #	DRIVER	TRUCK #	DRIVER
			<u>445</u>	<u>Dave G</u>		
			<u>611</u>	<u>Joey K</u>		

JOB TYPE 45 HOLE SIZE 5 1/8" HOLE DEPTH 870' CASING SIZE & WEIGHT _____
 CASING DEPTH 860' DRILL PIPE _____ TUBING 2 3/8" OTHER _____
 SLURRY WEIGHT 13.5-13.6 SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 0
 DISPLACEMENT 5 Bbl DISPLACEMENT PSI 300 MIX PSI 700 Bump plug RATE Displace @ 1BPM

REMARKS: Rig up to 2 3/8" Tubing, Break circulation w/ 5 Bbl H2O, mixed 200 # gel flush, 5 Bbl H2O spacer, mixed SKS 60/40 pozmit cement w/ 2% gel + 1% calcium @ 13.5-13.6 #/gal. Shut down wash out pump + lines. Stuff two plugs + displace w/ 5 Bbl H2O. Final pumping pressure of 300 psi, bumped plugs @ 700 psi. Shut well in @ 500 psi. Good circulation @ all times, 5 Bbl slurry to pit. Job complete.

"Thanks Shannon + crew"

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	1085.00	1085.00 ✓
5406	40	MILEAGE	4.20	168.00 ✓
1131	100 SKS	60/40 pozmit cement	13.18	1318.00 ✓
1118B	175 #	6el @ 2%	.22	38.50 ✓
1102	88 #	Calcium @ 1%	.78	68.64 ✓
5407	4.3 Tons	Ton mileage bulk Truck	M/C	368.00 ✓
1118B	200 #	gel flush	.22	44.00 ✓
4402	2	2 3/8" Rubber plugs	29.50	59.00 ✓
			Sub Total	3149.14 ✓
			SALES TAX <u>6.15%</u>	93.99 ✓
			ESTIMATED TOTAL	3243.13 ✓

Ravin 3737

061848

AUTHORIZATION _____ 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.

McPherson Drilling LLC Drillers Log

Rig Number: 1	S. 26 T. 30 R.16 E
API No. -15- 205-28207	County: WL
Elev. 811	Location: SW SE NW SW

Gas Tests:
Comments:
Start injecting @

Operator: 3 B ENERGY INC
Address: PO BOX 354 NEODESHA, KS 66757
Well No: 43 Lease Name: PHILLIPS
Footage Location: 1,485 ft. from the SOUTH Line
325 ft. from the WEST Line
Drilling Contractor: McPherson Drilling LLC
Spud date: 8/22/2013 Geologist:
Date Completed: 8/27/2013 Total Depth: 870

Casing Record			Rig Time:	
	Surface	Production		
Size Hole:	9 7/8"	5 1/8"		
Size Casing:	7"	2 7/8"		
Weight:	20#			
Setting Depth:	21			
Type Cement:	Port		DRILLER:	Mac McPherson
Sacks:	5			

Well Log

Formation	Top	Btm.	HRS.	Formation	Top	Btm.	Formation	Top	Btm.
soil/clay	0	8		shale	802	870 TD			
sandy shale	8	14							
shale	14	41							
lime	41	51							
shale	51	68							
lime	68	127							
shale	127	191							
lime	191	220							
shale	220	236							
lime	236	291							
shale	291	306							
lime	306	505							
shale/sand	505	528							
lime	528	586							
shale	586	617							
osw lime	617	623							
shale	623	635							
lime	635	640							
shale	640	643							
lime	643	756							
shale	756	770							
oil sand	770	785							
shale	785	786							
oil sand	786	802							