



Confidentiality Requested:

Yes  No

KANSAS CORPORATION COMMISSION 1198021  
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: \_\_\_\_\_

1198021

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

<b>DISPOSITION OF GAS:</b> <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	<b>METHOD OF COMPLETION:</b> <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> _____ <input type="checkbox"/> Other <i>(Specify)</i> _____	<b>PRODUCTION INTERVAL:</b> _____ _____
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Form	ACO1 - Well Completion
Operator	3 B Energy, Inc.
Well Name	PHILLIPS INJ4
Doc ID	1198021

Tops

Name	Top	Datum
SOIL	0	
CLAY	2	
SHALE	13	
LIME	39	
SHALE	48	
LIME	74	
SANDY SHALE	123	
SHALE	131	
SANDY SHALE	139	
COAL	170	
SHALE	171	
SANDY SHALE	175	
LIME	194	
SHALE	214	
LIME	223	
SAND	227	
SHALE	247	
SAND SHALE	271	
LIME	323	
SHALE	377	
LIME	505	
SAND	527	
SAND SHALE	559	
LIME	578	

Form	ACO1 - Well Completion
Operator	3 B Energy, Inc.
Well Name	PHILLIPS INJ4
Doc ID	1198021

Tops

Name	Top	Datum
SUMMIT	612	
LIME	618	
MULKEY	631	
LIME	640	
SHALE	653	
COAL	669	
SHALE	670	
LIME	684	
COAL	690	
SHALE	691	
SAND SHALE	720	
OIL SAND	747	
SAND	752	
COAL	754	
SHALE	755	
OIL SAND	757	
SAND SHALE	766	
SHALE	772	
COAL	792	
SAND SHALE	793	
OIL SAND	807	
SAND	825	
SHALE	830	
COAL	848	

Form	ACO1 - Well Completion
Operator	3 B Energy, Inc.
Well Name	PHILLIPS INJ4
Doc ID	1198021

Tops

Name	Top	Datum
SHALE	850	



**CONSOLIDATED**  
Oil Well Services, LLC

**ENTERED**

TICKET NUMBER 43536  
LOCATION Excelsa  
FOREMAN Rex Ledford

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

**FIELD TICKET & TREATMENT REPORT**  
**CEMENT** API # 15-205-28203

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
9-12-13	8151	Phillips #24 4	24	30	16	Wilson
CUSTOMER			TRUCK #	DRIVER	TRUCK #	DRIVER
Thrice & Energy			485	Alan M.		
MAILING ADDRESS			167	Mele		
P.O. Box 354						
CITY	STATE	ZIP CODE				
Neodesha	KS	66757				

JOB TYPE L/S HOLE SIZE 6 1/4 HOLE DEPTH 875' CASING SIZE & WEIGHT \_\_\_\_\_  
 CASING DEPTH 870' DRILL PIPE \_\_\_\_\_ TUBING 2 7/8" OTHER \_\_\_\_\_  
 SLURRY WEIGHT 135" SLURRY VOL 35 bbl WATER gal/sk 7.0 CEMENT LEFT in CASING 0'  
 DISPLACEMENT 5 bbl DISPLACEMENT PSI 300 ~~PSI~~ 600 shut in RATE \_\_\_\_\_

REMARKS: Safety meeting- Rig up to 2 7/8" tubing. Break circulation w/ 5 bbl fresh water Pump 4 sks gel-flush, 2 bbl fresh water spacer. Mixed 140 sks 10/40 Pozmix cement w/ 27% gel + 17% casing @ 13.5"/gal. shut down, washout pump + lines, stuff 2 plugs. Displace w/ 5 bbl fresh water. Final pump pressure 300 PSI. Pump plug to 800 PSI. shut well in @ 600 PSI. Good cement returns to surface = 5 bbl slurry to pit. Job complete Rig down.

"Thank You"

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	140 sks	10/40 Pozmix cement	13.19	1845.20 ✓
1180	240"	27% gel	.22	52.80 ✓
1102	120"	17% casing	.78	93.60 ✓
11186	200"	gel-flush	.22	44.00 ✓
5407	6.00	tax mileage bulk/tk	n/c	368.00
4402	2	2 7/8" top roller plug	29.50	59.00 ✓
			Subtotal	3715.60
			SALES TAX (6.15%)	228.88 ✓
			ESTIMATED TOTAL	3844.48 ✓

Revin 3737

BBO

262390

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.

Rig Number: )	S. 26 T. 30 R. 16
API No. 15-205 28205	County: Wilson
Elev. 811	Location:

Operator: 3B Energy	
Address: PO Box 354 Woodsho KS 66257	
Well No: INT 4	Lease Name: Ph. Lias
Footage Location: 1320	ft. from the (N) ( <del>S</del> ) Line
665	ft. from the (E) ( <del>W</del> ) Line
Drilling Contractor: McPherson Drilling LLC	
Spud date: 9-10-13	Geologist:
Date Completed: 9-24-13	Total Depth: 870

Casing Record			Rig Time:
	Surface	Production	
Size Hole:	9	6 1/2	
Size Casing:	7 1/2		
Weight:			
Setting Depth:	24"		
Type Cement:	Port		
Sacks:	4		

Gas Tests:

H2O at 300

Well Log

Formation	Top	Btm.	Formation	Top	Btm.	Formation	Top	Btm.
soil	0	2	summit	612	618	shale	855	870
clay	2	13	lime	618	631			
shale	13	39	mudstone	631	640			
lime	39	48	lime	640	653			
shale	48	74	shale	653	669			
lime	74	123	*coal	669	670			
sandshale	123	131	shale	670	684			
shale	131	139	lime	684	690			
sand	139	170	COAL	690	691			
coal	170	171	shale	691	720			
shale	171	175	sandshale	720	747			
sandshale	175	194	o/sand	747	752			
lime	194	214	sand	752	754			
shale	214	223	coal	754	755			
lime	223	227	shale	755	757			
sand	227	297	o/sand	757	766			
shale	247	271	sandshale	766	772			
sandshale	271	323	shale	772	792			
lime	323	327	COAL	792	793			
shale	377	505	sandshale	793	807			
lime	505	527	o/sand	807	825			
sand	527	559	sand	825	830			
sandshale	559	578	shale	830	848			
lime	578	612	COAL	848	850			