



Confidentiality Requested:

Yes  No

KANSAS CORPORATION COMMISSION 1199955  
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: \_\_\_\_\_

1199955

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 37
Doc ID	1199955

Tops

Name	Top	Datum
soil/clay	0	
shale	14	
lime	38	
shale	49	
lime	69	
shale	126	
lime	190	
shale	211	
lime	219	
shale	245	
sandy shale	256	
lime	269	
shale	289	
lime	320	
shale/sand	328	
lime	501	
shale	525	
oswego lime	575	
shale	601	
oil sand	748	
shale	757	
oil sand	778	
shale	781	
oil sand	783	

Form	ACO1 - Well Completion
Operator	3 B Energy, Inc.
Well Name	PHILLIPS 37
Doc ID	1199955

Tops

Name	Top	Datum
shale	787	
oil sand	806	
shale	819	

Rig Number: 700	S. 26 T. 30 R. 16 E
API No. 15-205-28206-00-01	County: WL
Elev. 811	Location: SE SW NW SW

Operator: 3B Energy, Inc
Address: P.O. Box 354 Neodesha, KS 666757
Well No: 37 Lease Name: Phillips
Footage Location: 1485 ft. from the (N) (S) Line 495 ft. from the (E) (W) Line
Drilling Contractor: McPherson Drilling LLC
Spud date: 9/3/13 Geologist:
Date Completed: 10/16/13 Total Depth: 862

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' N2	2857'	
Type Cement: Port		
Sacks: 4	NC	

Gas Tests:

Well Log

Formation	Top	Btm.	Formation	Top	Btm.	Formation	Top	Btm.
soil/clay	0	14	shale	797	806			
shale	14	38	oil sand	806	819			
lime	38	49	shale	819	862' TD			
shale	49	65						
lime	65	126						
shale	126	190						
lime	190	211						
shale	211	219						
lime	219	245						
shale	245	256						
sandy shale	256	269						
lime	269	289						
shale	289	320						
lime	320	328						
shale/sand	328	501						
lime	501	525						
shale	525	575						
oil lime	575	601						
shale	601	748						
oil sand	748	757						
shale	757	778						
oil sand	778	781						
shale	781	783						
oil sand	783	787						



**CONSOLIDATED**  
Oil Well Services, LLC

**ENTERED**

TICKET NUMBER 43432

LOCATION Eureka KS

FOREMAN Shannon Felck

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

**FIELD TICKET & TREATMENT REPORT**

**CEMENT** API# 15-205-28206-00-00

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
9-6-13	8151	Phillips # 37				Wilson
CUSTOMER			TRUCK #	DRIVER	TRUCK #	DRIVER
Three B Energy			445	Dave B		
MAILING ADDRESS			479	Joey K		
P.O. Box 354						
CITY	STATE	ZIP CODE				
Neodesha	KS	66757				

JOB TYPE L/S HOLE SIZE 5/8 HOLE DEPTH 862' CASING SIZE & WEIGHT \_\_\_\_\_  
 CASING DEPTH 857' 6L DRILL PIPE \_\_\_\_\_ TUBING 2 3/8" OTHER \_\_\_\_\_  
 SLURRY WEIGHT 13.4-13.6# SLURRY VOL \_\_\_\_\_ WATER gal/sk \_\_\_\_\_ CEMENT LEFT in CASING 0  
 DISPLACEMENT 5 Bbl DISPLACEMENT PSI 300 MIX PSI Bump plug @ 700 RATE Displace @ 1 BPM

REMARKS: Rig up to 2 3/8" Tubing. Break circulation w/ 5 Bbl H2O, mixed 200 # gel flush, 3 Bbl H2O spacer, mixed 100 SKS 60/40 Pozmix cement w/ 2% gel + 1% calcium. Shut down wash out pump + lines. Stuff two plugs + displace w/ 5 Bbl H2O. Final pumping pressure of 300psi, bumped plugs @ 700 psi. Shut well in @ 500psi, 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 Pozmix cement	13.18	1318.00
1118 B	175 #	gel @ 2%	.22	38.50
1102	88 #	calcium @ 1%	.78	68.64
5407	4.3 Tons	Ton mileage bulk Truck	m/c	368.00
1118 B	200 #	gel flush	.22	44.00
4402	2	2 3/8" Rubber plugs	29.50	59.00
			Sub Total	3149.14
			6.15% SALES TAX	93.99
			ESTIMATED TOTAL	3243.13

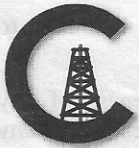
Revin 3737

AUTHORIZATION

TITLE 262061

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.



**CONSOLIDATED**  
Oil Well Services, LLC

262902

TICKET NUMBER 48741

PO BOX 884 STREET, CHANUTE, KS 66720  
620-431-9210 OR 800-467-8676

API # 15-205-28206-00-00 LOCATION Thayer

**FIELD TICKET**

DATE	CUSTOMER ACCT #	WELL NAME	QTR/QTR	SECTION	TWP	RGE	COUNTY	FORMATION
10-4-13	8151	Phillips #37					WL	Bartlesville
CHARGE TO				OWNER				
MAILING ADDRESS				OPERATOR				
CITY & STATE				CONTRACTOR				

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION OF SERVICES OR PRODUCT	UNIT PRICE	TOTAL AMOUNT
5102B	1	PUMP CHARGE 1300 Combo	Free	2730-
1268	5,500 gal	Thayer city + customer formation		95.15-
1231	165 #	Frac gel		1485.00
1215A	6 gal	KCH5UB		229.98
1205A	3 #	Biocide		90-
1219B	5 gal	StimOil OTF		325-
1208	1/4 gal	Breaker		50-
5604	1	Frac valve		100-
5115	1	Ball injector		No charge
4327	12	1.35G 7/8" Bio-balls		96-
BLENDING & HANDLING				
5109	20	TON-MILES		315-
STAND BY TIME				
5108	20	MILEAGE Mobilization x 2 P, I		160-
5501F	3 hrs	WATER TRANSPORTS -1		360-
VACUUM TRUCKS				
2104A	300 #	FRAC SAND 16-30		75-
2102	4,700 #	12-20		1269-
* LIKE #41			SALES TAX	11.75

*Thank you we appreciate your business!!*

ESTIMATED TOTAL 7391.89

CUSTOMER or AGENTS SIGNATURE *B. Burl*

COWS FOREMAN *Brett Busby 9111-1088*

CUSTOMER or AGENT (PLEASE PRINT)

DATE 10-4-13

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 services on the back of this form are in effect for services identified on this form.