



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1210551
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: _____

1210551

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 <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 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
<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: <input type="checkbox"/> Yes <input type="checkbox"/> No
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Date of First, Resumed Production, SWD or ENHR.	Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other <i>(Explain)</i> _____
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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	DICKENS 101
Doc ID	1210551

Tops

Name	Top	Datum
SOIL CLAY	0	
SHALE	6	
LIME	11	
SHALE	17	
LIME	52	
SHALE	84	
LIME	121	
SHALE	307	
COAL	316	
SHALE	318	
LIME	349	
SHALE	403	
LIME	410	
SHALE	413	
LIME	528	
COAL	542	
LIME	544	
SHALE	551	
LIME	604	
SUMMIT	631	
LIME	642	
MULKY	659	
LIME	664	
SHALE	667	

Form	ACO1 - Well Completion
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Tops

Name	Top	Datum
SAND/SHALE	720	
LIME	723	
SAND/SHALE	727	
COAL	749	
LIME	750	
SHALE	752	
OILY SAND	767	
SAND/SHALE	774	
COAL	789	
SHALE	790	
OILY SAND	792	
SAND/SHALE	795	
SAND	829	
COAL	850	
SAND/SHALE	851	
OIL SAND	854	
SHALE	852	
OILY SAND	857	
SHALE	859	
OILY SAND	863	
SHALE	865	
SAND	932	
SHALE	940	
SAND	982	

Form	ACO1 - Well Completion
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Well Name	DICKENS 101
Doc ID	1210551

Tops

Name	Top	Datum
SHALE	1010	
COAL	1027	
MISS LIME	1029	
TD	1067	



CONSOLIDATED
Oil Well Services, LLC

15-205-27848-00-00

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

TICKET NUMBER 51301
FIELD TICKET REF # 44812
LOCATION Thayer
FOREMAN Brett Busby

**TREATMENT REPORT
FRAC & ACID**

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
12-15-10		Dickens #101	26	305	16E	WL

CUSTOMER <u>Three B Energy Inc</u>		
MAILING ADDRESS		
CITY	STATE	ZIP CODE

TRUCK #	DRIVER	TRUCK #	DRIVER
476	Josh		
490	Wes		
458	Mark		
293	Eric		
455T95	Trampis		

WELL DATA	
CASING SIZE <u>4 1/2</u>	TOTAL DEPTH
CASING WEIGHT	PLUG DEPTH
TUBING SIZE	PACKER DEPTH
TUBING WEIGHT	OPEN HOLE
PERFS & FORMATION	
<u>922-28 (19)</u>	<u>Tucker Bille</u>
<u>1032-36 (13)</u>	<u>Bevier Burgess</u>

TYPE OF TREATMENT
<u>Acidspot - Frac</u>

CHEMICALS
<u>KCLSUB. Biocide - Stim Oil - Breaker</u>
<u>Clay control</u>

STAGE	BBL'S PUMPED	INJ RATE	PROPPANT PPG	SAND / STAGE	PSI	
<u>PAD</u>	<u>30</u>	<u>21</u>			<u>1000</u>	<u>BREAKDOWN 1050</u>
<u>20-40</u>		<u>21</u>	<u>15-1.0</u>	<u>300#</u>		<u>START PRESSURE</u>
<u>12-20</u>		<u>21</u>	<u>1.0</u>		<u>1200</u>	<u>END PRESSURE</u>
<u>12-20</u>		<u>21</u>	<u>2.0</u>			<u>BALL OFF PRESS</u>
<u>12-20</u>		<u>21</u>		<u>1700#</u>	<u>1200</u>	<u>ROCK SALT PRESS</u>
<u>FLUSH w/Balls (5) + (5)</u>			<u>.5</u>	<u>* Release balls</u>	<u>3500</u>	<u>ISIP 475</u>
<u>Balls + (3) balls</u>		<u>16-3</u>	<u>1.5</u>	<u>x 2 500#</u>		<u>5 MIN</u>
<u>20-40 12-20</u>		<u>12</u>	<u>1.5-1.0</u>		<u>3200</u>	<u>10 MIN</u>
<u>12-20</u>		<u>12</u>	<u>1.5</u>	<u>1500#</u>	<u>↓</u>	<u>15 MIN</u>
<u>FLUSH CASING</u>	<u>18</u>	<u>12</u>			<u>2700</u>	<u>MIN RATE</u>
<u>Release balls to T.D</u>						<u>MAX RATE</u>
<u>OVERFLUSH</u>	<u>20</u>	<u>21</u>			<u>1200</u>	<u>DISPLACEMENT 15.0</u>
<u>TOTAL BBL'S</u>	<u>190</u>		<u>TOTAL SAND</u>	<u>4,000 #</u>		<u>16.7</u>

REMARKS:
spotted 150 gal-15% HCL acid on 9 perfs
B. B.

Location 4:30pm - 5:45pm 20 miles

AUTHORIZATION _____ TITLE _____ DATE 12-15-10

Terms and Conditions are printed on reverse side.