



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1210618
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: _____

1210618

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> <i>(Submit ACO-4)</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 INJ1
Doc ID	1210618

Tops

Name	Top	Datum
SOIL	0	
SHALE	8	
LIME	21	
SHALE	33	
COAL	110	
SHALE	112	
LIME	177	
SHALE	201	
LIME	207	
SHALE	221	
LIME	249	
SHALE	250	
LIME	269	
SHALE	271	
LIME	305	
SHALE	328	
LIME	348	
SAND SHALE	456	
LIME	483	
SHALE	492	
LIME	496	
BLACK SHALE	508	
LIME	510	
BLACK SHALE	512	

Form	ACO1 - Well Completion
Operator	3 B Energy, Inc.
Well Name	PHILLIPS INJ1
Doc ID	1210618

Tops

Name	Top	Datum
SHALE	519	
OSWEGO	568	
SUMMIT	594	
OSWEGO	604	
MULKY	620	
LIME	625	
SHALE	627	
OIL SAND	745	
SHALE	748	
GOOD OIL SAND	765	
SAND SHALE	780	
GOOD OIL SAND	802	
SHALE	815	
TD	854	



CONSOLIDATED
Oil Well Services, LLC

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

TICKET NUMBER 51286

FIELD TICKET REF # 44810

LOCATION Thayer

FOREMAN Brett Busby

15-205-27873-08-88

**TREATMENT REPORT
FRAC & ACID**

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
12-8-10		Phillips INJ #1	26	30S	16E	WL

CUSTOMER
Three B Energy Inc

MAILING ADDRESS

CITY STATE ZIP CODE

* Safety meeting

TRUCK #	DRIVER	TRUCK #	DRIVER
476	Josh		
490	London		
478	Mark S		
488T103	Eric		

WELL DATA

CASING SIZE	TOTAL DEPTH
CASING WEIGHT	PLUG DEPTH
TUBING SIZE <u>2 7/8 REGUE</u>	PACKER DEPTH
TUBING WEIGHT	OPEN HOLE
PERFS & FORMATION	
<u>772-82 (20)</u>	<u>Bartlesville</u>
<u>805-13 (17)</u>	

TYPE OF TREATMENT

Frac

CHEMICALS

<u>Biocide - Breaker</u>	

STAGE

STAGE	BBL'S PUMPED	INJ RATE	PROPPANT PPG	SAND / STAGE	PSI	
<u>PAID</u>	<u>15-20</u>	<u>21</u>				
<u>20-40</u>		<u>21</u>	<u>1.5-1.0</u>	<u>300#</u>	<u>1500</u>	BREAKDOWN <u>1050</u>
<u>12-20</u>		<u>21</u>	<u>1.0</u>		<u>1350</u>	START PRESSURE
<u>12-20</u>		<u>21</u>	<u>2.0</u>	<u>↓</u>		END PRESSURE
<u>12-20</u>		<u>21</u>	<u>2.0</u>	<u>700#</u>	<u>1300</u>	BALL OFF PRESS
<u>12-20 (7) balls (7) balls</u>		<u>↓</u>	<u>1.5</u>		<u>1700</u>	ROCK SALT PRESS
<u>12-20 + (5) + (2) balls</u>		<u>↓</u>	<u>1.0</u>	<u>500#</u>	<u>1800</u>	ISIP <u>450</u>
<u>12-20</u>		<u>↓</u>	<u>1.0</u>		<u>1800</u>	5 MIN
<u>12-20</u>		<u>↓</u>	<u>1.5</u>		<u>2100</u>	10 MIN
<u>12-20</u>		<u>21</u>	<u>2.0</u>	<u>500#</u>	<u>1800</u>	15 MIN
<u>FLUSH CASING</u>		<u>21</u>				MIN RATE
<u>Release balls to T.D.</u>						MAX RATE
<u>OVERFLUSH</u>	<u>10</u>	<u>21</u>	<u>TOTAL</u>	<u>2,000 #</u>	<u>1500</u>	DISPLACEMENT <u>4.7</u>
<u>TOTAL BBL'S</u>	<u>120</u>		<u>SAND</u>			

REMARKS:

* hold safety/procedure meeting
customer spot own acid thru 1st tubing

Location 3:15PM - 4:00PM

20 miles

AUTHORIZATION B-B

TITLE

DATE 12-8-10

Terms and Conditions are printed on reverse side.

- 1 Frac
- .5 Com.
- 1 Gel
- 1 Finc.