



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1210875
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: _____

1210875

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: 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> _____ <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	3 B Energy, Inc.
Well Name	PROSSER 201
Doc ID	1210875

Tops

Name	Top	Datum
SOIL	0	
SAND	2	
SHALE	13	
LIME	55	
SHALE	61	
SANDY SHALE	137	
SHALE	144	
LIME	169	
SHALE	190	
LIME	235	
SHALE	247	
LIME	257	
SHALE	271	
COAL	279	
SHALE	281	
LIME	286	
SHALE	329	
COAL	337	
SHALE	339	
COAL	359	
SHALE	360	
LIME	367	
SANDY SHALE	372	
LIME	403	

Form	ACO1 - Well Completion
Operator	3 B Energy, Inc.
Well Name	PROSSER 201
Doc ID	1210875

Tops

Name	Top	Datum
SHALE	414	
COAL	464	
SHALE	465	
COAL	540	
SHALE	541	
LIME	543	
SAND/SHALE	561	
OSWEGO LIME	618	
SUMMIT	649	
LIME	658	
MULKEY	673	
LIME	678	
SAND/SHALE	684	
COAL	889	
SHALE	892	
WET SAND	880	
TD	1018	

Log Number: 4	S. 26 T. 30 R. 16E
API No. 15-205-26795	County: WL
Elev.	Location: NW/NW/NW

Operator: 3B Energy, Inc
Address: P.O. Box 354 Neodesha, KS 6657
Well No: 201 Lease Name: Prosser
Footage Location: 400 ft. from the (N) (S) Line 495 ft. from the (E) (W) Line
Drilling Contractor: McPherson Drilling LLC
Spud date: 10/3/06 Geologist: Mike Ebers
Date Completed: 10/5/06 Total Depth: 1018

Gas Tests:	
292'	116 MCF
352'	"
372'	"
553'	129 MCF
573'	129
653'	116
673'	"
893'	94.5

Casing Record		Rig Time:
Surface	Production	
Size Hole: 11"	7 1/2 6 3/4"	
Size Casing: 8 5/8	MCP	1 1/2 hrs gas test
Weight: 20	MCP	
Setting Depth: 22.5		
Type Cement: Port	MCP	watered out @ 1018'
Sacks: 4		

Well Log								
Formation	Top	Btm.	Formation	Top	Btm.	Formation	Top	Btm.
soil	0	2	shale	414	464			
sand	2	13	coal	464	465			
shale	13	55	shale	465	540			
lime	55	61	coal	540	541			
shale	61	137	shale	541	543			
sandy shale	137	144	lime	543	561			
shale	144	169	shale/sand	561	618			
lime	169	190	lime (osw)	618	649			
shale	190	235	summit	649	658			
lime	235	247	lime	658	673			
shale	247	257	oak bog	673	678			
lime	257	271	lime	678	684			
shale	271	279	shale/sand	684	889			
coal	279	281	coal	889	892			
shale	281	286	shale	892	990			
lime	286	329	sand (w/rt)	990	1018 TD			
shale	329	337						
coal	337	339						
shale	339	359						
coal	359	360						
shale	360	367						
lime	367	372						
sandy shale	372	403						
lime	403	414						

CONSOLIDATED OIL WELL SERVICES, INC.
 211 W. 14TH STREET, CHANUTE, KS 66720
 620-431-9210 OR 800-467-8676

205-24795-00-00

TICKET NUMBER 36929
 FIELD TICKET REF # 29111
 LOCATION Bartlesville
 FOREMAN Gerald

57
1 well

TREATMENT REPORT
FRAC & ACID

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
10-12-06		Prasser #201	26	30S	16E	Wilson

CUSTOMER 3-B Energy Inc		
MAILING ADDRESS		
CITY	STATE	ZIP CODE

TRUCK #	DRIVER	TRUCK #	DRIVER
486-T92	Michael		
422-T	Bobby		

WELL DATA	
CASING SIZE 4 1/2	TOTAL DEPTH
CASING WEIGHT	PLUG DEPTH
TUBING SIZE	PACKER DEPTH
TUBING WEIGHT	OPEN HOLE
PERFS & FORMATION	
Summit 654-56	9 holes
Mulky 673-78	16 holes

TYPE OF TREATMENT
Acid Ballout & Flush

CHEMICALS

STAGE	BBL'S PUMPED	INJ RATE	PROPPANT PPG	SAND / STAGE	PSI	
Brake 700 Retarded		4-5			900-800	BREAKDOWN 700
400 Gal 15% HCL Acid			36 Balls		800 300 210 900	START PRESSURE 900
Knocked Balls		off				END PRESSURE 650
Flushed	40	7			600	BALL OFF PRESS 700
8 Balls		7			600-625	ROCK SALT PRESS
Flushed	40	7			625	ISIP 425
Balls		7			625-650	5 MIN 275
Flushed	40	7			650	10 MIN
						15 MIN
						MIN RATE 1
						MAX RATE 7
						DISPLACEMENT 10.4

REMARKS: 400 Gal 15% HCL Acid 36 Balls
 120 balls 2% KLL & Mexillo
 52 Balls

AUTHORIZATION _____ TITLE _____ DATE _____