



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1212949
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 Date Reached TD Completion Date or Recompletion Date

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: _____



1212949

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)*

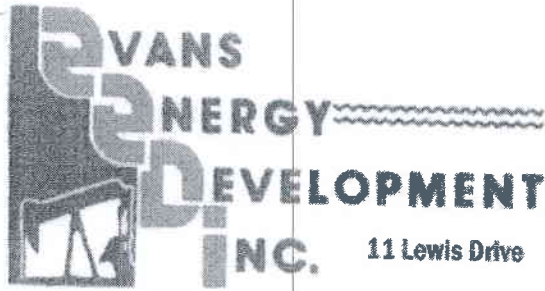
Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>	Depth

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> <input type="checkbox"/> Other <i>(Specify)</i> _____ <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
--------------------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------



11 Lewis Drive

Paola, KS 66071

Oil & Gas Well Drilling
Water Wells
Geo-Loop Installation

Phone: 913-557-9083

Fax: 913-557-9084

WELL LOG
HB Energy LLC
Fasolino #HB3
API # 15-091-24,327
June 6 - June 9, 2014

<u>Thickness of Strata</u>	<u>Formation</u>	<u>Total</u>
13	soil & clay	13
7	lime	20
8	shale	28
8	lime	36
10	shale	46
14	lime	60
18	shale	78
68	lime	146
4	shale	150
2	lime	152
41	shale	193
13	lime	206
13	shale	219
4	lime	223
10	shale	233
16	lime	249
1	shale	250
5	lime	255
19	shale	274
12	lime	286
1	shale	287
18	lime	305
7	shale	312
23	lime	335
3	shale	338
3	lime	341
4	shale	345
6	lime	351
27	shale	378
5	silty shale	383
146	shale	529
4	lime	533
11	shale	544
8	lime	552
2	shale	554
2	lime	556
13	shale	569
4	lime	573
	base of the Kansas City	
	15% green sandy shale, 85% shale, very light gas odor	

15	shale	588
15	lime	603
13	shale	618 red
12	lime	628
8	shale	636
2	silty shale	638
2	sand	640 green, looks wet
1	silty shale	641
50	shale	691
3	silty shale	694 grey
5	broken sand	699 80% shale 15% laminated brown sand minimal oil show
4	silty shale	703
15	shale	718
1	coal	719
3	shale	722
3	lime/shale	725
10	shale	735
6	red shale	741
24	shale	765
4	sand	769 green
18	shale	787
1	coal	788
24	shale	812
1	silty shale	813
1	broken sand	814 limey oil sand, good bleeding
3	oil sand	817 soft black sand, good bleeding
1	broken sand	818 50% black sand 50% limey sand good bleeding
1	broken sand	819 30% black sand 70% hard silty shale light bleeding
3	silty shale	822
63	shale	885 TD

Drilled a 9 7/8" hole to 22'

Drilled a 5 5/8" hole to 885'

Set 22' of 6 5/8" surface casing cemented with 6 sacks of cement.

Set 877' of 2 7/8" 8 round upset tubing including 3 centralizers, 1 clamp, and 1 baffle.

Baffle set 17.05' off bottom of tally.



CONSOLIDATED
Oil Well Services, LLC

268783

TICKET NUMBER 47333

LOCATION Ottawa, KS

FOREMAN Fred Mader

PO Box 884, Chanute, KS 66720
820-431-8210 or 800-467-8676

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
6-10-14	3645	Fasolino # HB-3	SW 4	14	22	JO

CUSTOMER <u>H B Energy LLC</u>		
MAILING ADDRESS <u>3236 Virginia Rd</u>		
CITY <u>Wellsville</u>	STATE <u>KS</u>	ZIP CODE <u>66092</u>

TRUCK #	DRIVER	TRUCK #	DRIVER
712	Fred Mader		
495	Harbor		
675	Ki Det		
558	Max Cac		

JOB TYPE <u>Long string</u>	HOLE SIZE	HOLE DEPTH <u>885'</u>	CASING SIZE & WEIGHT <u>2 7/8 EVE</u>
CASING DEPTH <u>875'</u>	DRILL PIPE <u>Baffle</u>	TUBING <u>Ø 860'</u>	OTHER
SLURRY WEIGHT	SLURRY VOL	WATER gal/sk	CEMENT LEFT in CASING <u>12' Plug</u>
DISPLACEMENT <u>5 BBL</u>	DISPLACEMENT PSI	MAX PSI	RATE <u>5 BPM</u>

REMARKS: Hold crew ~~near~~ safety meeting. Establish pump rate, mix + pump 100# Gal Flush. Mix + Pump 117 sks 50/50 Por Mix Cement 2 7/8 Gal 4" Flo Seal/sk. Cement to surface. Flush pump + lines clean. Displace 2 7/8" Rubber plug to baffle in casing. Pressure to 600# PSI. Shut in casing.

Evans Energy Dev. Inc. Mitchell

Fred Mader

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	495	1085 ⁰⁰
5406	30 mi	MILEAGE	495	126 ⁰⁰
5402	875'	Casing Footage		N/C
5407	Minimum	Ten Miles	558	368 ⁰⁰
5502C	2 hrs	80 BBL Vac Truck	675	200 ⁰⁰
1124	117 sks	50/50 Por Mix Cement	1345 ⁰⁰	
1188	277 [#]	Premium Gal	65 ⁰⁰	
1107	30 [#]	Flo. Seal	74 ⁰⁰	
		Material	1464 ⁰⁰	
		Less 30%	-445 ⁰⁰	
		Total		1039 ⁴⁶
4402	1	2 7/8 Rubber Plug		29 ⁰⁰
			3405.13	
		7.375%	SALES TAX	78 ⁸²
			ESTIMATED TOTAL	2926 ⁸⁰

Revin 3737

AUTHORIZATION Clay 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.

Conservation Division
266 N. Main St., Ste. 220
Wichita, KS 67202-1513



Phone: 316-337-6200
Fax: 316-337-6211
<http://kcc.ks.gov/>

Shari Feist Albrecht, Chair
Jay Scott Emler, Commissioner
Pat Apple, Commissioner

Sam Brownback, Governor

January 07, 2015

Issac Burbank
HB Energy LLC
3236 VIRGINIA RD.
WELLSVILLE, KS 66092

Re: ACO-1
API 15-091-24327-00-00
Fasolino HB3
SW/4 Sec.04-14S-22E
Johnson County, Kansas

Dear Issac Burbank:

K.A.R. 82-3-107 provides for all completion information to be filed within 120 days of the spud date. Subsection(e)(2) of that regulation states "All rights to confidentiality shall be lost if the filings are not timely."

The above referenced well was spudded on 6/6/2014 and the ACO-1 was received on January 07, 2015 (not within the 120 days timely requirement).

Therefore, your request for confidential treatment of data contained within the ACO-1 filing cannot be granted at this time.

If you should have any questions, please do not hesitate to contact me at (316)337-6200.

Sincerely,

Production Department