



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1212950
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: _____



1212950

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)*

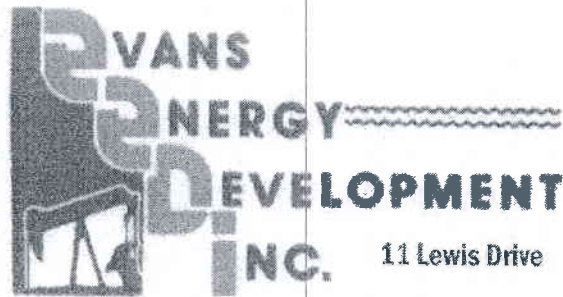
Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>	Depth

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

Schultz #HB-6

API # 15-046-22,223

June 17 - June 18, 2014

<u>Thickness of Strata</u>	<u>Formation</u>	<u>Total</u>
1	soil & clay	1
5	soft sandstone	6 does not make water
23	sandstone	29 does not make water
118	shale	147
5	lime	152
5	sandstone	157 grey, no water
2	shale	159
20	lime	179
9	shale	188
6	lime	194
7	shale	201
28	lime	229
18	shale	247
15	lime	262
65	shale	327
6	lime	333
4	shale	337
17	lime	354
16	shale	370
10	lime	380
30	shale	410
14	lime	424
7	shale	431
12	lime	443
3	shale	446
9	lime	455
10	shale	465
21	lime	486 makes water
4	shale	490
5	lime	495
3	shale	498
6	lime	504 base of the Kansas City
109	shale	613
4	silty shale	617 green very thin sand laminations
23	shale	640
10	red bed	650
6	sand	656 green & light brown minimal oil show
13	shale	669
7	lime	676

10	shale	686
1	coal	687
5	shale	692
7	lime	699
16	shale	715
3	lime	718
5	shale	723
2	sand	725 green & white, no show
5	shale	730
7	lime	737 60% lime laminated with shale seams
22	shale	759
2	lime	761
9	silty shale	770 green & white, no show
1	broken sand	771 10% brown sand 90% shale, light odor
2	silty shale	773
3	broken sand	776
3	limey sand	779 grey, no odor
4	sand	783 light brown gassy
6	broken sand	789 30% brown sand 70% shale, oil odor no bleeding
3	sand	792 light brown
4	broken sand	796 60% brown sand 40% shale ok bleeding
12	oil sand	808 brown sand good bleeding good saturation (gassy)
6	oil sand	614 brown sand good bleeding (gassy) very thin shale laminations
2	oil sand	616 brown sand good bleeding
1	broken sand	817 50% brown sand 50% shale ok bleeding
9	shale	826
1	lime	827
53	shale	880 TD

Drilled a 9 7/8" hole to 47.6'

Drilled a 5 5/8" hole to 880'

Set 47.6' of 7" surface casing cemented with 10 sacks of cement.

Set 860' of 2 7/8" 8 round upset tubing including 3 centralizers, 1 float shoe, 1 clamp, and 1 baffle.
Baffle set 10' off bottom of tally.

	Core Times	
	<u>Minutes</u>	<u>Seconds</u>
792		33
793		35
794		32
795		32
796		38
797		43
798		39
799		37
800		43
801		42
802		41
803		36
804		38
805		37
806		41
807		44
808		41
809		41
810		43
811		31



CONSOLIDATED
Oil Well Services, LLC

268932

TICKET NUMBER 47339

LOCATION Ottawa KS

FOREMAN Fred Mader

PO Box 884, Chanute, KS 66720
620-431-9210 or 800-467-8678

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
6-18-14	3645	Schultze # 436	SE 13	14	20	DC

CUSTOMER	TRUCK #	DRIVER	TRUCK #	DRIVER
H-B Energy LLC Mailing Address 3236 Virginia Rd City: Wellsville, KS 66092	712	Fred Mader		
	495	Har Bec		
	369	Mik Hba		
	558	Max Cas		

JOB TYPE Log string HOLE SIZE 5 1/8 HOLE DEPTH 880 CASING SIZE & WEIGHT 2 7/8 EUE
 CASING DEPTH 660 DRILL PIPE Baffle TUBING QASD OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT IN CASING 10' + Plug
 DISPLACEMENT 4.94 BB DISPLACEMENT PSI _____ MIX PSI _____ RATE 4 BPM

REMARKS: Had crew safety meeting. Establish pump rate. Mix Pump 100' Gel Flush. Mix + Pump 170 SKS 50/50 Per Mix Cement 2% Gel 14" Flo Seal/sk. Cement to surface. Flush pump + lines clean. Displace 2 1/2" Rubber plug to casing @ Baffle. Pressure to 600 PSI. Release pressure to set float valve.

Evans Energy, Inc - Mitchell

Fred Mader

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	495	1068 ⁰⁰
5406	25 mi	MILEAGE	495	105 ⁰⁰
5402	860'	Casing footage		N/C
5407	Minimum	Ten Miles	558	368 ⁰⁰
5502C	2 hrs	80 BBL Vac Truck	369	200 ⁰⁰
1124	110 SKS	50/50 Per mix Cement	1265 ⁰⁰	
1118B	285 ⁴	Premium Gel	627 ⁰⁰	
1107	28 ⁴	Flo Seal	69 ¹⁶	
		Material	1396 ⁸⁶	
		Less 30%	-419 ⁰⁵	
		Total	0	977 ⁸⁰
4402	1	2 1/2" Rubber Plug		29 ⁵⁰
			3280.34	
			7.375%	SALES TAX
				ESTIMATED TOTAL
				2837.32

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 15-045-22223-00-00
Schultz HB-6
SE/4 Sec.13-14S-20E
Douglas 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 6/17/0214 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