

Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1242656
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: _____

1242656



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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Fueling American Prosperity™

Well Log

HB Energy, LLC
 Barthol HB I-1
 Sec. 12, T16S, R21E
 595 FSL, 3545 FEL
 Miami Co., KS
 API: 15-121-30869
 12/03/14

Oil and Gas Well Drilling

3137 Virginia Rd, Wellsville KS 66092
 Owners: Clay Hughes
 Isaac Burbank

Phone: (785) 979-9493
 (913) 963-9127
 Fax: (785) 963-9305

<u>Thickness of Strata</u>	<u>Formation</u>	<u>Total</u>
11	Soil and Clay	11
19	Lime	30
6	Shale	36
11	Lime	47
2	Shale	49
2	Lime	51
2	Shale	53
17	Lime	70
2	Shale	72
2	Lime	74
29	Shale	103
17	Lime	120
90	Shale	210
2	Lime	212
1	Shale	213
14	Lime	227
1	Shale	228
2	Lime	230
29	Shale	259
5	Lime	264
15	Shale	279
4	Lime	283
25	Shale	308
1	Lime	309
17	Shale	326
7	Lime	333
4	Shale	337
11	Lime	348
11	Shale	359
22	Lime	381
3	Shale	384
5	Lime	389

Set 756' of 2 7/8" 8 round upset tubing including 3 centralizers, 1 clamp, 1 float-shoe, and baffle.
Baffle set at 727'



CONSOLIDATED
ON THE SERVICES, L.L.C.

INVOICE # 802508

FIELD TICKET & TREATMENT REPORT

PO Box 804, Chanute, KS 6720
620-431-8210 or 620-457-0270

CEMENT

1410
1371

TICKET NUMBER 47366

LOCATION Ottawa, KS

FIREMAN Jim Green

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
12-03-14	2645	Bartol 1-2F	17	16	21	MI
CUSTOMER			TRUCK #	DRIVER	TRUCK #	DRIVER
H&B Energy LLC			669	Jim Green		
MAILING ADDRESS			368	Art McEl		
3137 Virginia Rd			548	Don Whit		
CITY	STATE	ZIP CODE	Customer Supply #20			
Wellsville	KS	66092				

JOB TYPE Leasing HOLE SIZE 5 7/8" HOLE DEPTH 766' CASING SIZE & WEIGHT 2 1/2"
 CASING DEPTH 756' DRILL PIPE 2 7/8" 1/2" TUBING _____ OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/blk _____ CEMENT LEFT in CASING _____
 DISPLACEMENT _____ DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Hold crew measuring, establish circulation. Mix and pump 100' Gal to flush hole. Mix and pump 12450. 50% Poz mix cement, with 2% bal. 3/4" PZO-Seal. Circulated cement to surface. Flush pump clear of cement. Pump 2 1/2" rubber plug to total depth of casing. Pressure up to 800 PSI. Hold 30 min MIT at 800 PSI. Well hold set float.

Hold 30 min MIT at 800 PSI

Customer Supply #20

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE		100.00
5406	20	MILEAGE		84.00
5407	100	Tax Mileage		268.00
1124	124 ml	50% Poz Mix Cem	1426.00	
1187	26'	F10-Seal	604.22	
1118B	308'	Premium bal	627.98	
		Subtotal	1557.98	
		less 30% -	467.39	
			1090.59	1090.59
4102	1	2 1/2" Rubber Plug		29.50
			245.95	
		<input checked="" type="checkbox"/> completed	Total	2657.09
			7.6590	82.68
			ESTIMATED TOTAL	2742.76

AUTHORIZATION Jim Green 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.