



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1254256
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: _____



1254256

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)*

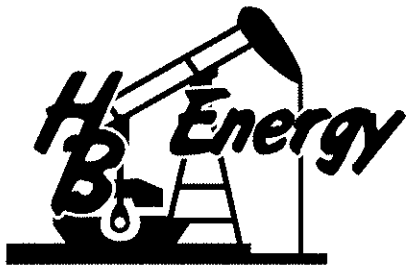
Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>	Depth

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> _____ <i>(Submit ACO-4)</i>	PRODUCTION INTERVAL: _____ _____
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Fueling American Prosperity™

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) 883-2305

Well Log

HB Energy, LLC/T&B Energy, LLC

Schultz HB-7

Sec. 13 Twp. 14 Rng. 20

15-045-22236

Start: 01/16/15

End: 01/19/15

<u>Thickness of Strata</u>	<u>Formation</u>	<u>Total</u>
7	Soil and Clay	7
19	Sand and Clay	26
69	Shale	95
7	Lime	102
4	Shale	106
18	Lime	124
8	Shale	132
7	Lime	139
7	Shale	146
28	Lime	174
3	Shale	177
1	Lime	178
13	Shale	191
16	Lime	207
65	Shale	272
6	Lime	278
3	Shale	281
14	Lime	295
1	Shale	296
3	Lime	299
1	Shale	300
2	Lime	302
17	Shale	319
7	Lime	326
31	Shale	357
7	Lime	364
3	Shale	367
1	Lime	368
10	Shale	378
7	Lime	385
1	Shale	386

5	Lime	391	
2	Shale	393	
8	Lime	401	
9	Shale	410	
23	Lime	433	
5	Shale	438	
4	Lime	442	
4	Shale	446	
5	Lime	451	Base of Kansas City
41	Shale	492	
16	Sand	508	
72	Shale	580	
15	Red Bed	595	Thin lime seems
4	Silty Shale	599	
1	Broken Sand	600	80% shale, 20% gassy brown sand, light bleed
15	Shale	615	
5	Lime	620	
5	Shale	625	
5	Lime	630	
6	Shale	636	
7	Lime	643	
7	Shale	650	
1	Lime	651	
8	Shale	659	
4	Lime	663	
7	Shale	670	
2	Silty Shale	672	
2	Lime	674	
8	Shale	682	
2	Lime	684	
24	Shale	708	
1	Lime	709	
6	Shale	715	
2	Silty Shale	717	
10	Broken Sand	727	50% light brown sand, 50% green sand, minimal oil show, makes water
1	Silty Shale	728	Few very thin brown sand seems
7	Broken Sand	735	50% brown sand, 50% shale, light oil show, gassy
5	Broken Sand	738	40% brown sand, 60% shale, ok bleed, gassy
3	Broken Sand	741	90% brown sand, 10% shale, ok bleed, gassy
1	Broken Sand	742	40% brown sand, 60% shale, ok bleed
3	Oil Sand	745	Brown sand, gassy, good bleed
1	Broken Sand	746	50% brown sand, 50% shale, good bleed
12	Oil Sand	758	Brown sand, gassy, good bleed, good saturation
4	Shale	762	
4	Lime	766	

21	Shale	787	
4	Silty Shale	791	
47	Shale	838	TD

Drilled an 11" hole to 44'
Drilled a 5 5/8" hole to 838'

Set 44' of 7" surface casing, cemented with 10 sacks of cement.

Set 825' of 2 7/8" 8 round upset tubing including 3 centralizers, 1 clamp, 1 float-shoe, and baffle.
Baffle set at 796'.



CONSOLIDATED
Oil Well Services, LLC

1887
1832

TICKET NUMBER 50808

LOCATION Ottawa KS

FOREMAN _____

INVOICE # 803115

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

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
1.19.15	3645	Schwartz # HB-7	SE 13	14	20	D6
CUSTOMER			TRUCK #			
MAILING ADDRESS			DRIVER			
CITY			TRUCK #			
STATE			DRIVER			
ZIP CODE			TRUCK #			
Wellsville			KS			
66092			66092			

JOB TYPE Longstring HOLE SIZE 5 7/8 HOLE DEPTH 838' CASING SIZE & WEIGHT 2 7/8 EUE
 CASING DEPTH 827' DRILL PIPE Baffle in TUBING @ 775' OTHER _____
 SLURRY WEIGHT _____ SLURRY VOL _____ WATER gal/sk _____ CEMENT LEFT in CASING 29' + Plug
 DISPLACEMENT 4.63 BB DISPLACEMENT PSI _____ MIX PSI _____ RATE 4.3 BPM

REMARKS: Hold safety meeting. Establish pump rate. Mix Pump 100#
Gal Flush. Mix + Pump 120 sks 50/50 Por Mix Cement 2 7/8 EUE
1/4" Flo Seal /sk. Cement to Surface. Flush pump + lines
clean. Displace 2 1/2" Rubber plug to baffle in casing.
Pressure to 800# PSI. Release pressure to set float
value. Shut in Casing.

Rig Supplied Water.

Fuel Made.

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	495	1085.00
5406	25 mi	MILEAGE	495	105.00
5402	827	Casing footage		N/C
5407	Minimum	Ten Miles.	548	368.00
1124	2831	120 SKS	50/50 Por Mix Cement	1380.00
118B	302*	Premium Gel		66.44
1107	30*	Flo Seal		74.10
		Material	1520.51	
		Less 30%	- 456.15	
		Total		1064.35
4402	1	2 1/2" Rubber Plug		29.50
			3218.87	
			7.15%	
		SALES TAX		78.21
		ESTIMATED TOTAL		2730.09

Ravin 3737

ENTERED JAN 23 2015

AUTHORIZATION Chay

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