

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

ORIGINAL

Form ACO-1
June 2009
Form Must Be Typed
Form must be Signed
All blanks must be Filled

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # 34405
Name: E & B Natural Resources Management Corp.
Address 1: 1600 Norris Road
Address 2: _____
City: Bakersfield State: CA Zip: 93308 + _____
Contact Person: Randy Peterson
Phone: (620) 331-9002 Cell# (620) 330-8421
CONTRACTOR: License # 33969
Name: Rick's Well Service
Wellsite Geologist: _____
Purchaser: Coffeyville Resources

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: E & B Natural Resources Management Corp.

Well Name: Barsch #2
Original Comp. Date: NA Original Total Depth: 928
 Deepening Re-perf. Conv. to ENHR Conv. to SWD
 Conv. to GSW
 Plug Back: _____ Plug Back Total Depth
 Commingled Permit #: _____
 Dual Completion Permit #: _____
 SWD Permit #: _____
 ENHR Permit #: E 29047
 GSW Permit #: _____

Mar. 6, 2012	Mar. 6, 2012
Spud Date or Recompletion Date	Completion Date or Recompletion Date

API No. 15 - 125-01901 -00-01
Spot Description: _____
SW SE SE Sec. 12 Twp. 31 S. R. 16 East West
370 293 Feet from North / South Line of Section
770 664 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Montgomery
Lease Name: Barsch Well #: 2
Field Name: Neodasha
Producing Formation: Bartlesville
Elevation: Ground: _____ Kelly Bushing: _____
Total Depth: _____ Plug Back Total Depth: 925
Amount of Surface Pipe Set and Cemented at: NA Feet
Multiple Stage Cementing Collar Used? Yes No
If yes, show depth set: _____ Feet
If Alternate II completion, cement circulated from: 928
feet depth to: surface w/ 40 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 #: _____

RECEIVED
JUN 25 2012

INSTRUCTIONS: An original and two copies of this form shall be filed with the Kansas Corporation Commission, 130 S. Market - Room 2078, Wichita, Kansas 67202, within 120 days of the spud date, recompletion, workover or conversion of a well. Rule 82-3-130, 82-3-106 and 82-3-107 apply. Information of side two of this form will be held confidential for a period of 12 months if requested in writing and submitted with the form (see rule 82-3-107 for confidentiality in excess of 12 months). One copy of all wireline logs and geologist well report shall be attached with this form. ALL CEMENTING TICKETS MUST BE ATTACHED. Submit CP-4 form with all plugged wells. Submit CP-111 form with all temporarily abandoned wells.

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.
Signature: Randy Peterson
Title: Agent Date: 6-22-12

KCC Office Use ONLY
 Letter of Confidentiality Received
Date: _____
 Confidential Release Date: _____
 Wireline Log Received
 Geologist Report Received
 UIC Distribution
ALT I II III Approved by: DLS Date: 7/5/02

Operator Name: E & B Natural Resources Management Corp. Lease Name: Barsch Well #: 2
 Sec. 12 Twp. 31 S. R. 16 East West County: Montgomery

INSTRUCTIONS: Show important tops and base 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. Attach complete copy of all Electric Wire-line Logs surveyed. Attach final geological well site report.

Drill Stem Tests Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Electric Log Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Electric Log Submitted Electronically <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(If no, Submit Copy)</i> 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 checked="" 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
Liner	4 1/2" casing	2 3/8" EUE		925		40	

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				

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used)	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 (Specify) _____	PRODUCTION INTERVAL: _____ _____
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RECEIVED
 JUN 25 2012
 KCC WICHITA

Rick's Well Service

P.O. Box 268
 129 Railroad
 Cherryvale, KS 67335

JUN 21 2012

Invoice

Date	Invoice #
6/19/2012	3700

rickswellservice@sbcglobal.net

Bill To
E & B Enterprises P.O. Box 864 Independence, KS 67301

P.O. No.

Serviced	Description	Qty	Rate	Amount
2/24/2012	Barsch #5 - MIT Test - U-7 Form filed w/KCC. Well passed test.	1	150.00	150.00T
2/25/2012	Barsch #2 - MIT Test - U-7 Form filed w/KCC. Well failed test.	1	150.00	150.00T
2/29/2012	Barsch #2 - Ran in 2" pipe and bit to 900'. Pulling Unit	2	100.00	200.00T
3/1/2012	Barsch #2 - Wash down 4 1/2" casing to 929', pull 2" pipe and bit, shoot fluid level w/echometer. Waiting on well to reach static fluid level.		0.00	0.00
3/1/2012	Pulling Unit	6	100.00	600.00T
3/1/2012	Dig circ. pit. Backhoe	1.5	80.00	120.00T
3/1/2012	Pump charge	1	300.00	300.00T
3/1/2012	Water truck	2	95.00	190.00T
3/5/2012	Barsch #2 - MIT Test - well failed	1	150.00	150.00T

Subtotal
Sales Tax (6.3%)

MAKE CHECKS PAYABLE TO:
 RICKS WELL SERVICE
 THANK YOU!

Balance Due

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Rick's Well Service

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 129 Railroad
 Cherryvale, KS 67335

rickswellservice@sbcglobal.net

Invoice

Date	Invoice #
6/19/2012	3700

Bill To
E & B Enterprises P.O. Box 864 Independence, KS 67301

P.O. No.

Serviced	Description	Qty	Rate	Amount
3/6/2012	Barsch #2 - Ran in 2 3/8" tubing and float shoe to 926', cement liner, haul off pit fluid, fill pit, ran MIT.			
3/6/2012	Pulling Unit	2	100.00	200.00T
3/6/2012	Pump charge	1	500.00	500.00T
3/6/2012	40 sacks cement	40	13.00	520.00T
3/6/2012	Water truck	4	95.00	380.00T
3/6/2012	Fill circ. pit. Backhoe	1.5	80.00	120.00T
3/6/2012	MIT Test - U-7 Form filed w/KCC.	1	150.00	150.00T
5/2/2012	Merrick # 8 13 - MIT Test - U-7 Form filed w/KCC.	1	150.00	150.00T

Subtotal	\$3,880.00
Sales Tax (6.3%)	\$244.44
Balance Due	\$4,124.44

MAKE CHECKS PAYABLE TO:
 RICKS WELL SERVICE
 THANK YOU!

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