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KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION
WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

ORIGINAL

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

OPERATOR: License # 31941
Name: 3B Energy, Inc
Address 1: PO BOX 354
Address 2:
City: Neodesha State: KS Zip: 66757 + 0354
Contact Person: Bruce B Burkhead
Phone: (620) 330-7854
CONTRACTOR: License # 5675
Name: McPherson Drilling
Wellsite Geologist:
Purchaser: Pacer Energy Marketing, LLC

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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
☐ Conv. to GSW
☐ Plug Back: Plug Back Total Depth
☐ Commingled Permit #:
☐ Dual Completion Permit #:
☐ SWD Permit #:
☐ ENHR Permit #:
☐ GSW Permit #:

11-29-2011 12-01-2011 12-15-2011
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 205-27987-00-00

Spot Description:
NW NW SW Sec. 26 Twp. 30 S. R. 16 ☒ East ☐ West
1,155 Feet from ☐ North / ☒ South Line of Section
165 Feet from ☐ East / ☒ West Line of Section

Footages Calculated from Nearest Outside Section Corner:

☐ NE ☒ NW ☐ SE ☐ SW

County: Wilson
Lease Name: Phillips Well #: 33A
Field Name: Neodesha

Producing Formation: Bartlesville
Elevation: Ground: 811 Kelly Bushing: N/A
Total Depth: 859 Plug Back Total Depth: N/A
Amount of Surface Pipe Set and Cemented at: 22 Feet
Multiple Stage Cementing Collar Used? ☐ Yes ☒ No
If yes, show depth set: Feet
If Alternate II completion, cement circulated from: 0
feet depth to: 859 w/ 140 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 #:

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:

Title: President

Date: 10-16-2012

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: Dlg Date: 11/29/12

Operator Name: 3B Energy, Inc Lease Name: Phillips Well #: 33A
 Sec. 26 Twp. 30 S. R. 16 ☒ East ☐ West County: Wilson

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.

No Dr. H Stem Tests Taken **BB**
 Drill Stem Tests Taken ☐ Yes ☒ No
 (Attach Additional Sheets)

Samples Sent to Geological Survey ☐ Yes ☒ No
 Cores Taken ☐ Yes ☒ No
 Electric Log Run ☒ Yes ☐ No
 Electric Log Submitted Electronically ☐ Yes ☒ No
 (If no, Submit Copy)

List All E. Logs Run:

☐ Log Formation (Top), Depth and Datum ☐ Sample
 Name Top Datum

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CASING RECORD <input type="checkbox"/> New <input checked="" 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
Surface	11 inch	8 5/8		22 feet	Portland	6	
Production	5 3/4	2 7/8		854 feet	60/40 102	140	

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
Perforate				
Protect Casing				
Plug Back TD				
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
2	770-772	100 gal acid	
2	777-780	5000 lbs sand	
2	806-816	120 bbl water	

TUBING RECORD:		Size: 1 inch	Set At: 850 feet	Packer At: N/A	Liner Run: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date of First, Resumed Production, SWD or ENHR. 12-15-2011		Producing Method: <input type="checkbox"/> Flowing <input checked="" type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain) _____			
Estimated Production Per 24 Hours	Oil Bbls. 5	Gas Mcf 15	Water Bbls. 3	Gas-Oil Ratio	Gravity 36

DISPOSITION OF GAS: <input type="checkbox"/> Vented <input checked="" type="checkbox"/> Sold <input type="checkbox"/> Used on Lease (If vented, Submit ACO-18.)		METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input checked="" type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. (Submit ACO-5) <input type="checkbox"/> Commingled (Submit ACO-4) <input type="checkbox"/> Other (Specify) _____		PRODUCTION INTERVAL: _____ _____
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McPherson Drilling LLC Drillers Log

Rig Number:	1	S. 26	T. 30	R.16 E
API No. -15-	205-27987	County:	Wilson	
	Elev. 815	Location:		

Operator:	3-B Energy, Inc.			
Address:	P.O. Box 354 Neodesha, KS 66757			
Well No:	33A	Lease Name:	PHILLIPS	
Footage Location:	1,155	ft. from the	SOUTH	Line
	165	ft. from the	WEST	Line
Drilling Contractor:	McPherson Drilling LLC			
Spud date:	11/29/2011	Geologist:		
Date Completed:	12/1/2011	Total Depth:	859'	

Casing Record			Rig Time:	
	Surface	Production		
Size Hole:	11"	5 3/4"		h2o @ 570'
Size Casing:	7"			
Weight:	20#			
Setting Depth:	22			
Type Cement:	Port		DRILLER:	Andy Coats
Sacks:	4	MCP		

[illegible]

Well Log										
Formation	Top	Btm.	HRS.	Formation	Top	Btm.		Formation	Top	Btm.
soil	0	4		shale	492	494				
clay	4	15		lime	494	518				
shale	15	67		shale	518	572				
lime	67	114		lime	572	599				
shale	114	118		summit	599	610				
lime	118	125		lime	610	620				
shale	125	162		mulky	620	627				
black shale	162	163		lime	627	632				
shale	163	179		shale	632	655				
lime	179	206		coal	655	657				
shale	206	215		shale	657	681				
lime	215	239		sand shale	681	691				
shale	239	254		shale	691	713				
lime	254	282		coal	713	715				
shale	282	314		sand shale	715	745				
lime	314	322		oil sand	745	752				
shale	322	354		shale	752	770				
lime	354	372		oil sand	770	773				
shale	372	402		sand	773	778				
coal	402	403		sand shale	778	810				
shale	403	416		oil sand	810	819				
lime	416	420		shale	819	859 TD				
shale	420	490								
coal	490	492								

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CONSOLIDATED
Oil Well Services, LLC

REMIT TO
Consolidated Oil Well Services, LLC
Dept. 970
P.O. Box 4346
Houston, TX 77210-4346

MAIN OFFICE
P.O. Box 884
Chanute, KS 66720
620/431-9210 • 1-800/467-8676
Fax 620/431-0012

INVOICE

Invoice # 24634

Invoice Date: 12/09/2011 Terms:

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THREE B ENERGY
BRUCE BURKHEAD
P.O. BOX 354
NEODESHA KS 66757-0354
(620) 325-3313

PHILLIPS, 33-A
33447
26-30-16E
12-02-11
KS

Part Number	Description	Qty	Unit Price	Total
1131	60/40 POZ MIX	140.00	12.5500	1757.0
1118B	PREMIUM GEL / BENTONITE	240.00	.2100	50.4
1102	CALCIUM CHLORIDE (50#)	120.00	.7400	88.8
1118B	PREMIUM GEL / BENTONITE	150.00	.2100	31.5
4402	2 1/2" RUBBER PLUG	2.00	28.0000	56.0

Description	Hours	Unit Price	Total
485 CEMENT PUMP	1.00	1030.00	1030.0
485 EQUIPMENT MILEAGE (ONE WAY)	40.00	4.00	160.0
515 MIN. BULK DELIVERY	1.00	350.00	350.0

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Parts: 1983.70 Freight: .00 Tax: 124.97 AR 3648.6
Labor: .00 Misc: .00 Total: 3648.67
Sublt: .00 Supplies: .00 Change: .00

Signed

Date



CONSOLIDATED
Oil Well Services, LLC



ENTERED

TICKET NUMBER 33447
LOCATION Eureka
FOREMAN Steve Neal

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
12-2-11	8151	Phillips # 33-A	26	30	16E	Wilson
CUSTOMER <u>Three B Energy</u>						
MAILING ADDRESS <u>P.O. Box 354</u>						
CITY <u>Neodesha</u>	STATE <u>Ks</u>	ZIP CODE <u>66757</u>				
			TRUCK #	DRIVER	TRUCK #	DRIVER
			<u>485</u>	<u>Alan M.</u>		
			<u>515</u>	<u>Calin</u>		

JOB TYPE Long string HOLE SIZE 5 7/8 HOLE DEPTH 862' CASING SIZE & WEIGHT
CASING DEPTH 854' DRILL PIPE TUBING 2 7/8 OTHER
SLURRY WEIGHT 13.7 gal SLURRY VOL WATER gal/sk CEMENT LEFT IN CASING
DISPLACEMENT 4.9 bbls DISPLACEMENT PSI 500* MIX PSI Bump 2 1/2 1000* RATE

REMARKS: Safety Meeting: Rig up to 2 7/8 tubing. Break circulation w/ 20 bbls Fresh water.
Pump 150# Gel Flush. Mix 140 sks 60/40 Poz mix Cement w/ 2% Gel & 1% Cact.
AT 13.7 gal/shut down. Wash out pump & lines. Drop 2 plugs. Displace with
4.9 bbls Freshwater. Final pump pressure 500# Bump Plug 1000# Close well
in with 500# Good Cement Returns to surface. Tab complete Rig down

Thank you

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	1,030.00	1,030.00
5406	40	MILEAGE	4.00	160.00
1131	140 sks	60/40 Poz mix Cement	12.55	1757.00
1118B	240#	2% Gel	.21	50.40
1102	120#	1% Cact	.74	88.80
1118B	150#	Gel Flush	.21	31.50
5407	6.02	Tan Mileage Bulk Truck	MIC	350.00
4402	2	2 7/8 Tap Rubber Plug	28.00	56.00
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		Subtotal		3523.70
		SALES TAX 6.3%		124.97
		ESTIMATED TOTAL		3648.67

Rev'n 3737

246340

AUTHORIZATION [Signature]

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.