

**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
blanks must be Filled

OPERATOR: License # 31941
Name: 3B ENERGY, INC
Address 1: 315 MILL ST
Address 2: PO BOX 354
City: NEODESHA State: KS Zip: 66757 + 0354
Contact Person: BRUCE B BURKHEAD
Phone: (620) 330-7854
CONTRACTOR: License # 5675
Name: McPHERSON DRILLING
Wellsite Geologist: JULIE SHAFFER
Purchaser: PACER

Designate Type of Completion:
 New Well Re-Entry Workover
 Oil WSW SWD SLOW
 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 #: _____
09-05-2012 09-06-2012 11-01-2012
Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 15-003-25518-00-00
Spot Description: _____
SE SE SW NE Sec. 16 Twp. 20 S. R. 20 East West
2,475 Feet from North / South Line of Section
1,485 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: ANDERSON
Lease Name: PEINE Well #: 1
Field Name: GARNETT SHOESTRING
Producing Formation: BARTLESVILLE
Elevation: Ground: 1005 Kelly Bushing: _____
Total Depth: 818 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: 818 w/ 125 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: [Signature]
Title: PRESIDENT Date: 03-25-2013

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: 3/27/13

RECEIVED
KANSAS CORPORATION COMMISSION

MAR 27 2013

CONSERVATION DIVISION
WICHITA, KS

Operator Name: **3B ENERGY, INC** Lease Name: **PEINE** Well #: **1**
 Sec. **16** Twp. **20** S. R. **20** East West County: **ANDERSON**

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.

<p>Drill Stem Tests Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(Attach Additional Sheets)</i></p> <p>Samples Sent to Geological Survey <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Cores Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Electric Log Run <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Electric Log Submitted Electronically <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(If no, Submit Copy)</i></p> <p>List All E. Logs Run:</p>	<p><input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample</p> <p>Name Top Datum</p>
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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
surf	9 7/8	7		22	PORTLAND	5	
Prod	5.75	2 7/8		816	60/40 POZ	125	

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 <i>(Amount and Kind of Material Used)</i>	Depth
2	739-746	100 GAL ACID	
2	754-758	5500 LBS SAND	
		160 BBL WATER	

TUBING RECORD:		Size: 1 INCH	Set At: 812	Packer At: N/A	Liner Run: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date of First, Resumed Production, SWD or ENHR. 12-01-2012			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.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity
	5	5	10	2-1	35

DISPOSITION OF GAS: <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input checked="" type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input checked="" type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <i>(Submit ACO-5)</i> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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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 # 252813

Invoice Date: 09/12/2012 Terms:

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

PEINE #1,
37910
09-10-12
KS

Part Number	Description	Qty	Unit Price	Total
1131	60/40 POZ MIX	125.00	12.5500	1568.75
1118B	PREMIUM GEL / BENTONITE	215.00	.2100	45.15
1102	CALCIUM CHLORIDE (50#)	110.00	.7400	81.40
1118B	PREMIUM GEL / BENTONITE	150.00	.2100	31.50
4402	2 1/2" RUBBER PLUG	2.00	28.0000	56.00

	Description	Hours	Unit Price	Total
520	CEMENT PUMP	1.00	1030.00	1030.00
520	EQUIPMENT MILEAGE (ONE WAY)	80.00	4.00	320.00
611	TON MILEAGE DELIVERY	430.40	1.34	576.74

RECEIVED
KANSAS CORPORATION COMMISSION
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WICHITA, KS

Parts:	1782.80	Freight:	.00	Tax:	139.06	AR	3848.60
Labor:	.00	Misc:	.00	Total:	3848.60		
Sublt:	.00	Supplies:	.00	Change:	.00		

Signed _____ Date _____

