



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
- Conv. to GSW
- Plug Back: _____ Plug Back Total Depth _____
- 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

County: _____

Lease Name: _____ Well #: _____

Field Name: _____

Producing Formation: _____

Elevation: Ground: _____ Kelly Bushing: _____

Total 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

- Letter of Confidentiality Received
Date: _____
- Confidential Release Date: _____
- Wireline Log Received
- Geologist Report Received
- UIC Distribution
- ALT I II III Approved by: _____ Date: _____



1086900

Operator Name: _____ Lease Name: _____ Well #: _____

Sec. _____ Twp. _____ S. R. _____ East West County: _____

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 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 Electric Log Submitted Electronically <input type="checkbox"/> Yes <input 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 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
_____ 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 <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
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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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Form	ACO1 - Well Completion
Operator	Bear Petroleum, LLC
Well Name	Armstrong B 2
Doc ID	1086900

All Electric Logs Run

Computer Processed Interpretation
Borehole Compensated Sonic Log
Microresistivity Log
Dual Induction Log
Sonic Cement Bond Log
Dual Compensated Prorsity Log

Form	ACO1 - Well Completion
Operator	Bear Petroleum, LLC
Well Name	Armstrong B 2
Doc ID	1086900

Tops

Name	Top	Datum
Top Anhydrite	1379	+833
Base Anhydrite	1406	+806
Heebner	3728	-1516
Lansing	3777	-1565
BKC	4099	-1887
Fort Scott	4286	-2074
Cherokee Sh	4301	-2089
Mississippi	4354	-2142



TRILOBITE TESTING INC.

P.O. Box 1733 • Hays, Kansas 67601

Test Ticket

NO. 47281

Well Name & No. Armstrong 13 #2 Test No. 1 Date 5-2-12
 Company Bear Petroleum, LLC Elevation 2212 KB 2202 GL
 Address PO Box 438, Haysville, KS. 67060
 Co. Rep / Geo. Marc Downing Rig Maverick #106
 Location: Sec. 32 Twp. 20s Rge. 20w Co. Pawnee State KS

Interval Tested 4331 - 4367 Zone Tested Mississippi
 Anchor Length 36' Drill Pipe Run 4333 Mud Wt. 9.2
 Top Packer Depth 4324 Drill Collars Run 0 Vis 6.2
 Bottom Packer Depth 4331 Wt. Pipe Run 0 WL 8.0
 Total Depth 4367 Chlorides 3,000 ppm System LCM 3#
 Blow Description IFA - Intermittant Surface Blow
ISI - Dead
EFP - Dead
FSI - Dead

Rec	Feet of	%gas	%oil	%water	%mud
<u>8</u>	<u>Mud w/oil specks</u>				
Rec	Feet of	%gas	%oil	%water	%mud
Rec	Feet of	%gas	%oil	%water	%mud
Rec	Feet of	%gas	%oil	%water	%mud
Rec	Feet of	%gas	%oil	%water	%mud

Rec Total 8 BHT _____ Gravity _____ API RW _____ @ _____ °F Chlorides _____ ppm

(A) Initial Hydrostatic 2161 Test 1250' T-On Location 20:58
 (B) First Initial Flow 17 Jars 250' T-Started 22:25
 (C) First Final Flow 18 Safety Joint 75' T-Open 1:26
 (D) Initial Shut-In 435 Circ Sub _____ T-Pulled 3:26
 (E) Second Initial Flow ✓ Hourly Standby _____ T-Out 6:00
 (F) Second Final Flow 20 Mileage 126 rt 195.30 Comments _____
 (G) Final Shut-In 234 Sampler _____
 (H) Final Hydrostatic 2131 Straddle _____

Initial Open _____ Shale Packer _____ Ruined Shale Packer _____ **RECEIVED**
 Initial Shut-In _____ Extra Packer _____ Ruined Packer _____ **JUL 09 2012**
 Final Flow _____ Extra Recorder _____ Extra Copies _____ **KCC WICHITA**
 Final Shut-In _____ Day Standby _____ Accessibility _____ Total 1770.30
 Sub Total 1770.30 MP/DST Disc't _____

Approved By _____ Our Representative Jaron McJannet Thank you!

Triobite Testing Inc. shall not be liable for damaged of any kind of the property or personnel of the one for whom a test is made, or for any loss suffered or sustained, directly or indirectly, through the use of its equipment, or its statements or opinion concerning the results of any test, tools lost or damaged in the hole shall be paid for at cost by the party for whom the test is made.



TRILOBITE TESTING INC.

P.O. Box 1733 • Hays, Kansas 67601

Test Ticket

NO. 47282

Well Name & No. Armstrong B #2 Test No. 2 Date 5-3-12
 Company Bear Petroleum, LLC Elevation 2212 KB 2202 GL
 Address PO Box 438, Haysville, KS, 67060
 Co. Rep / Geo. Mace Downing Rig Maverick #106
 Location: Sec. 32 Twp. 20s Rge. 20w Co. Pawnee State KS

Interval Tested 4366-4376 Zone Tested Mississippi
 Anchor Length 10' Drill Pipe Run 4365 Mud Wt. 9.2
 Top Packer Depth 4361 Drill Collars Run 0 Vis 54
 Bottom Packer Depth 4366 Wt. Pipe Run 0 WL 12.0
 Total Depth 4376 Chlorides 8,000 ppm System LCM 2[#]
 Blow Description IFP-Weak Blow, Built to 2 1/4"
ISI-Dead
FFP-Weak Blow, Built to 1 1/4" (plugging action)
FSI-Dead

Rec	Feet of	%gas	%oil	%water	%mud
<u>45</u>	<u>Hoem</u>	<u>30</u>		<u>70</u>	
Rec	Feet of	%gas	%oil	%water	%mud
Rec	Feet of	%gas	%oil	%water	%mud
Rec	Feet of	%gas	%oil	%water	%mud
Rec	Feet of <u>30' GIP</u>	%gas	%oil	%water	%mud

Rec Total 45 BHT Gravity API RW @ °F Chlorides ppm

(A) Initial Hydrostatic 2153 Test 1250 T-On Location 13:11
 (B) First Initial Flow 16 Jars 250 T-Started 13:22
 (C) First Final Flow 2.3 Safety Joint 75' T-Open 16:00
 (D) Initial Shut-In 1115 Circ Sub T-Pulled 19:00
 (E) Second Initial Flow X Hourly Standby T-Out 21:26
 (F) Second Final Flow X Mileage 126 rt 195.30 Comments _____
 (G) Final Shut-In 1092 Sampler _____
 (H) Final Hydrostatic 2113 Straddle _____

Initial Open 45 Ruined Shale Packer _____
 Initial Shut-In 45 Ruined Packer _____
 Final Flow 45 Extra Copies _____
 Final Shut-In 45 Extra Recorder _____
 Day Standby _____
 Accessibility _____
 Sub Total 1770.30 MP/DST Disc't _____

Approved By _____ Our Representative Jason M. Smore
 TriLOBITE TESTING Inc. shall not be liable for damaged of any kind of the property or personnel of the one for whom a test is made, or for any loss suffered or sustained, directly or indirectly, through the use of its equipment, or its statements or opinion concerning the results of any test. Tools lost or damaged in the hole shall be paid for at cost by the party for whom the test is made.

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 KCC WICHITA
 Thank you



TRILOBITE TESTING INC.

P.O. Box 1733 - Hays, Kansas 67601

Test Ticket

NO. 47283

Well Name & No. Armstrong B #2 Test No. 3 Date 5-4-12
 Company Bear Petroleum, LLC Elevation 2212 KB 2202 GL
 Address PO Box 438, Haysville, KS. 67060
 Co. Rep / Geo. Marc Downing Rig Maverick #106
 Location: Sec. 32 Twp. 20s Rge. 20w Co. Pawnee State KS

Interval Tested 4368 - 4380 Zone Tested Mississippi
 Anchor Length 12' Drill Pipe Run 4365 Mud Wt. 9.2
 Top Packer Depth 436.3 Drill Collars Run 0 Vis 54
 Bottom Packer Depth 4368 Wt. Pipe Run 0 WL 12.0
 Total Depth 4380 Chlorides 8,000 ppm System LCM 2#

Blow Description IFP- Good Blow, BOB in 40 min.
ISI- Dead
FFP- Good Blow, Built to 9"
FST- Blowback Built to 1/2" for 15 min.

Rec	Feet of	%gas	%oil	%water	%mud
<u>30</u>	<u>Feet of Free Oil</u>				
<u>60</u>	<u>Feet of OCMW</u>	<u>20</u>	<u>40</u>	<u>40</u>	<u>40</u>
<u>60</u>	<u>Feet of Muddy Water</u>	<u>1</u>	<u>89</u>	<u>10</u>	<u>10</u>
<u> </u>	<u>Feet of</u>				
<u> </u>	<u>Feet of 120' GIP</u>				

Rec Total 150' BHT Gravity API RW 240 @ 87 °F Chlorides 26,000 ppm

(A) Initial Hydrostatic 2154 Test 1250 T-On Location 3:09
 (B) First Initial Flow 17 Jars 250 T-Started 3:30
 (C) First Final Flow 52 Safety Joint 75 T-Open 6:26
 (D) Initial Shut-In 1125 Circ Sub T-Pulled 9:26
 (E) Second Initial Flow 58 Hourly Standby T-Out 11:44
 (F) Second Final Flow 84 Mileage 126RT 193.30 Comments _____
 (G) Final Shut-In 1118 Sampler _____
 (H) Final Hydrostatic 2127 Straddle _____

Ruined Shale Packer _____
 Ruined Packer _____
 Extra Copies _____
 Initial Open 45
 Initial Shut-In 45
 Final Flow 45
 Final Shut-In 45
 Extra Packer _____
 Extra Recorder _____
 Day Standby _____
 Accessibility _____
 Sub Total 177030
 Sub Total 177030

Approved By _____ Our Representative _____
 MP/DST Disc't RECEIVED

JUL 09 2012
 KCC WICHITA
 TriLOBITE Testing Inc shall not be liable for damaged of any kind of the property or personnel of the one for whom a test is made, or for any loss suffered or sustained, directly or indirectly, through the use of its equipment, or its statements or opinion concerning the results of any test, tools lost or damaged in the hole shall be paid for at cost by the party for whom the test is made.



Cement Surface
Pipe

FIELD ORDER N° C 39536

BOX 438 • HAYSVILLE, KANSAS 67060
316-524-1225

DATE 4/27/12 20__

IS AUTHORIZED BY: Beer Petroleum
(NAME OF CUSTOMER)

Address _____ City _____ State _____

To Treat Well As Follows: Lease Armstrong Well No. B-2 Customer Order No. _____

Sec. Twp. Range _____ County Pownee State ks

CONDITIONS: As a part of the consideration hereof it is agreed that Copeland Acid Service is to service or treat at owners risk, the hereinbefore mentioned well and is not to be held liable for any damage that may accrue in connection with said service or treatment. Copeland Acid Service has made no representation, expressed or implied, and no representations have been relied on, as to what may be the results or effect of the servicing or treating said well. The consideration of said service or treatment is payable. There will be no discount allowed subsequent to such date. 6% interest will be charged after 60 days. Total charges are subject to correction by our invoicing department in accordance with latest published price schedules.

The undersigned represents himself to be duly authorized to sign this order for well owner or operator.

THIS ORDER MUST BE SIGNED BEFORE WORK IS COMMENCED _____ By _____
Well Owner or Operator Agent

CODE	QUANTITY	DESCRIPTION	UNIT COST	AMOUNT
	50	mileage pump truck	4. ⁰⁰ / ₁	200. ⁰⁰
	50	mileage pickup	2. ⁰⁰	100. ⁰⁰
	1	Pump Charge		1,100. ⁰⁰
	175	60/40 per- 2% sel.	9. ²⁵	1,618. ⁷⁵
	100	Common	11. ²⁵ / ₁	1,125. ⁰⁰
	12	Calcium Chloride	40. ⁰⁰ / ₁	480. ⁰⁰
	1	8 ⁵ / ₈ " plug		65. ⁰⁰
	1	8 ⁵ / ₈ " baffle		105. ⁰⁰
	287	Bulk Charge	1. ²⁵ / ₁₅	358. ⁷⁵
		Bulk Truck Miles 12.88 T x 50 m = 644 Tm x 1.14	1. ¹⁰ / ₁	708. ⁴⁰
		Process License Fee on _____ Gallons		
TOTAL BILLING				5,860. ⁰⁰

I certify that the above material has been accepted and used; that the above service was performed in a good and workmanlike manner under the direction, supervision and control of the owner, operator or his agent, whose signature appears below.

Copeland Representative Nathan W.

Station G.B.

Dick S. RECEIVED
Well Owner, Operator or Agent JUL 09 2012

Remarks _____

NET 30 DAYS

KCC WICHITA



Cement long string

FIELD ORDER N° C 39545

BOX 438 • HAYSVILLE, KANSAS 67060
316-524-1225

DATE 5/1/12 20

IS AUTHORIZED BY: Becc Petroleum (NAME OF CUSTOMER)

Address _____ City _____ State _____

To Treat Well As Follows: Lease Armstrong Well No. B-2 Customer Order No. _____

Sec. Twp. Range _____ County Pownee State KS

CONDITIONS: As a part of the consideration hereof it is agreed that Copeland Acid Service is to service or treat at owners risk, the hereinbefore mentioned well and is not to be held liable for any damage that may accrue in connection with said service or treatment. Copeland Acid Service has made no representation, expressed or implied, and no representations have been relied on, as to what may be the results or effect of the servicing or treating said well. The consideration of said service or treatment is payable. There will be no discount allowed subsequent to such date. 6% interest will be charged after 60 days. Total charges are subject to correction by our invoicing department in accordance with latest published price schedules.

The undersigned represents himself to be duly authorized to sign this order for well owner or operator.

THIS ORDER MUST BE SIGNED BEFORE WORK IS COMMENCED _____ By _____ Agent

Well Owner or Operator

Agent

CODE	QUANTITY	DESCRIPTION	UNIT COST	AMOUNT
	50	mileage pump truck	4.00	200.00
	50	mileage pickup	2.00	100.00
	1	Pump Charge		1,600.00
	150	60% in max 20% gel	9.25	1,387.50
	100 #	C-37	3.75	375.00
	400 #	Gilsonite	.50	200.00
	1,250 #	Salt	.18	225.00
	1	5/8" Packer Shoe		2,100.00
	1	5/8" catch down plus choke		175.00
	1	5/8" Basket		155.00
	5	5/8" Centralizers	65.00	325.00
	500 gal	mud flush - fig = check K-101	1.15	575.00
	50	60% in max 20% gel	9.25	462.50
	1	2% add. gel		20.00
	236	Bulk Charge	1.25	295.00
		Bulk Truck Miles 9.73T x 50m = 486.5Tm x 1.10	1.10	535.15
		Process License Fee on _____ Gallons		
		TOTAL BILLING		8,730.15

I certify that the above material has been accepted and used; that the above service was performed in a good and workmanlike manner under the direction, supervision and control of the owner, operator or his agent, whose signature appears below.

Copeland Representative Arthur W.

Station G.B.

Remarks _____

Dick S.

Well Owner, Operator or Agent

RECEIVED

JUL 09 2012

KCC WICHITA

NET 30 DAYS



Cement squeeze
lower zone

FIELD ORDER N^o C 39665

BOX 438 • HAYSVILLE, KANSAS 67060
316-524-1225

DATE 5/19/12 20__

IS AUTHORIZED BY: Bear Petroleum
(NAME OF CUSTOMER)

Address _____ City _____ State _____

To Treat Well As Follows: Lease Armstrong Well No. B-2 Customer Order No. _____

Sec. Twp. Range _____ County Pawnee State KS

CONDITIONS: As a part of the consideration hereof it is agreed that Copeland Acid Service is to service or treat at owners risk, the hereinbefore mentioned well and is not to be held liable for any damage that may accrue in connection with said service or treatment. Copeland Acid Service has made no representation, expressed or implied, and no representations have been relied on, as to what may be the results or effect of the servicing or treating said well. The consideration of said service or treatment is payable. There will be no discount allowed subsequent to such date. 6% interest will be charged after 60 days. Total charges are subject to correction by our invoicing department in accordance with latest published price schedules.

The undersigned represents himself to be duly authorized to sign this order for well owner or operator.

THIS ORDER MUST BE SIGNED BEFORE WORK IS COMMENCED _____ By _____ Agent

CODE	QUANTITY	DESCRIPTION	UNIT COST	AMOUNT
	50	milesage pump truck	4. ^{00/}	200. ^{00/}
	50	milesage pickup	2. ^{00/}	100. ^{00/}
	1	Pump Charge		950. ^{00/}
	50	Common	11. ^{25/}	562. ^{50/}
	5	C-20 L	35. ^{00/}	175. ^{00/}
	1	5 1/2" Packer Rental		800. ^{00/}
	50	Bulk Charge	min	150. ^{00/}
		Bulk Truck Miles 2.35 TX 50m = 117.5 TX x 1. ^{00/}	min	150. ^{00/}
		Process License Fee on _____ Gallons		
TOTAL BILLING				3,087. ^{50/}

I certify that the above material has been accepted and used; that the above service was performed in a good and workmanlike manner under the direction, supervision and control of the owner, operator or his agent, whose signature appears below.

Copeland Representative Nathan W.

Station G.B.

Dick S.

Well Owner, Operator or Agent

RECEIVED
JUL 09 2012

Remarks _____

NET 30 DAYS

KCC WICHITA

