



KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

1131263

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 # _____

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 Date Reached TD Completion Date or
Recompletion Date Recompletion Date

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: _____

1131263

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: _____	<div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> Name Top Datum </div>
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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: <input type="checkbox"/> Yes <input type="checkbox"/> No
Date of First, Resumed Production, SWD or ENHR.			Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other <i>(Explain)</i> _____		
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. <i>(Submit ACO-5)</i> <input type="checkbox"/> Commingled <i>(Submit ACO-4)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	Bear Petroleum, LLC
Well Name	McGlynn 3
Doc ID	1131263

Tops

Name	Top	Datum
Heebner	2760	-1034
Toronto	2781	-1055
Douglas	2789	-1063
Brown Lime	2888	-1162
Lansing	2914	-1188
Base KC	3202	-1476
Simpson	3218	-1492
Arbuckle	3227	-1501



Cement Surface

FIELD
ORDER

Nº C 41719

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

DATE 1/8 20 13

IS AUTHORIZED BY:

BEAR Peteo

(NAME OF CUSTOMER)

Address _____ City _____ State _____

To Treat Well

As Follows: Lease Mary McGlynn

Well No. #3

Customer Order No. _____

Sec. Twp.

Range _____ County RICE 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

Well Owner or Operator

By

Agent

CODE	QUANTITY	DESCRIPTION	UNIT COST	AMOUNT
	25 miles	mileage charge	4.00	100.00
	25 miles	pickup mileage charge	2.00	50.00
		Surface Pipe		1100.00
	225	60/40 2% Gel	9.25	2081.25
	8	sack Calcium		320.00
		8 5/8 plug	65.00	65.00
	233	Bulk Charge	1.25	291.25
		Bulk Truck Miles $10.22 \times 25 = 256 \times$	1.10	281.60
		Process License Fee on _____ Gallons		
		TOTAL BILLING		4289.10

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

[Signature]

Station

DICK S.

Well Owner, Operator or Agent

Remarks

NET 30 DAYS



Acid Stage No.

'Treater

[illegible]



Cement 5"

FIELD
ORDER N° C 38144

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

DATE 11/12/13 20

IS AUTHORIZED BY: Bear Petroleum (NAME OF CUSTOMER)

Address City State

To Treat Well As Follows: Lease M. McGlynn Well No. 3 Customer Order No.

Sec. Twp. Range County Rice 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 Well Owner or Operator By Agent

CODE	QUANTITY	DESCRIPTION	UNIT COST	AMOUNT
	25	mileage pump truck	4. ⁰⁰ /	100. ⁰⁰ /
	25	mileage pickup	2. ⁰⁰ /	50. ⁰⁰ /
	1	Pump Chase (Long String)		1,600. ⁰⁰ /
	250	60/100 per. 2% sol.	9. ²⁵ /	2,312. ⁵⁰ /
	1,650 [#]	Salt	.25	412. ⁵⁰ /
	150 [#]	C-37	3. ⁷⁵ /	562. ⁵⁰ /
	100 [#]	C-41p	3. ⁷⁵ /	375. ⁰⁰ /
	1,000 [#]	Gilsonite	.50	500. ⁰⁰ /
	5	Centralizers	65. ⁰⁰ /	325. ⁰⁰ /
	3	Baskets	155. ⁰⁰ /	465. ⁰⁰ /
	1	5 1/2" Latch down plus 2 baffles		175. ⁰⁰ /
	1	5 1/2" Float shoe w/ Auto-Fill		355. ⁰⁰ /
	600	Mud-Flush	1. ⁰⁰ /	600. ⁰⁰ /
	30 [#]	Bulk Charge	1. ²⁵ /	375. ⁰⁰ /
		Bulk Truck Miles 12.45 T x 25 m = 311.25 Tmx1. ¹⁰ /	1. ¹⁰ /	342. ³⁵ /
		Process License Fee on Gallons		
		TOTAL BILLING		\$,559. ⁸⁵ /

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 C.B.

Dick S.
Well Owner, Operator or Agent

Remarks

NET 30 DAYS

TREATMENT REPORT

Cement 5"

Acid Stage No.

Date 1/12/13 District G.B. F. O. No. C38144
 Company Rec. Petroleum
 Well Name & No. M. McGlynn #3
 Location _____ Field _____
 County Rice State LA
 Casing: Size 5 1/2" Type & Wt. 17.0 # Set at _____ ft.
 Formation: _____ Perf. _____ to _____
 Formation: _____ Perf. _____ to _____
 Formation: _____ Perf. _____ to _____
 Liner: Size _____ Type & Wt. _____ Top at _____ ft. Bottom at _____ ft.
 Cemented: Yes/No. Perforated from _____ ft. to _____ ft.
 Tubing: Size & Wt. _____ Swung at _____ ft.
 Perforated from _____ ft. to _____ ft.
 Open Hole Size _____ T.D. _____ ft. P.B. to _____ ft.

Type Treatment: Amt. _____ Type Fluid _____ Sand Size _____ Pounds of Sand _____
 Bkdown _____ Bbl. /Gal. _____
 _____ Bbl. /Gal. _____
 _____ Bbl. /Gal. _____
 _____ Bbl. /Gal. _____
 Flush _____ Bbl. /Gal. _____
 Treated from _____ ft. to _____ ft. No. ft. _____
 from _____ ft. to _____ ft. No. ft. _____
 from _____ ft. to _____ ft. No. ft. _____
 Actual Volume of Oil/Water to Load Hole: _____ Bbl. /Gal.
 Pump Trucks. No. Used: Std. 320 Sp. _____ Twin _____
 Auxiliary Equipment 317/316
 Packer: _____ Set at _____ ft.
 Auxiliary Tools _____
 Plugging or Sealing Materials: Type _____ (Gals. _____) (lb. _____)

Company Representative Dick S. Treater Nathan W.

TIME (a.m./p.m.)	PRESSURES		Total Fluid Pumped	REMARKS
	Tubing	Casing		
11:00	-	5 1/2"		On Location.
:				
:				Hole = 3,330'
:				Pipe = 3,326'
:				S.J. = - 15'
:				Bottom = 3311'
:				
:				Tag bottom w/ pipe. Attempt to
:				circulate down. Hard bottom.
:				Circulate for 30 min.
:				
:				Pump 600 gal. mud-flush.
:				
:				Plug Ret-Hole w/ 30 sts.
:				Plug mouse-Hole w/ 20 sts.
:				
:				Mix 200 sts. @ 1/40 pps 2% sol. 15%
:				salt 3 1/4% CR-2 1/2% C-41p
:				5 #/sk. silsanite.
:				
:				Displace w/ 76.9 bbls. @ 7 1/2 bpm @
:				950 #
:				
:				Plug landed @ 1,500 #
6:40				Released. Float Held.
:				
:				Thank You!
:				Nathan W.
:				
:				
:				
:				
:				