



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

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: _____

1136759



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> _____ <i>(Submit ACO-4)</i>	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	Bear Petroleum, LLC
Well Name	Armstrong B 3
Doc ID	1136759

All Electric Logs Run

Dual Induction Log
Bore Hole Compensated Sonic Log
Dual Compensated Porosity Log
Microresistivity Log
Sonic Cement Bond



Cement
Surface

FIELD
ORDER N° C 38149

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

DATE 1-16-13 20__

IS AUTHORIZED BY: BEAR PETROLEUM
(NAME OF CUSTOMER)

Address _____ City _____ State _____

To Treat Well
As Follows: Lease ARMSTRONG Well No. B 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 _____
Well Owner or Operator Agent

CODE	QUANTITY	DESCRIPTION	UNIT COST	AMOUNT
	50	MILEAGE Pump TRUCK	400	200 ⁰⁰
	50	MILEAGE PICKUP	2 ⁰⁰	100 ⁰⁰
	1	Pump CHARGE - SURFACE	1100 ⁰⁰	1100 ⁰⁰
	300	60/40 2% Gel	9 ²⁵	2775 ⁰⁰
	10	CALCIUM	40 ⁰⁰	400 ⁰⁰
	1	8 5/8 wood PLUG	65 ⁰⁰	65 ⁰⁰
	310	Bulk Charge	1 ²⁵	387 ⁵⁰
		Bulk Truck Miles 13.6T x 50m = 680Tm x 1 ¹⁰	1 ¹⁰	748 ⁰⁰
		Process License Fee on _____ Gallons		
TOTAL BILLING				5775 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 BRANDON

Station GB

DICKS
Well Owner, Operator or Agent

Remarks _____

NET 30 DAYS



TREATMENT REPORT

Acid Stage No.

Date 1-16-13 District..... F. O. No. 38149
 Company BEAR PETROLEUM
 Well Name & No. ARMSTRONG B
 Location..... Field.....
 County PAWNEE State W.S.

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.....

Casing: Size 8 5/8 Type & Wt..... Set at 425 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. to.....ft.
 Perforated from.....ft. to.....ft.
 Open Hole Size..... T.D.ft. P.B. to.....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 Brandon

TIME a.m / p.m.	PRESSURES		Total Fluid Pumped	REMARKS
	Tubing	Casing		
6 :30				ON LOCATION
:				
:				
:				
:				BREAK CIRCULATION W MUD PUMP
:				
:				MIX 300 sls 60/40 2% Gel 3% CC
:				DISPLACE 26 ABL @ 5 BPM 400#
:				
8 :40				CIRCULATE cement to SURFACE
:				
:				435' of hole
:				425' of 8 5/8 ES'
:				15' Landing joint
:				440' total pipe
:				
:				
:				
:				Thanks Brandon



Cement
5 1/2

FIELD ORDER N° C 38202

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

DATE 1/23/12 20

IS AUTHORIZED BY: Bee Petroleum (NAME OF CUSTOMER)

Address _____ City _____ State _____

To Treat Well As Follows: Lease Armstrong Well No. B-3 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 _____
Well Owner or Operator Agent

CODE	QUANTITY	DESCRIPTION	UNIT COST	AMOUNT
	45	mileage pump truck	4. ⁰⁰ / ₁₀₀	180. ⁰⁰ / ₁₀₀
	45	mileage pickup	2. ⁰⁰ / ₁₀₀	90. ⁰⁰ / ₁₀₀
	1	Pump Charge (Cans string)		1,600. ⁰⁰ / ₁₀₀
	200	60/40 2% sol.	9.25/ ₁₀₀	1,850. ⁰⁰ / ₁₀₀
	1250 [#]	Salt	.25	312. ⁵⁰ / ₁₀₀
	150	C-37	3.75/ ₁₀₀	562.50 562. ⁵⁰ / ₁₀₀
	100	C-41p	3.75/ ₁₀₀	375. ⁰⁰ / ₁₀₀
	750	Gilsonite	.50	375. ⁰⁰ / ₁₀₀
	1	5 1/2" Latch down plus baffle		175. ⁰⁰ / ₁₀₀
	1	5 1/2" float shoe w/ auto-fill		355. ⁰⁰ / ₁₀₀
	5	5 1/2" Centralizers	65. ⁰⁰ / ₁₀₀	325. ⁰⁰ / ₁₀₀
	2	Baskets	155. ⁰⁰ / ₁₀₀	310. ⁰⁰ / ₁₀₀
	600	mud-Flush	1. ⁰⁰ / ₁₀₀	600. ⁰⁰ / ₁₀₀
	240	Bulk Charge	1.25/ ₁₀₀	305. ⁰⁰ / ₁₀₀
		Bulk Truck Miles 9.9 Tx 45 m = 445.5 Tx 1. ⁰⁰ / ₁₀₀	1.10/ ₁₀₀	490. ⁰⁵ / ₁₀₀
		Process License Fee on _____ Gallons		
		TOTAL BILLING		7717 7905. ⁰⁵ / ₁₀₀

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

Remarks _____

NET 30 DAYS



TREATMENT REPORT

Acid Stage No.

Date 1/23/12 District G-B F. O. No. C38702
 Company Beac Petroleum
 Well Name & No. Armstrong B-3
 Location _____ Field _____
 County Pawnee State KS
 Casing: Size 5 1/2" Type & Wt. 15.5 # 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 317/310
 Packer: _____ Set at _____ ft.
 Auxiliary Tools _____
 Plugging or Sealing Materials: Type _____ Gal. _____ lb.

Company Representative Dick S. Treater Nathan W.

TIME (a.m./p.m.)	PRESSURES		Total Fluid Pumped	REMARKS
	Tubing	Casing		
11:45	-	5 1/2"		On location. (Rigging up to run 5 1/2")
:				
:				Hole = 4,440'
:				Pipe = 4570'
:				3 cut = 4436'
:				S.S. = 13'
:				Beccle = 4423'
:				
:				Back-circulation w/ mud pump
:				Circulate for 30 min
:				
:				Pump 600 gal. Mud-Flush.
:				
:				Plus Ret-Hole w/ 30 sks.
:				Plus mouse-Hole w/ 20 sks.
:				
:				Mix 150 sks 60/40 por. 2% sol. 18% salt 3/4% CFR-2 1/2% C-41p 5# st. Gilsomite.
:				
:				Wash out pump & lines.
:				
:				Displace w/ 105 bbls. @ 7 bpm 900 # Plus landed @ 1,500 #
:				
4:45				Released. Floct Held.
:				
:				Thank You!
:				Nathan W.



Cement + packer

FIELD ORDER N° C 38220

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

DATE 2/6/13 20

IS AUTHORIZED BY: Beac Petroleum (NAME OF CUSTOMER)

Address _____ City _____ State _____

To Treat Well As Follows: Lease Armstrong Well No. B-3 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 _____
Well Owner or Operator Agent

CODE	QUANTITY	DESCRIPTION	UNIT COST	AMOUNT
	45	mileage pump truck	4. ⁰⁰ / ₁₀₀	180. ⁰⁰ / ₁₀₀
	45	mileage pickup	2. ⁰⁰ / ₁₀₀	90. ⁰⁰ / ₁₀₀
	1	Pump Charge (square)		950. ⁰⁰ / ₁₀₀
	75	Common	11. ²⁵ / ₁₀₀	843. ⁷⁵ / ₁₀₀
	50 ±	C-12	3. ⁷⁵ / ₁₀₀	187. ⁵⁰ / ₁₀₀
Tool	1	5 1/2" Packer Rental		800. ⁰⁰ / ₁₀₀
	76	Bulk Charge	min	150. ⁰⁰ / ₁₀₀
		Bulk Truck Miles 3.55 T x 45m = 159.75 Tm x 1. ⁰⁰ / ₁₀₀	1. ⁰⁰ / ₁₀₀	175. ⁷⁵ / ₁₀₀
		Process License Fee on _____ Gallons		3,376. ⁰⁰ / ₁₀₀
		TOTAL BILLING		<u>7,576.⁰⁰/₁₀₀</u>

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

Alan
Well Owner, Operator or Agent

Remarks _____

NET 30 DAYS



TREATMENT REPORT

Acid Stage No.

Date 2/6/13 District G.B F. O. No. C38770
 Company Beck Petroleum
 Well Name & No. Armstrong
 Location _____ Field _____
 County Pawnee State KS
 Casing: Size 5 1/2" Type & Wt. _____ 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. 2 1/8" Spung at _____ ft. to _____ 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. 370 Sp. _____ Twin _____
 Auxiliary Equipment 317/310
 Packer: _____ Set at _____ ft.
 Auxiliary Tools _____
 Plugging or Sealing Materials: Type _____ (Gals. _____) lb. _____

Company Representative Alan Treater Nathan W.

TIME a.m / p.m.	PRESSURES		Total Fluid Pumped	REMARKS
	Tubing	Casing		
10:00	2 7/8"	5 1/2"		On location.
:				
:				
:				Packer - 4205'
:				Perfs - 4324-36'
:				
:				Load Annulus to 500#
:				Take inj. rate @ 2 bpm - 1,200#
:				Mix 35 lbs. Common w/ Fluid Loss.
:				Mix 40 lbs. Common.
:				
:				Displace w/ 17 bbls. @ 2,000#
:				wait 10 min. Flow back.
:				wait 10 min. Flow back.
:				wait 10 min. Staged in place.
:				
:				Try to Reverse out w/ 1,000# on
:				Annulus. Blew out rubber.
:				
:				Pull 10 jts. Try to reverse out
:				long way w/ 3,500# would not
:				move.
:				
:				pull tools.
:				
:				Thank You!
:				Nathan W.



DRILL STEM TEST REPORT

Prepared For: **Bear Petroleum LLC**

PO Box 438
Haysville KS 67060

ATTN: Kurt Talbott

Armstrong B #3

32-20s-20w Pawnee,KS

Start Date: 2013.01.22 @ 02:06:00

End Date: 2013.01.22 @ 10:29:30

Job Ticket #: 51578 DST #: 1

Trilobite Testing, Inc

PO Box 362 Hays, KS 67601

ph: 785-625-4778 fax: 785-625-5620

Printed: 2013.01.24 @ 09:44:16



TRILOBITE TESTING, INC.

DRILL STEM TEST REPORT

Bear Petroleum LLC
 PO Box 438
 Haysville KS 67060
 ATTN: Kurt Talbott

32-20s-20w Pawnee, KS

Armstrong B #3

Job Ticket: 51578

DST#: 1

Test Start: 2013.01.22 @ 02:06:00

GENERAL INFORMATION:

Formation: **Mississippi**
 Deviated: No Whipstock: ft (KB)
 Time Tool Opened: 05:09:30
 Time Test Ended: 10:29:30
 Interval: **4299.00 ft (KB) To 4346.00 ft (KB) (TVD)**
 Total Depth: 4346.00 ft (KB) (TVD)
 Hole Diameter: 7.88 inches Hole Condition: Fair
 Test Type: Conventional Bottom Hole (Initial)
 Tester: Cody Bloedorn
 Unit No: 66
 Reference Elevations: 2189.00 ft (KB)
 2179.00 ft (CF)
 KB to GR/CF: 10.00 ft

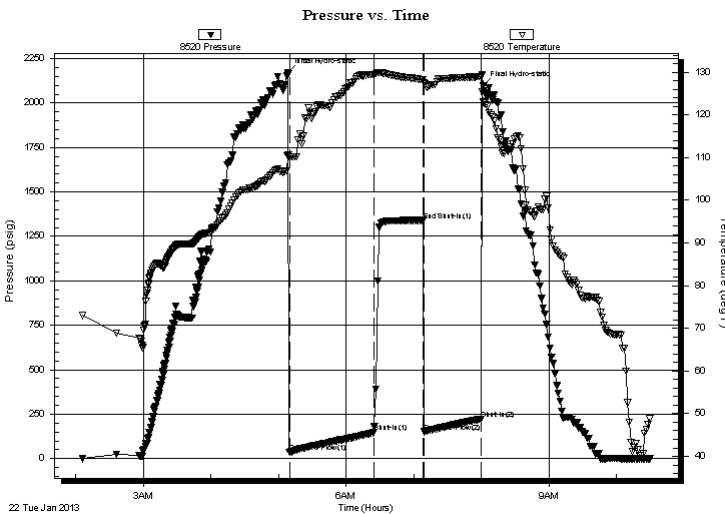
Serial #: 8520

Outside

Press @ Run Depth: 149.04 psig @ 4338.00 ft (KB)
 Start Date: 2013.01.22 End Date: 2013.01.22
 Start Time: 02:06:00 End Time: 10:29:30
 Capacity: 8000.00 psig
 Last Calib.: 2013.01.22
 Time On Btm: 2013.01.22 @ 05:08:00
 Time Off Btm: 2013.01.22 @ 08:02:00

TEST COMMENT: 30 - IF- 4" blow
 45 - IS- Surface blow back
 45 - FF- Surface blow
 45 - FS- 3" blow back

PRESSURE SUMMARY



Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	2172.67	110.36	Initial Hydro-static
2	35.37	110.23	Open To Flow (1)
77	149.04	129.44	Shut-In(1)
121	1340.45	128.22	End Shut-In(1)
121	150.67	127.54	Open To Flow (2)
172	223.09	128.93	Shut-In(2)
174	2098.77	122.96	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
102.00	MW, 20%M, 80%W	1.43
186.00	GSOCWM, 10%O, 10%G, 40%W, 40%M	2.61
124.00	OCM, 20%O, 80%M	1.74
20.00	GO, 10%G, 90%O	0.28

Gas Rates

Choke (inches)	Pressure (psig)	Gas Rate (Mcf/d)



**TRILOBITE
TESTING, INC.**

DRILL STEM TEST REPORT

TOOL DIAGRAM

Bear Petroleum LLC

32-20s-20w Pawnee, KS

PO Box 438
Haysville KS 67060

Armstrong B #3

Job Ticket: 51578

DST#: 1

ATTN: Kurt Talbott

Test Start: 2013.01.22 @ 02:06:00

Tool Information

Drill Pipe:	Length: 4285.00 ft	Diameter: 3.80 inches	Volume: 60.11 bbl	Tool Weight: 2000.00 lb
Heavy Wt. Pipe:	Length: 0.00 ft	Diameter: 0.00 inches	Volume: 0.00 bbl	Weight set on Packer: 30000.00 lb
Drill Collar:	Length: 0.00 ft	Diameter: 2.25 inches	Volume: 0.00 bbl	Weight to Pull Loose: 62000.00 lb
			<u>Total Volume: 60.11 bbl</u>	Tool Chased 0.00 ft
Drill Pipe Above KB:	6.00 ft			String Weight: Initial 55000.00 lb
Depth to Top Packer:	4299.00 ft			Final 58000.00 lb
Depth to Bottom Packer:	ft			
Interval between Packers:	47.00 ft			
Tool Length:	67.00 ft			
Number of Packers:	2	Diameter: 6.75 inches		

Tool Comments:

Tool Description

Tool Description	Length (ft)	Serial No.	Position	Depth (ft)	Accum. Lengths
Change Over Sub	1.00			4280.00	
Shut In Tool	5.00			4285.00	
Hydraulic tool	5.00			4290.00	
Packer	5.00			4295.00	20.00 Bottom Of Top Packer
Packer	4.00			4299.00	
Stubb	1.00			4300.00	
Perforations	5.00			4305.00	
Change Over Sub	1.00			4306.00	
Drill Pipe	31.00			4337.00	
Change Over Sub	1.00			4338.00	
Recorder	0.00	8354	Inside	4338.00	
Recorder	0.00	8520	Outside	4338.00	
Perforations	5.00			4343.00	
Bullnose	3.00			4346.00	47.00 Bottom Packers & Anchor

Total Tool Length: 67.00



**TRILOBITE
TESTING, INC.**

DRILL STEM TEST REPORT

FLUID SUMMARY

Bear Petroleum LLC

32-20s-20w Pawnee,KS

PO Box 438
Haysville KS 67060

Armstrong B #3

Job Ticket: 51578

DST#: 1

ATTN: Kurt Talbott

Test Start: 2013.01.22 @ 02:06:00

Mud and Cushion Information

Mud Type: Gel Chem

Cushion Type:

Oil API:

deg API

Mud Weight: 9.00 lb/gal

Cushion Length:

ft

Water Salinity:

ppm

Viscosity: 48.00 sec/qt

Cushion Volume:

bbbl

Water Loss: 9.57 in³

Gas Cushion Type:

Resistivity: ohm.m

Gas Cushion Pressure:

psig

Salinity: 5000.00 ppm

Filter Cake: inches

Recovery Information

Recovery Table

Length ft	Description	Volume bbbl
102.00	MW, 20%M, 80%W	1.431
186.00	GSOCWM, 10%O,10%G,40%W,40%M	2.609
124.00	OCM, 20%O, 80%M	1.739
20.00	GO, 10%G, 90%O	0.281

Total Length: 432.00 ft

Total Volume: 6.060 bbl

Num Fluid Samples: 0

Num Gas Bombs: 0

Serial #:

Laboratory Name:

Laboratory Location:

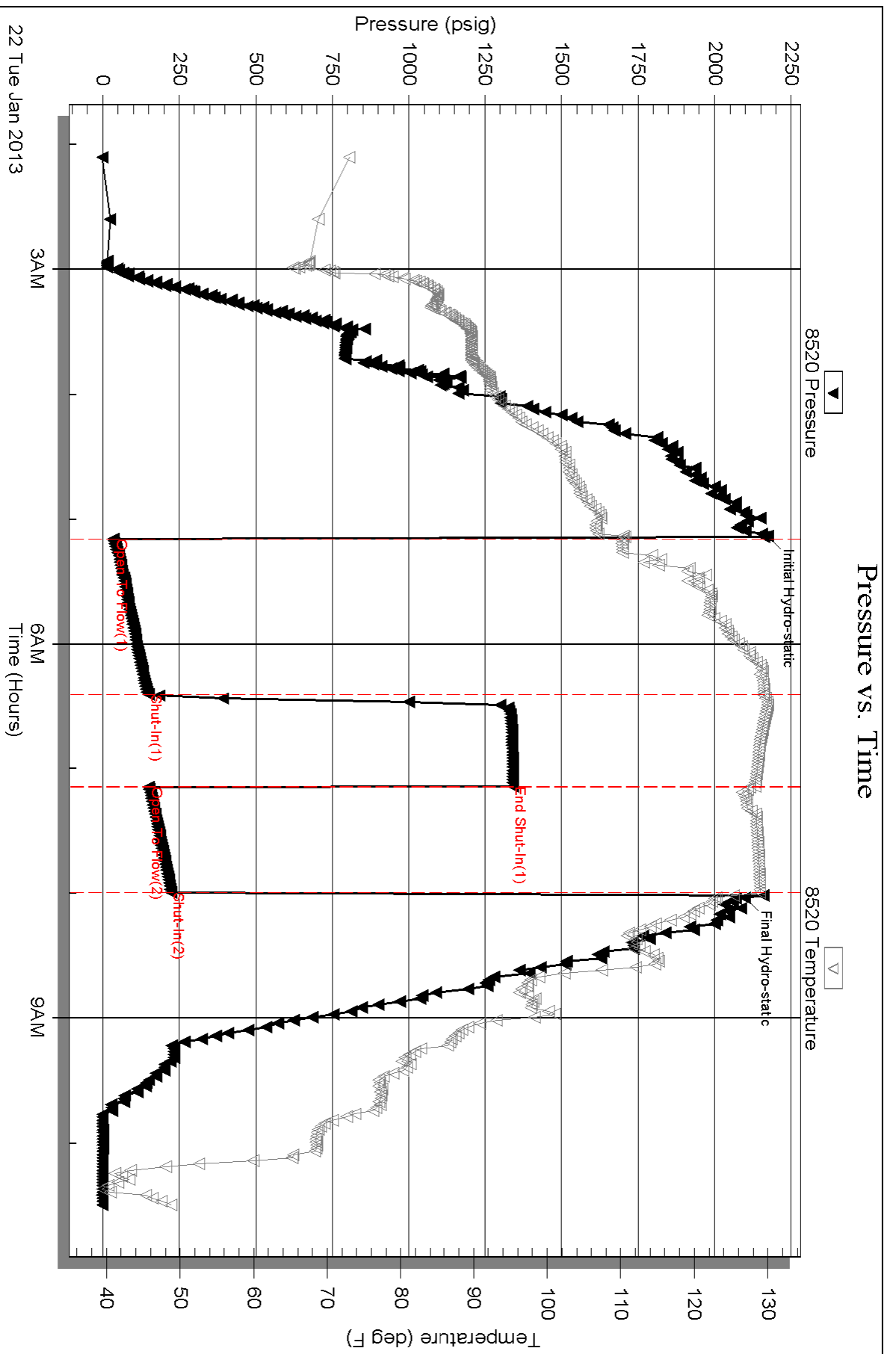
Recovery Comments:

Serial #: 8520

Outside Bear Petroleum LLC

Armstrong B #3

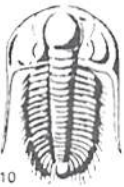
DST Test Number: 1



Triobite Testing, Inc

Ref. No: 51578

Printed: 2013.01.24 @ 09:44:18



TRILOBITE TESTING INC.

1515 Commerce Parkway • Hays, Kansas 67601

Test Ticket

NO. 51578

Well Name & No. Armstrong B #3 Test No. 1 Date 1-21-13
 Company Bear Petroleum LLC Elevation 2189 KB 2179 GL
 Address Po Box 438, Haysville KS, 67060
 Co. Rep / Geo. Kurt Talbot Rig Maverick 108
 Location: Sec. 32 Twp. 20s Rge. 20W Co. Pawnee State KS

Interval Tested 4299-4346 Zone Tested Mississippi
 Anchor Length 47' Drill Pipe Run 4285 Mud Wt. 9.2
 Top Packer Depth 4294 Drill Collars Run — Vis 48
 Bottom Packer Depth 4299 Wt. Pipe Run — WL 9.6
 Total Depth 4346 Chlorides 5,000 ppm System LCM —
 Blow Description IF - 4" blow
ISI - Surface blow
FF - Surface blow
FST -

Rec	Feet of	%gas	%oil	%water	%mud
<u>102</u>	<u>MW</u>		<u>80</u>	<u>20</u>	
<u>186</u>	<u>GSOCWM</u>	<u>10</u>	<u>10</u>	<u>40</u>	<u>40</u>
<u>124</u>	<u>CCM</u>		<u>20</u>		<u>80</u>
<u>20</u>	<u>60</u>	<u>10</u>	<u>90</u>		
Rec	Feet of	%gas	%oil	%water	%mud

Rec Total 432 BHT _____ Gravity _____ API RW _____ @ _____ °F Chlorides _____ ppm

(A) Initial Hydrostatic 2174 Test 1250 T-On Location 11:22pm
 (B) First Initial Flow 35 Jars _____ T-Started 1:57am
 (C) First Final Flow 145 Safety Joint _____ T-Open 5:10am
 (D) Initial Shut-In 1340 Circ Sub _____ T-Pulled 7:55am
 (E) Second Initial Flow 150 Hourly Standby over 9hrs 1h 100 T-Out 10:32am
 (F) Second Final Flow 223 Mileage 118rt 182.90 Comments _____
 (G) Final Shut-In _____ Sampler _____
 (H) Final Hydrostatic 2110 Straddle _____ Ruined Shale Packer _____
 Shale Packer _____ Ruined Packer _____
 Extra Packer _____ Extra Copies _____
 Extra Recorder _____ Sub Total 0
 Day Standby _____ Total 1532.90
 Accessibility _____ MP/DST Disc't _____
 Sub Total 1532.90

Approved By _____

Our Representative Cody Bl...

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.