



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: _____



1136763

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	Krug 11
Doc ID	1136763

All Electric Logs Run

Computer Processed Interpretation
Radiation Guard Log
Microresistivity Log
Sonic Cement Bond Log
Radiation Guard Log

Form	ACO1 - Well Completion
Operator	Bear Petroleum, LLC
Well Name	Krug 11
Doc ID	1136763

Perforations

Shots Per Foot	Perforation Record	Material Record	Depth
		500 gal 15% NEFE Acid	3021-23
4			3085-87
4			3096-3100
4			3137-39
4			3142-43
4			3144-46
4			3164-65
4			3240-42
4			3258-61
4			3289-92
	CIBP		3300
4			3322-24



Cement surface pipe

FIELD ORDER N° C 41661

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

DATE 12/4/12 20

IS AUTHORIZED BY: Rec. Petroleum (NAME OF CUSTOMER)

Address _____ City _____ State _____

To Treat Well _____ Well No. 11 Customer Order No. _____
As Follows: Lease krug

Sec. Twp. _____ County Russell State ks
Range _____

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

CODE	QUANTITY	DESCRIPTION	UNIT COST	AMOUNT
	30	milesse pump truck	4. ^{00/}	120. ^{00/}
	30	milesse pickup	2. ^{00/}	60. ^{00/}
	1	Pump Cherse (surface)		1,100. ^{00/}
	150	Common	11. ^{25/}	1,687. ^{50/}
	150	65/35 p2. 2% sol.	9. ^{25/}	1,387. ^{50/}
	6	40% add. sol.	22. ^{00/}	132. ^{00/}
	11	Calcium Chloride	40. ^{00/}	440. ^{00/}
	1	8 5/8" wood plug		65. ^{00/}
	317	Bulk Charge	1. ^{25/}	396. ^{00/}
		Bulk Truck Miles	1. ^{00/}	472. ³⁹
		Process License Fee on _____ Gallons		
TOTAL BILLING				5860.64

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



Cement
longstring

FIELD ORDER Nº C 41668

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

DATE 12/8/12 20

IS AUTHORIZED BY: Bear Petroleum
(NAME OF CUSTOMER)

Address _____ City _____ State _____

To Treat Well _____
As Follows: Lease krug Well No. 11 Customer Order No. _____

Sec. Twp. Range S24 T155 R14W County Russell 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
	30	mileage pump truck	4. ⁰⁰ / ₁	120. ⁰⁰ / ₁
	30	mileage pickup	2. ⁰⁰ / ₁	60. ⁰⁰ / ₁
	1	Pump Charge		1,600. ⁰⁰ / ₁
	300	⁰⁰ / ₁ 40 ppc. 2% sel	9. ²⁵ / ₁	2,775. ⁰⁰ / ₁
	2,600 #	Salt	.25	650. ⁰⁰ / ₁
	200 #	C-37	3. ⁷⁵ / ₁	750. ⁰⁰ / ₁
	100 #	C-41p	3. ⁷⁵ / ₁	375. ⁰⁰ / ₁
	1,500 #	Gilsonite	.50	750. ⁰⁰ / ₁
	1	5 1/2" Float shoe w/ Auto-fill		355. ⁰⁰ / ₁
	1	5 1/2" Latch down plus e.affle		175. ⁰⁰ / ₁
	9	5 1/2" Centralizers	65. ⁰⁰ / ₁ 225.⁰⁰/₁	855. ⁰⁰ / ₁
	4	5 1/2" Baskets	225. ⁰⁰ / ₁	900. ⁰⁰ / ₁
	600	Mud-Flush	1. ⁰⁰ / ₁	600. ⁰⁰ / ₁
	333	Bulk Charge	1. ²⁵ / ₁	412. ⁵⁰ / ₁
		Bulk Truck Miles 15.4 T x 30 m = 462 Tm x 1. ¹⁰ / ₁	1. ¹⁰ / ₁	508. ²⁰ / ₁
		Process License Fee on _____ Gallons		
		TOTAL BILLING		10,648.⁰⁰/₁

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 12/12/12 District G.B. F. O. No. C41668

Company Beck Petroleum

Well Name & No. Krug #11

Location Trapp Field Trapp

County Russell State KS

Casing: Size 5 1/2" Type & Wt. 15.5 # Set at.....ft.

Formation:.....Perf.....to.....ft.

Formation:.....Perf.....to.....ft.

Formation:.....Perf.....to.....ft.

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. 370 Sp. Twin.....

Auxiliary Equipment 317/310

Packer:..... Set at.....ft.

Auxiliary Tools.....

Plugging or Sealing Materials: Type.....

Company Representative Dick S. Treater Nathan W.

TIME (a.m./p.m.)	PRESSURES		Total Fluid Pumped	REMARKS
	Tubing	Casing		
6:15	-	5 1/2"		On location.
:				
:				Hole = 3365'
:				Shoe = 3364'
:				5 1/2" = 3351' (50 jts.) Baffle = 3343'
:				L.S. = + 12'
:				3364'
:				5.5" = - 21'
:				Baffle = 3343'
:				x .0238
:				79.5 bbls
:				
:				Break-circulation w/ mud pump.
:				Circulate for 30 min.
:				
:				Pump 600 gal. Mud-Flush.
:				
:				Plug Rat-Hole w/ 30 sts.
:				Plug mouse-Hole w/ 20 sts.
:				
:				Mix 250 sts. 60% ucpoz. 2% gel. 15% salt.
:				34% CFR-2. 1% deframer 5 #/sk. silsowite.
:				
:				Wash out pump & lines.
:				
:				Displace w/ 79.5 bbls. @ bpm @ #
:				Plus Landed @ 1,500 #
11:40				Released. Flact Hold.
:				
:				Thank You!
:				
:				Nathan W.