



KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION

1165907

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:

- |  |   |                                     |
|--|---|-------------------------------------|
| <input type="checkbox"/> New Well              | <input type="checkbox"/> Re-Entry                         | <input type="checkbox"/> Workover   |
| <input type="checkbox"/> Oil                   | <input type="checkbox"/> WSW                              | <input type="checkbox"/> SWD        |
| <input type="checkbox"/> Gas                   | <input type="checkbox"/> D&A                              | <input type="checkbox"/> ENHR       |
| <input type="checkbox"/> OG                    | <input type="checkbox"/> GSW                              | <input type="checkbox"/> Temp. Abd. |
| <input type="checkbox"/> CM (Coal Bed Methane) |   |                                     |
| <input type="checkbox"/> Cathodic              | <input type="checkbox"/> Other (Core, Expl., etc.): _____ |                                     |

If Workover/Re-entry: Old Well Info as follows:

Operator: \_\_\_\_\_

Well Name: \_\_\_\_\_

Original Comp. Date: \_\_\_\_\_ Original Total Depth: \_\_\_\_\_

- |   |                                   |  |                                       |
|---|-----------------------------------|--|---------------------------------------|
| <input type="checkbox"/> Deepening        | <input type="checkbox"/> Re-perf. | <input type="checkbox"/> Conv. to ENHR | <input type="checkbox"/> Conv. to SWD |
|   |                                   | <input type="checkbox"/> Conv. to GSW  |                                       |
| <input type="checkbox"/> Plug Back: _____ | Plug Back Total Depth             |  |                                       |
| <input type="checkbox"/> Commingled       | Permit #: _____                   |  |                                       |
| <input type="checkbox"/> Dual Completion  | Permit #: _____                   |  |                                       |
| <input type="checkbox"/> SWD              | Permit #: _____                   |  |                                       |
| <input type="checkbox"/> ENHR             | Permit #: _____                   |  |                                       |
| <input type="checkbox"/> 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**

- |  |
|--|
| <input type="checkbox"/> Letter of Confidentiality Received  |
| Date: _____  |
| <input type="checkbox"/> Confidential Release Date: _____  |
| <input type="checkbox"/> Wireline Log Received   |
| <input type="checkbox"/> Geologist Report Received   |
| <input type="checkbox"/> UIC Distribution  |
| ALT <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III Approved by: _____ Date: _____ |

1165907

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 ☐ Yes ☐ No  
(Attach Additional Sheets)

Samples Sent to Geological Survey ☐ Yes ☐ No

Cores Taken ☐ Yes ☐ No

Electric Log Run ☐ Yes ☐ No

Electric Log Submitted Electronically ☐ Yes ☐ No  
(If no, Submit Copy)

List All E. Logs Run:

☐ Log Formation (Top), Depth and Datum ☐ Sample  
Name Top Datum

CASING RECORD ☐ New ☐ 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 (Amount and Kind of Material Used)	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 (Explain) _____			
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 (If vented, Submit ACO-18.)	METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. (Submit ACO-5) <input type="checkbox"/> Commingled (Submit ACO-4) <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	Bear Petroleum, LLC
Well Name	Lewis C#4
Doc ID	1165907

All Electric Logs Run

Computer Processed Interpretation
Dual Compensated Porosity Log
Dual Induction Log
Microresistivity Log
Sonic Cement Bond Log

Form	ACO1 - Well Completion
Operator	Bear Petroleum, LLC
Well Name	Lewis C#4
Doc ID	1165907

#### Tops

Name	Top	Datum
Kansas City	1654	-231
Cleveland Sand	1821	-398
Peru Sand	2030	-607
Cherokee	2146	-723
Mississippi	2415	-992
Mississippi Porosity	2429	-1006
Kinderhook	2705	-1282
Simpson	2753	-1330
Arbuckle	2770	-1347
TD	2800	-1377



**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 # 261790

Invoice Date: 08/29/2013 Terms: 0/0/30,n/30

Page 1

BEAR PETROLEUM  
BOX 438  
HAYSVILLE KS 67060  
(316)463-5161

LEWIS #C4  
43869  
25-27S-8E  
08-27-13  
KS

*Zent  
Surf  
fye*

Part Number	Description	Qty	Unit Price	Total
1104S	CLASS "A" CEMENT (SALE)	60.00	15.7000	942.00
1102	CALCIUM CHLORIDE (50#)	160.00	.7800	124.80
1118B	PREMIUM GEL / BENTONITE	100.00	.2200	22.00
1107	FLO-SEAL (25#)	25.00	2.4700	61.75

Description	Hours	Unit Price	Total
467 CEMENT PUMP (SURFACE)	1.00	870.00	870.00
467 EQUIPMENT MILEAGE (ONE WAY)	34.00	4.20	142.80
681 MIN. BULK DELIVERY	1.00	368.00	368.00

Parts:	1150.55	Freight:	.00	Tax:	82.26	AR	2613.61
Labor:	.00	Misc:	.00	Total:	2613.61		
Sublt:	.00	Supplies:	.00	Change:	.00		

Signed

Date

BARTLESVILLE, OK  
918/338-0808

EL DORADO, KS  
316/322-7022

EUREKA, KS  
620/583-7664

PONCA CITY, OK  
580/762-2303

OAKLEY, KS  
785/672-8822

OTTAWA, KS  
785/242-4044

THAYER, KS  
620/839-5269

GILLETTE, WY  
307/686-4914

CUSHING, OK  
918/225-2650

p.1



# ENTERED

TICKET NUMBER 43869  
LOCATION El Dorado Ks 180  
FOREMAN William Zabel

API# 15-15-073-24/92-00-00

620-431-9210 or 800-467-8676		CEMENT		Hwy 13 13.615 mi.		COUNTY	
DATE	CUSTOMER #	WELL NAME & NUMBER		SECTION	TOWNSHIP	RANGE	Greenwood
8-27-13	1622	Lewis # C4		25	27S	08E	
CUSTOMER				Saffery			
Bear Petroleum				makin			
MAILING ADDRESS				RM			
Box 438				TO			
CITY	STATE	ZIP CODE		3123			
Haysville	Ks	67060					
JOB TYPE		HOLE SIZE		HOLE DEPTH		CASING SIZE & WEIGHT	
Cement Surface		8"		84'		8 5/8" 84'	
CASING DEPTH		DRILL PIPE		TUBING		OTHER	
						8' London Ford	
SLURRY WEIGHT		SLURRY VOL		WATER gal/sk		CEMENT LEFT In CASING	
DISPLACEMENT		DISPLACEMENT PSI		MIX PSI		RATE	
REMARKS: Mixed + Pinned 60s & Class A cement 3% cel 2% Gel & Polk.							
Displaced 4' 8" BRL. To leave 15' cement in casing.							

[illegible]

Rayin 8737

### AUTHORIZATION

**TITLE**

DATE 8-27-13

AUTHORIZATION [Signature] TITLE \_\_\_\_\_

I acknowledge that the payment terms, unless specifically amended in writing on the front of the form or in the customer's account records, at our office, and conditions of service on the back of this form are in effect for services identified on this form.





Cement  
long string

FIELD  
ORDER N° C 41432

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

DATE 2-7-13 20

IS AUTHORIZED BY: DEAN PETROLUM  
(NAME OF CUSTOMER)

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

To Treat Well \_\_\_\_\_  
As Follows: Lease LEWIS Well No. C-4 Customer Order No. \_\_\_\_\_

Sec. Twp. \_\_\_\_\_  
Range \_\_\_\_\_ County GREENWOOD 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
2	110	MILEAGE PUMP TRUCK	4.00	440.00
2	110	MILEAGE PICK UP	2.00	220.00
2	1	PUMP CHARGE - LONG STRING		1600.00
2	250	60/40 2% gel	9.25	2312.50
2	300	65/35 2% gel	9.25	2775.00
2	11	add gel	22.00	242.00
2	2000#	SALT	0.25	500.00
2	150#	C-37	3.75	562.50
2	150#	C-410	3.75	562.50
2	1200#	GILSONITE	.50	600.00
2	3	BASKETS	155.00	465.00
2	8	CENTRILIZERS	65.00	520.00
2	1	FLOAT SHOE w/ Auto FILL		355.00
2	600	LATCH DOWN PLUG + BAFFLE	175.00	175.00
2	620	MUD FLUSH	75.00	450.00
2	620	Bulk Charge	1.25	775.00
2		Bulk Truck Miles $27.28 \times 110 \text{ mi} = 3000.8 \text{ mi} \times 1.10$	1.10	3300.88
		Process License Fee on _____ Gallons		
		TOTAL BILLING		15855.38

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 GP

DICK S.  
Well Owner, Operator or Agent

Remarks \_\_\_\_\_

NET 30 DAYS

[illegible]



