



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1183082
OIL & GAS CONSERVATION DIVISION

Form ACO-1

August 2013

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
- Plug Back Conv. to GSW Conv. to Producer
- 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

GPS Location: Lat: _____, Long: _____
(e.g. xx.xxxxx) (e.g. -xxx.xxxxx)

Datum: NAD27 NAD83 WGS84

County: _____

Lease Name: _____ Well #: _____

Field Name: _____

Producing Formation: _____

Elevation: Ground: _____ Kelly Bushing: _____

Total Vertical 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

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

1183082

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

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

INSTRUCTIONS: Show important tops 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.

Final Radioactivity Log, Final Logs run to obtain Geophysical Data and Final Electric Logs must be emailed to kcc-well-logs@kcc.ks.gov. Digital electronic log files must be submitted in LAS version 2.0 or newer AND an image file (TIFF or PDF).

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 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
<input type="checkbox"/> Perforate <input type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> Plug Off Zone				

Did you perform a hydraulic fracturing treatment on this well? Yes No *(If No, skip questions 2 and 3)*

Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons? Yes No *(If No, skip question 3)*

Was the hydraulic fracturing treatment information submitted to the chemical disclosure registry? Yes No *(If No, fill out Page Three of the ACO-1)*

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

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	Steffen D 1
Doc ID	1183082

All Electric Logs Run

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

Form	ACO1 - Well Completion
Operator	Bear Petroleum, LLC
Well Name	Steffen D 1
Doc ID	1183082

Tops

Name	Top	Datum
Anhydrite	1248	+872
Chase	2194	-74
Heebner	3604	-1484
Lansing	3654	-1534
Base KC	4056	-1936
Ft Scott	4114	-1994
Cherokee	4156	-2036
Mississippi	4232	-2112



FIELD ORDER N° C 41952

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

DATE 11-18-13 20__

IS AUTHORIZED BY: BEAR PETRO
(NAME OF CUSTOMER)

Address _____ City _____ State _____

To Treat Well As Follows: Lease STEREAK Well No. D-1 Customer Order No. _____

Sec. Twp. Range _____ County Flour State _____

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	50	MILEAGE PUMP TRUCK	4 ⁰⁰	200 ⁰⁰
2	50	MILEAGE PICKUP	2 ⁰⁰	100 ⁰⁰
2	1	PUMP CHARGE - SURFACE		1100 ⁰⁰
2	300	65/35 2% gel	9 ²⁵	2775 ⁰⁰
2	200	60/40 2% gel	9 ²⁵	1850 ⁰⁰
2	10 11	4% add gel	22 ⁰⁰	242 ⁰⁰
2	14	3% CALCIUM	40 ⁰⁰	560 ⁰⁰
2	10	WAIT TIME	100 ⁰⁰	1000 ⁰⁰
2	525	Bulk Charge	1 ²⁵	656 ²⁵
2		Bulk Truck Miles $23.17 \times 50m = 1155.7m \times 110$	1 ¹⁰	1270 ⁵⁰
		Process License Fee on _____ Gallons		9753 ⁷⁵
		TOTAL BILLING		20

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 Brendon

Station GB

PICK
Well Owner, Operator or Agent

Remarks _____

NET 30 DAYS



Cement
longstring

FIELD ORDER Nº C 41990

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

DATE 11/27/13 20

IS AUTHORIZED BY: Deer Petroleum (NAME OF CUSTOMER)

Address _____ City _____ State _____

To Treat Well As Follows: Lease Steffen Well No. D#1 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

Well Owner or Operator

By

Agent

CODE	QUANTITY	DESCRIPTION	UNIT COST	AMOUNT
2	45	mileage pump truck	4. ^{00/}	180. ^{00/}
2	45	mileage pickup	2. ^{00/}	90. ^{00/}
2	2	Pump Chaise (Long String)	1,600. ^{00/}	3,200. ^{00/}
2	350	6% ^{00/} oz. 2% gel	9. ^{50/}	3,237. ^{50/}
2	3,000 [#]	Salt	.25	750. ^{00/}
2	250 [#]	C-37 (Friction Reducer)	3. ^{75/}	937. ^{50/}
2	250 [#]	C-41p (Defoamer)	3. ^{75/}	937. ^{50/}
2	1,750 [#]	Gilsonite	.50	875. ^{00/}
2	7	Controlizers	65. ^{00/}	455. ^{00/}
2	2	Baskets	155. ^{00/}	310. ^{00/}
2	1	5 1/2" Float Shoe w/ auto fill		355. ^{00/}
2	1	5 1/2" DV tool w/ plus set		2,450. ^{00/}
2	600	Mud-Flush	.75	450. ^{00/}
2	455	Bulk Charge	1. ^{25/}	568. ^{75/}
2		Bulk Truck Miles 18.03 T x 45 m = \$11.35 Tm x 1. ^{10/}	1. ^{10/}	892. ^{45/}
		Process License Fee on _____ Gallons		
		TOTAL BILLING		15,658.^{45/}

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 Natha W.

Station G.B.

Dick S.

Well Owner, Operator or Agent

Remarks _____

NET 30 DAYS

TREATMENT REPORT

Acid Stage No. _____

Date 11/27/2013 District G.B. F.O. No. C41990

Company Bear Petroleum

Well Name & No. Steffen D#1

Location _____ Field _____

County Pawnee State KS

Casing: Size 5.5" 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. _____ 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.	0
from _____ ft. to _____ ft.	No. ft.	0
from _____ ft. to _____ ft.	No. ft.	0

Actual Volume of Oil / Water to Load Hole: _____ Bbl./Gal.

Pump Trucks. No. Used: Std. 320 Sp. _____ Twin _____

Auxiliary Equipment _____ 360/310

Personnel Nathan, Scott, Joe, Mike

Auxiliary Tools _____

Plugging or Sealing Materials: Type _____

_____ Gals. _____ lb.

Company Representative Dick S. Treater Nathan W.

TIME	PRESSURES		Total Fluid Pumped	REMARKS
	a.m./p.m.	Tubing		
12:00		5.5"		On Location. Rig laying down pipe.
				Pipe-4284' Centralizers-1,3,5,7,9,42,45
				Baffle-4270' Baskets-2,43
				DV Tool-2492'
				Run casing and float equipment.
				Break circulation with mud pump. Circulate for 30 minutes. Circulate 15' down to bottom.
				Pump 600gal mud-flush
				Plug rat hole with 30sks.
				Tie on 5.5" casing and mix 170sks. 60/40 poz 2%gel 18%salt .75% C-37 .5% C-41p 5#/sk Gilsonite.
				Displace with 101.3bbls at 6.5bpm-900# Slowed pump down between 55 and 65bbls in thru DV Tool. Plug landed at 1500#
				Released presure. Float held. Drop opening tool to open DV Tool and load plug. Open DV Tool with 950#
				Mix 150sks at 6.5bpm-800#
9:05				Displace with 58.4bbls. Plug landed at 1500# Released pressure.
				Thank You!
				Nathan W.