

Confidentiality Requested:

Yes  No

KANSAS CORPORATION COMMISSION 1218205  
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

<input type="checkbox"/> Oil	<input type="checkbox"/> WSW	<input type="checkbox"/> SWD	<input type="checkbox"/> SIOW
<input type="checkbox"/> Gas	<input type="checkbox"/> D&A	<input type="checkbox"/> ENHR	<input type="checkbox"/> SIGW
<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"/> Plug Back		<input type="checkbox"/> Conv. to GSW	<input type="checkbox"/> Conv. to Producer
<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

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: \_\_\_\_\_

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](mailto: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 (Attach Additional Sheets)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Log	Formation (Top), Depth and Datum	<input type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name	Top	Datum
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:				

<b>CASING RECORD</b> <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:  <input type="checkbox"/> Perforate <input type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> Plug Off Zone	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives

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 (Amount and Kind of Material Used)	Depth

TUBING RECORD: Size: Set At: Packer At: Liner Run:  Yes  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 <i>(If vented, Submit ACO-18.)</i>	METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. (Submit ACO-5) <input type="checkbox"/> Other (Specify) _____				PRODUCTION INTERVAL: <hr/> <hr/>	
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Cement liner

FIELD  
ORDER № C 42572

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

DATE 7-24-14 20

IS AUTHORIZED BY: Bear Petroleum (NAME OF CUSTOMER)

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

To Treat Well  
As Follows: Lease Becker Well No. SW1 Customer Order No. \_\_\_\_\_

Sec. Twp.  
Range \_\_\_\_\_ County Harvey 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	60	milesc pump truck	4.00	240.00
2	60	milesc pickup	2.00	120.00
2	1	Pump Charge - Liner		950.00
2	250	65/35 per. 2% gal.	10.00	2,500.00
2	9	4% add. gal.	22.00	198.00
2	100 #	C-37	3.75	375.00
2	100 #	C-41p	3.75	375.00
2	1	4 1/2" wiper plus		65.00
2	1	4 1/2" float shop		285.00
2	263	Bulk Charge	1.25	328.75
2		Bulk Truck Miles 11.55 T x (60m = 693 Tm x 1.00)	1.00	762.50
		Process License Fee on _____ Gallons		
			TOTAL BILLING	6,199.00

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.

Well Owner, Operator or Agent

Remarks \_\_\_\_\_

NET 30 DAYS



## TREATMENT REPORT

**Acid Stage No.**

Date 7/24/2014 District G.B. F.O. No. C42572

Company Bear Petroleum

Well Name & No. Becker SWD

## Location Field

County Harvey State KS

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Digitized by srujanika@gmail.com

Casing: Size 5.5" Type & Wt. Set at f

Formation: \_\_\_\_\_ Perf. \_\_\_\_\_ to \_\_\_\_\_

Formation: **Perf.** to

Formation: Perf. to

Liner: Size 4.5" Type & Wt. Top at ft. Bottom at ft.

Cemented: Yes ▼ Perforated from \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

Tubing: Size & Wt. \_\_\_\_\_ Swung at \_\_\_\_\_ f

Perforated from \_\_\_\_\_ ft. 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 327				
Personnel Nathan Greg Joe				
Auxiliary Tools _____				
Plugging or Sealing Materials: Type _____				
				Gals. lb.

**Company Representative** Dick S.

Treater Nathan W.



FIELD  
ORDER N° C 42859

Cement liner

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

DATE July 28 20 14

IS AUTHORIZED BY: Bear Pet

(NAME OF CUSTOMER)

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

To Treat Well  
As Follows: Lease Becker SWD Well No. \_\_\_\_\_ Customer Order No. \_\_\_\_\_

Sec. Twp. \_\_\_\_\_ Range \_\_\_\_\_ County Hanover State Ky

**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

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 J. M. Copeland

Station 1900ft

Remarks *Chloroform* *Acetone* *Chloroform* *Acetone*

**Well Owner, Operator or Agent**

Remarks Severed Tap from line due **NET 30 DAYS** Well Owner, Operator or Agent



## **TREATMENT REPORT**

Acid Stage No. Six

Date 7/28/14 District Benton F. O. No. .....  
 Company Beane Pet Well Name & No. Benton SWD  
 Location ..... Field .....  
 County Harrison State K  
 Casing: Size ..... Type & Wt. ..... Set at ..... ft.  
 Formation: ..... Perf. ..... to .....  
 Formation: ..... Perf. ..... to .....  
 Formation: ..... Perf. ..... to .....  
 Liner: Size 4 1/2 Type & Wt. ..... Top at Surf ft. Bottom at 3230 ft.  
 Cemented: Yes / No. Perf. 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.....	
<u>Actual Volume of Oil/Water to Load Hole:</u> <u>7 1/2</u> (Bbl) /Gal.			
Pump Trucks. No. Used: Std. <u>323</u>	Sp. ....	Twin.....	
Auxiliary Equipment <u>Bulk 323</u> <u>TT 133</u>			
Packer:.....	Set at.....	ft. ....	
Auxiliary Tools .....			
Plugging or Sealing Materials: Type. <u>300 secks 60-40-25a</u>			Gal. .... lb. ....

Company Representative

Treater Redger Yellow Wolf



## Cement Backside

FIELD  
ORDER N° C 42866

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

DATE Aug 6 20 14

IS AUTHORIZED BY: Debra Key NAME OF CUSTOMER:

(NAME OF CUSTOMER)

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

As Follows: Lease Perpetual Well No. SW1 Customer Order No. \_\_\_\_\_

Sec. Twp.  
Range \_\_\_\_\_ County Hanover State PA

**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 involving department in accordance with latest published price schedule.

THIS ORDER MUST BE SIGNED  
BEFORE WORK IS COMMENCED.

**Well Owner or Operator**

By

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### Agent

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 John K.

Station Burke

**Well Owner, Operator or Agent**

Remarks: NETT 20.000

**NET 30 DAYS**



## **TREATMENT REPORT**

Acid Stage No. ....

Date: <u>8-16-14</u>	District: <u>Burbank</u>	F. O. No. ....
Company: <u>Bear Pet</u>		
Well Name & No.: <u>Barker SWD</u>		
Location: ....	Field: <u>X</u>	.....
County: <u>Holmes</u>	State: <u>X</u>	.....
Casing: Size..... Type & Wt..... Set at..... ft.		
Formation: .....	Perf. ....	to.....
Formation: .....	Perf. ....	to.....
Formation: .....	Perf. ....	to.....
Liner: Size: <u>13</u> Type & Wt. ....	Top at..... ft.	Bottom at..... ft.
Cemented: Yes/No. Perfuated 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.....	
<u>Actual Volume of Oil/Water to Load Hole:</u>			Bbl./Gal.
Pump Trucks. No. Used: Std.....	323	Sp.	Twin.....
Auxiliary Equipment	BLK 322	TT 133	
Packer:.....	.....	Set at.....	ft.
Auxiliary Tools.....	.....	.....	.....
Plugging or Sealing Materials: Type.....	85inches (0)-40-270	Gal.	lb.

Company Representative

Treater Dr. R. J. Treater