



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1246626
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: _____



1246626

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: <input type="checkbox"/> Yes <input type="checkbox"/> No
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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 <i>(Explain)</i> _____
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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> _____	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	Bear Petroleum, LLC
Well Name	Eberhardt 2-24
Doc ID	1246626

All Electric Logs Run

Dual Receiver Cement Bond Log
Dual Induction Log
Compensated Density/Neutron Log
Micro Log

Form	ACO1 - Well Completion
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Tops

Name	Top	Datum
Herrington	1970	92
Krider	1985	77
Winfield	2016	46
Towanda	2094	-32
Ft Riley	2122	-60
Topeka	3025	-963
Lansing	3312	-1250
Base Kansas City	3534	-1472
Granite	3550	-1488

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Perforations

Shots Per Foot	Perforation Record	Material Record	Depth
4	3565-75	1000 gal 10% Acid	3565-75
4	3535-38	1000 gal 15% Acid	3535-38
		11500# Sand Frac	3535-3575
4	3336-40	1500 gal 15% Acid	3336-40
4	2139-40	500 gal 15% Acid	2139-40
4	2038-44	1500 gal 15% Acid	2038-44



Cement Surface

FIELD ORDER N° C 42812

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

DATE 9-22-14 20__

IS AUTHORIZED BY: BEAR PETROLEUM
(NAME OF CUSTOMER)

Address _____ City _____ State _____

To Treat Well As Follows: Lease EBERHARDT Well No. 2-24 Customer Order No. _____

Sec. Twp. Range _____ County Burt 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	30	MILEAGE Pump truck	4 ⁰⁰	120 ⁰⁰
2	30	MILEAGE Pickup	2 ⁰⁰	60 ⁰⁰
2	1	PUMP CHARGE-SURFACE		1100 ⁰⁰
2	425	60/40 2%	10 ⁰⁰	4250 ⁰⁰
2	23	3% Pac Concrete	30 ⁰⁰	690 ⁰⁰
2	1	8" B Wood Plug	65 ⁰⁰	65 ⁰⁰
2	1	BAFFLE	105 ⁰⁰	105 ⁰⁰
2	448	Bulk Charge	125	560 ⁰⁰
2		Bulk Truck Miles <u>19.712 x 30 = 591.3672</u>	1 ⁰⁰	650 ⁵⁰
		Process License Fee on _____ Gallons		
		TOTAL BILLING		7600⁵⁰

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 Bronck

Station AB

Dice
Well Owner, Operator or Agent

Remarks _____

NET 30 DAYS



Cement longstring + DV + RT Hole

FIELD ORDER N° C 42818

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

DATE 10-1-14 20__

IS AUTHORIZED BY: Bear Petroleum (NAME OF CUSTOMER)

Address _____ City _____ State _____

To Treat Well As Follows: Lease Eberhardt Well No. 2-24 Customer Order No. _____

Sec. Twp. Range _____ County Bush 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 _____ Agent

CODE	QUANTITY	DESCRIPTION	UNIT COST	AMOUNT
2	30	Mileage Pump Truck	4 ⁰⁰	120 ⁰⁰
2	30	Mileage Pickup	2 ⁰⁰	60 ⁰⁰
2	1	Pump Charge - Long String		1600 ⁰⁰
2	405	60/40 2% gel	10 ⁰⁰	4050 ⁰⁰
2	2050 #	GILSONITE	.75	1537 ⁵⁰
2	2300 #	SALT	.25	575 ⁰⁰
2	250 #	C41-P	3 ⁷⁵	937 ⁵⁰
2	250 #	C47A	3 ⁷⁵	937 ⁵⁰
2	10	Centralizers - Turbo	85 ⁰⁰	850 ⁰⁰
2	3	Baskets	155 ⁰⁰	465 ⁰⁰
2	1	DV tool w/ Plug set		2450 ⁰⁰
2	1	Float Shoe w/ Auto Fill		355 ⁰⁰
2	600	Gal Mud Flush	.75	450 ⁰⁰
2	1	Swivel Rental	500 ⁰⁰	500 ⁰⁰
2	502	Bulk Charge	1 ²⁵	627 ⁵⁰
2		Bulk Truck Miles <u>22.088T x 30m = 662.647m</u>	1 ¹⁰	728 ⁹⁰
		Process License Fee on _____ Gallons		
		TOTAL BILLING		16243⁹⁰

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

Dick
Well Owner, Operator or Agent

Remarks _____

NET 30 DAYS



TREATMENT REPORT

Acid Stage No. _____

Date 10/1/2014 District _____ F.O. No. 42818
 Company BEAR PETROLEUM
 Well Name & No. EBERHARDT 2-24
 Location _____ Field _____
 County RUSH State KS

Type Treatment: Amt. Type Fluid Sand Size Pounds of Sand
 Bkdown _____ Bbl./Gal. _____
 _____ Bbl./Gal. _____
 _____ Bbl./Gal. _____
 _____ Bbl./Gal. _____
 Flush _____ Bbl./Gal. _____

Casing: Size 5 1/2 _____ 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: _____ 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.

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. 318 Sp. _____ Twin _____
 Auxiliary Equipment 360-310
 Personnel BRANDON JOE AND JOSH
 Auxiliary Tools _____
 Plugging or Sealing Materials: Type _____ Gals. _____ lb.

Company Representative DICK Treater BRANDON

TIME a.m./p.m.	PRESSURES		Total Fluid Pumped	REMARKS
	Tubing	Casing		
12:30				ON LOCATION
				TALLY 88 JNTS 5 1/2 15.5 # CASING
				HOLE-3650'
				PIPE-3647'
				DV TOOL-2276'
				BASKETS-2-6-32
				CENT-1-3-5-7-9-11-15-31-34-36
				BAFFLE-3625'
12:45				BREAK CIRCULATION W/ MUD PUMP AND CIRCULATE FOR 30 MIN.
				PUMP 225 SKS 60/40 2% GEL 12% SALT 3/4% CFR-2 & C-41P AND 5# PER SK GILSONITE
				DISPLACE PLUG 86.2 BBL WATER 6 BPM 600#. PLUG LANDED @1000#
				RELEASE PRESSURE AND PLUG HELD. DROP BOMB AND WAIT 10 MIN TO FALL. PRESSURE UP TO 1300# AND DV TOOL OPENED. HOOK UP TO MUD PUMP AND CIRCULATE FOR 30 MIN.
				PUMP 150 SKS 60/40 2% GEL 12% SALT 3/4% CFR-2 & C-41P AND 5# PER SK GILSONITE
				DISPLACE PLUG 56.2 BBL WATER 6 BPM 400#. PLUG LANDED @800#
				PRESSURE UP TO 1500# AND DV TOOL SHUT. RELEASE PRESSURE AND PLUG STAYED.
				PLUG RAT HOLE W/ 30 SKS
				THANKS
				BRANDON