



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1301855
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: _____

1301855

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 <i>(Attach Additional Sheets)</i>	<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:				

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> <i>(Submit ACO-4)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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Form	ACO1 - Well Completion
Operator	Bear Petroleum, LLC
Well Name	Blackhall 5
Doc ID	1301855

All Electric Logs Run

Gamma Ray
Dual Induction
Compensated Neutron
Compensated Density
Microlog
Corrolation Bond Log



FIELD ORDER N^o C 43666

Cement Surface

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

DATE 2-10-16 20

IS AUTHORIZED BY: Barr Petroleum (NAME OF CUSTOMER)

Address _____ City _____ State _____

To Treat Well As Follows: Lease Blackwell Well No. 5 Customer Order No. _____

Sec. Twp. Range _____ County Rice 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	milease pump truck	4. ⁰⁰ / ₁	120. ⁰⁰ / ₁
2	30	milease pickup	2. ⁰⁰ / ₁	60. ⁰⁰ / ₁
2	1	Dump Charge - Surface		1,100. ⁰⁰ / ₁
2	175	60/40 p.p. 2% sol.	10. ⁷⁵ / ₁	1,881. ²⁵ / ₁
2	10	Calcium Chloride	30. ⁰⁰ / ₁	300. ⁰⁰ / ₁
2	185	Bulk Charge	1. ²⁵ / ₁	231. ²⁵ / ₁
2		Bulk Truck Miles $7.95 \text{ T} \times 30 \text{ m} = 238.5 \text{ Tm} \times 1.10/1$	1. ¹⁰ / ₁	262. ⁵⁰ / ₁
		Process License Fee on _____ Gallons		
TOTAL BILLING				3,954.⁸⁵/₁

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 Neta W.

Station G.B.

Nick S.

Well Owner, Operator or Agent

Remarks _____

NET 30 DAYS



FIELD ORDER N^o C 43667

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

DATE 2-11-16 20

IS AUTHORIZED BY: Bea Petroleum (NAME OF CUSTOMER)

Address _____ City _____ State _____

To Treat Well As Follows: Lease Blackwell Well No. 5 Customer Order No. _____

Sec. Twp. Range _____ County Rice 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
2	30	mileage pump truck	4. ⁰⁰	120. ⁰⁰
2	30	mileage pickup	2. ⁰⁰	60. ⁰⁰
2	1	Pump Charge - misc.		650. ⁰⁰
2	40	Commer	12. ⁷⁵	510. ⁰⁰
2	40	Bulk Charge	mi.	150. ⁰⁰
2		Bulk Truck Miles 1.88T x 30m = 56.40 x 1. ¹⁰	mi.	150. ⁰⁰
		Process License Fee on _____ Gallons		
TOTAL BILLING				1,640.⁰⁰

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 G.B

Dick S.
Well Owner, Operator or Agent

Remarks _____

NET 30 DAYS



FIELD ORDER N^o C 43670

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

DATE 2-17-10 20

IS AUTHORIZED BY: Bear Petroleum (NAME OF CUSTOMER)

Address _____ City _____ State _____

To Treat Well As Follows: Lease Blackhall Well No. 5 Customer Order No. _____

Sec. Twp. Range _____ County Rice 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
2	30	mileage pump truck	4. ^{00/}	120. ^{00/}
2	30	mileage pickup	2. ^{00/}	60. ^{00/}
2	1	Pump Chaise - Long string		1,600. ^{00/}
2	225	60% poz. 2% gel	10. ^{75/}	2,418. ^{75/}
2	900 [#]	Salt	.25	225. ^{00/}
2	100 [#]	C-41p - Defarmer	3. ^{75/}	375. ^{00/}
2	100 [#]	C-47a - Friction Reducer	6. ^{00/} 8. ^{50/}	600.^{00/} 850. ^{00/}
2	750 [#]	Gilsonite	.75	562. ^{50/}
2	1	Rotating Head Rental		250. ^{00/}
2	5	Controllicers - Turbo	85. ^{00/}	425. ^{00/} 350.^{00/}
2	2	Baskets	155. ^{00/}	310. ^{00/}
2	1	5 1/2" float shoe w/ auto-fill		355. ^{00/}
2	1	Latch down plus 2 baffles		175. ^{00/}
2	500	Mud-Flush	.75	375. ^{00/}
2	262	Bulk Charge	1. ^{25/}	327. ^{50/}
2		Bulk Truck Miles 10.83 T x 30m = 324.9 Tm x 1. ^{10/}	1. ^{10/}	357. ^{30/}
		Process License Fee on _____ Gallons		
		TOTAL BILLING		2,786.^{14/}

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 2/17/2016 District G.B. F.O. No. C43670
 Company Bear Petroleum
 Well Name & No. Blackhall #5
 Location _____ Field _____
 County Rice State KS

Casing: Size 5.5" Type & Wt. Mixed 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. 365 Sp. _____ Twin _____
 Auxiliary Equipment 327
 Personnel Nathan Scott Mike
 Auxiliary Tools _____

Plugging or Sealing Materials: Type _____ Gals. _____ lb.

Company Representative Dick S. Treater Nathan W.

TIME a.m./p.m.	PRESSURES		Total Fluid Pumped	REMARKS
	Tubing	Casing		
12:30		5.5"		On Location. Rig running test stands in to lay down.
				LTD-3575'
				Pipe-3573' Centralizers-1,3,7,11,15
				Baffle-3533' Baskets-2,4
3:20				Run casing and float equipment in well. Tag bottom and pick up 2'
5:35				Break circulation with mud pump. Circulate for 30 minutes.
6:05				Pump 500gal of Mud Flush.
5:10				Plug rat hole with 30sks. Plug mouse hole with 20sks.
				Mix 25sks Common.
				Mix 150sks 60/40poz 2%Gel 12% Salt .75%C-47a .75%C-41p 5#/sk Gilsonite at 15.5#/gal.
				Displace with 84.9bbbls at 7bpm-900
5:50				Plug landed at 1200# Released pressure. Float Held.
				Thank You!
				Nathan W.



FIELD ORDER N° C 43687

Cement Squeeze parts
 BOX 438 • HAYSVILLE, KANSAS 67060
 316-524-1225

DATE 2-25 2016

IS AUTHORIZED BY: Bear Petroleum LLC
(NAME OF CUSTOMER)

Address _____ City _____ State _____

To Treat Well As Follows: Lease BLACKHALL Well No. 5 Customer Order No. _____

Sec. Twp. Range _____ County Rice 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	950.00	950.00
3	200	ACID REGULAR 15% CORROSION INHIBITOR	.75	150.00
3	1		40.00	40.00
2	35 ^{5x}	COMMON w/1% C-12	12.75	446.25
2	50 ^{lbs}	C-12	6.00	300.00
2	35 ^{5x}	COMMON	12.75	446.25
2	71	Bulk Charge min.	1.25	150.00 MIN
2		Bulk Truck Miles $3.315 \times 30 = 99.45 \times 1.10 = 109.40$	150.00/MIN	150.00 MIN
		Process License Fee on _____ Gallons		
		TOTAL BILLING		2812.50

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 Duane Prozek

Station Gr Bend, Ks

Joe Burnett
 Well Owner, Operator or Agent

Remarks _____

NET 30 DAYS

TREATMENT REPORT

Acid Stage No. _____

Date 2/25/2016 District GREAT BEND KS F.O. No. 43867
 Company BEAR PETROLEUM LLC
 Well Name & No. BLACKHALL #5
 Location _____ Field _____
 County RICE State KANSAS

Casing: Size 5 1/2 Type & Wt. 15.5 Set at _____ ft.
 Formation: ARBUCKLE Perf. 3504 to 3506
 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. 2 7/8 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 1600 Bbl./Gal. 15% ACID
 _____ 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. 365 Sp. _____ Twin _____
 Auxiliary Equipment 327
 Personnel JORDEN MIKE
 Auxiliary Tools _____

Plugging or Sealing Materials: Type _____ Gals. _____ lb.

Company Representative JOE BURNETT Treater DUANE

TIME a.m./p.m.	PRESSURES		Total Fluid Pumped	REMARKS
	Tubing	Casing		
430PM				ON LOC
				RELEASE PACKER
				PACKER HANGING AT 3500" SPOT ACID ACID SPOTTED
				SET PACKER AT 3500'
				TREAT PERFS 3504-3506 WITH 200 GALS 15% ACID
	1600			BROKE AT 1600# 1/4 BBL PER MINUTE
	1000			1/2 BBL PER MINUTE AT 1000#
	1300			1.3 BBLS PER MINUTE AT 1300#
	1400			1.5 BBLS PER MINUTE AT 1400#
	1300			1.5 BBLS PER MINUTE AT 1300#
	1300			ACID IN START OVERFLUSH
	1300			OVERFLUSH IN
	600			INSTANCE SHUT IN 600#
				ACID JOB COMPLETE
				PULL 4 JOINTS PACKER AT 3396'
				SET PACKER AT 3396'
				MIX 35SX COMMON WITH 1% C-12
				MIX 35 SX COMMON
				START DISPLACEMENT
	2200			4BBLS DISPLACEMENT IN 2200#
				HOLDING RELEASE PSI HOLDING
	2000			RELEASE PACKER CIR CMT OUT OF TUBING
	100			TUBING CLEAR PUMPED 25 BBLS TO CLEAR TUBING
				PULL 5 JOINTS SET PACKER
	500			PUT 500# ON TUBING SHUT WELL IN
				JOB COMPLETE
				THANK YOU



TREATMENT REPORT

Acid Stage No. _____

Date 2/25/2016 District GREAT BEND KS F.O. No. 43867
 Company BEAR PETROLEUM LLC
 Well Name & No. BLACKHALL #5
 Location _____ Field _____
 County RICE State KANSAS

Casing: Size 5 1/2 Type & Wt. 15.5 Set at _____ ft.
 Formation: ARBUCKLE Perf. 3504 to 3506
 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. 2 7/8 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 1600 Bbl./Gal. 15% ACID
 _____ 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. 365 Sp. _____ Twin _____
 Auxiliary Equipment 327
 Personnel JORDEN MIKE
 Auxiliary Tools _____

Plugging or Sealing Materials: Type _____ Gals. _____ lb.

Company Representative JOE BURNETT Treater DUANE

TIME a.m./p.m.	PRESSURES		Total Fluid Pumped	REMARKS
	Tubing	Casing		
430PM				ON LOC
				RELEASE PACKER
				PACKER HANGING AT 3500" SPOT ACID ACID SPOTTED
				SET PACKER AT 3500'
				TREAT PERFS 3504-3506 WITH 200 GALS 15% ACID
	1600			BROKE AT 1600# 1/4 BBL PER MINUTE
	1000			1/2 BBL PER MINUTE AT 1000#
	1300			1.3 BBLS PER MINUTE AT 1300#
	1400			1.5 BBLS PER MINUTE AT 1400#
	1300			1.5 BBLS PER MINUTE AT 1300#
	1300			ACID IN START OVERFLUSH
	1300			OVERFLUSH IN
	600			INSTANCE SHUT IN 600#
				ACID JOB COMPLETE
				PULL 4 JOINTS PACKER AT 3396'
				SET PACKER AT 3396'
				MIX 35SX COMMON WITH 1% C-12
				MIX 35 SX COMMON
				START DISPLACEMENT
	2200			4BBLS DISPLACEMENT IN 2200#
				HOLDING RELEASE PSI HOLDING
	2000			RELEASE PACKER CIR CMT OUT OF TUBING
	100			TUBING CLEAR PUMPED 25 BBLS TO CLEAR TUBING
				PULL 5 JOINTS SET PACKER
	500			PUT 500# ON TUBING SHUT WELL IN
				JOB COMPLETE
				THANK YOU



Cement Squeeze

FIELD ORDER N° C 43859

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

DATE 3-1-16 20

IS AUTHORIZED BY: Beck Petroleum (NAME OF CUSTOMER)

Address _____ City _____ State _____

To Treat Well As Follows: Lease Blackhell Well No. 5 Customer Order No. _____

Sec. Twp. Range _____ County Rice 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	35	milessc pump truck	4. ⁰⁰ / ₁	140. ⁰⁰
2	35	milessc pickup	2. ⁰⁰ / ₁	70. ⁰⁰
2	1	Pump Charge - Squeeze		950. ⁰⁰
2	50	Common	12. ⁷⁵ / ₁	637. ⁵⁰
2	50 #	C-12	6. ⁰⁰ / ₁	300. ⁰⁰
3	200	15% Res. Acid	.75	150. ⁰⁰
3	1	Inhibitor		40. ⁰⁰
2	50	Bulk Charge	min.	150. ⁰⁰
2		Bulk Truck Miles 2.35 T x 35 = 82.30 T x 1. ⁰⁰ / ₁	min.	150. ⁰⁰
		Process License Fee on _____ Gallons		2,587. ⁵⁰
		TOTAL BILLING		2,887.⁵⁰

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.O.

Nick S.
Well Owner, Operator or Agent

Remarks _____

NET 30 DAYS



TREATMENT REPORT

Acid Stage No. _____

Date 1/16/2016 District G.B. F.O. No. C43859
 Company Bear Petroleum
 Well Name & No. Blackhall #5
 Location _____ Field _____
 County Rice State _____
 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. 2.5" 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. 365 Sp. _____ Twin _____
 Auxiliary Equipment 327
 Personnel Nathan Jordan
 Auxiliary Tools _____
 Plugging or Sealing Materials: Type _____ Gals. _____ lb.

Company Representative Dick S. Treater Nathan W.

TIME a.m./p.m.	PRESSURES		Total Fluid Pumped	REMARKS
	Tubing	Casing		
5:00	2.5"	5.5"		On Location.
				Packer-3496'
				Perfs-3496'-3500'
				Pump 200gal 15% Reg. Acid.
				Treat at 4bpm-1400# Flush with 20bbbls of KCL water.
				Packer-3401'
				Load annulus to 400#
				Mix 25sks Common with C-12
				Mix 25sks of Common.
				Displace with 9bbbls at 2500#
				Released packer and reverse out with 30bbbls
				Pull 5jts and pressure up to 500#
				Shut in.
				Thank You!
				Nathan W.



DRILL STEM TEST REPORT

Prepared For: **Bear Petl. Inc.**

P.O.Box 438
Haysville KS 67060

ATTN: Jim Musgrove

Blackhall #5

5-21s-8w Rice,KS

Start Date: 2016.02.16 @ 09:04:57

End Date: 2016.02.16 @ 16:21:57

Job Ticket #: 57936 DST #: 1

Trilobite Testing, Inc
PO Box 362 Hays, KS 67601
ph: 785-625-4778 fax: 785-625-5620

Printed: 2016.02.17 @ 17:00:22



TRILOBITE TESTING, INC.

DRILL STEM TEST REPORT

Bear Petl. Inc.

5-21s-8w Rice,KS

P.O.Box 438
Haysville KS 67060

Blackhall #5

Job Ticket: 57936

DST#: 1

ATTN: Jim Musgrove

Test Start: 2016.02.16 @ 09:04:57

GENERAL INFORMATION:

Formation: **Arbuckle**

Deviated: No Whipstock: ft (KB)

Time Tool Opened: 11:31:12

Time Test Ended: 16:21:57

Test Type: Conventional Bottom Hole (Initial)

Tester: Gary Pevoteaux

Unit No: 80

Interval: 3436.00 ft (KB) To 3443.00 ft (KB) (TVD)

Reference Elevations: 1664.00 ft (KB)

Total Depth: 3443.00 ft (KB) (TVD)

1654.00 ft (CF)

Hole Diameter: 7.88 inches Hole Condition: Fair

KB to GR/CF: 10.00 ft

Serial #: 9124 Outside

Press @ Run Depth: 47.94 psig @ 3437.00 ft (KB)

Capacity: 8000.00 psig

Start Date: 2016.02.16

End Date:

2016.02.16

Last Calib.:

2016.02.16

Start Time: 09:05:02

End Time:

16:21:56

Time On Btm:

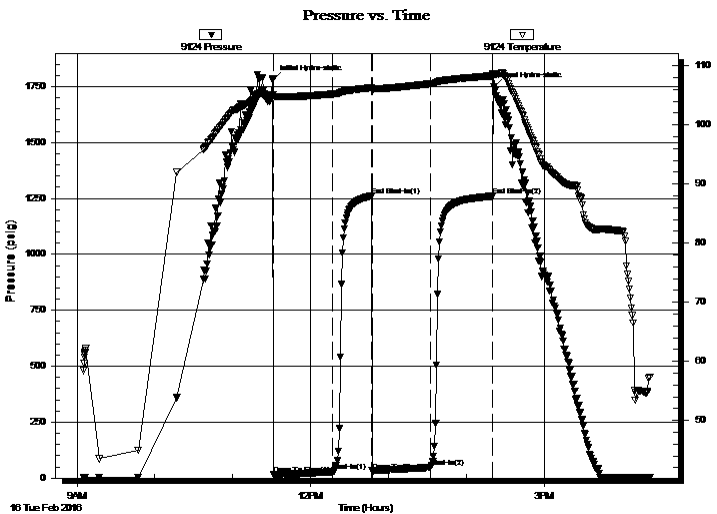
2016.02.16 @ 11:30:57

Time Off Btm:

2016.02.16 @ 14:21:27

TEST COMMENT: IF:Weak to fair blow . Slow increase to 8".
IS:No blow .
FF:Weak to fair blow . Slow increase to 9 1/2".
FS:Weak blow . 1/4".

PRESSURE SUMMARY



Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	1780.01	105.17	Initial Hydro-static
1	16.35	104.42	Open To Flow (1)
46	28.84	105.20	Shut-In(1)
76	1260.72	106.28	End Shut-In(1)
77	32.62	105.96	Open To Flow (2)
122	47.94	106.93	Shut-In(2)
169	1259.63	108.29	End Shut-In(2)
171	1750.52	108.55	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
0.00	135 ft.of GIP	0.00
55.00	Clean oil	0.77
42.00	OCWM 4%o 44%w 52%m	0.59

Gas Rates

	Choke (inches)	Pressure (psig)	Gas Rate (Mcf/d)



**TRILOBITE
TESTING, INC.**

DRILL STEM TEST REPORT

TOOL DIAGRAM

Bear Petl. Inc.

5-21s-8w Rice,KS

P.O.Box 438
Haysville KS 67060

Blackhall #5

Job Ticket: 57936

DST#: 1

ATTN: Jim Musgrove

Test Start: 2016.02.16 @ 09:04:57

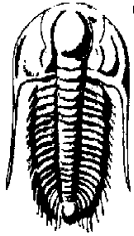
Tool Information

Drill Pipe:	Length: 3448.00 ft	Diameter: 3.80 inches	Volume: 48.37 bbl	Tool Weight: 24000.00 lb
Heavy Wt. Pipe:	Length: 0.00 ft	Diameter: 0.00 inches	Volume: 0.00 bbl	Weight set on Packer: 25000.00 lb
Drill Collar:	Length: 0.00 ft	Diameter: 0.00 inches	Volume: 0.00 bbl	Weight to Pull Loose: 73000.00 lb
			<u>Total Volume: 48.37 bbl</u>	Tool Chased 0.00 ft
Drill Pipe Above KB:	32.00 ft			String Weight: Initial 59000.00 lb
Depth to Top Packer:	3436.00 ft			Final 60000.00 lb
Depth to Bottom Packer:	ft			
Interval between Packers:	7.00 ft			
Tool Length:	27.00 ft			
Number of Packers:	2	Diameter: 6.75 inches		

Tool Comments:

Tool Description

Tool Description	Length (ft)	Serial No.	Position	Depth (ft)	Accum. Lengths
Change Over Sub	1.00			3417.00	
Shut In Tool	5.00			3422.00	
Hydraulic tool	5.00			3427.00	
Packer	4.00			3431.00	20.00 Bottom Of Top Packer
Packer	5.00			3436.00	
Stubb	1.00			3437.00	
Recorder	0.00	9124	Outside	3437.00	
Recorder	0.00	6798	Inside	3437.00	
Perforations	1.00			3438.00	
Bullnose	5.00			3443.00	7.00 Bottom Packers & Anchor
Total Tool Length:	27.00				



**TRILOBITE
TESTING, INC.**

DRILL STEM TEST REPORT

FLUID SUMMARY

Bear Petl. Inc.

5-21s-8w Rice,KS

P.O.Box 438
Haysville KS 67060

Blackhall #5

Job Ticket: 57936

DST#: 1

ATTN: Jim Musgrove

Test Start: 2016.02.16 @ 09:04:57

Mud and Cushion Information

Mud Type: Gel Chem

Cushion Type:

Oil API:

39.8 deg API

Mud Weight: 9.00 lb/gal

Cushion Length:

ft

Water Salinity:

18500 ppm

Viscosity: 61.00 sec/qt

Cushion Volume:

bbbl

Water Loss: 9.19 in³

Gas Cushion Type:

Resistivity: 0.00 ohm.m

Gas Cushion Pressure:

psig

Salinity: 6000.00 ppm

Filter Cake: 0.20 inches

Recovery Information

Recovery Table

Length ft	Description	Volume bbbl
0.00	135 ft.of GIP	0.000
55.00	Clean oil	0.772
42.00	OCWM 4%o 44%w 52%m	0.589

Total Length: 97.00 ft Total Volume: 1.361 bbl

Num Fluid Samples: 0

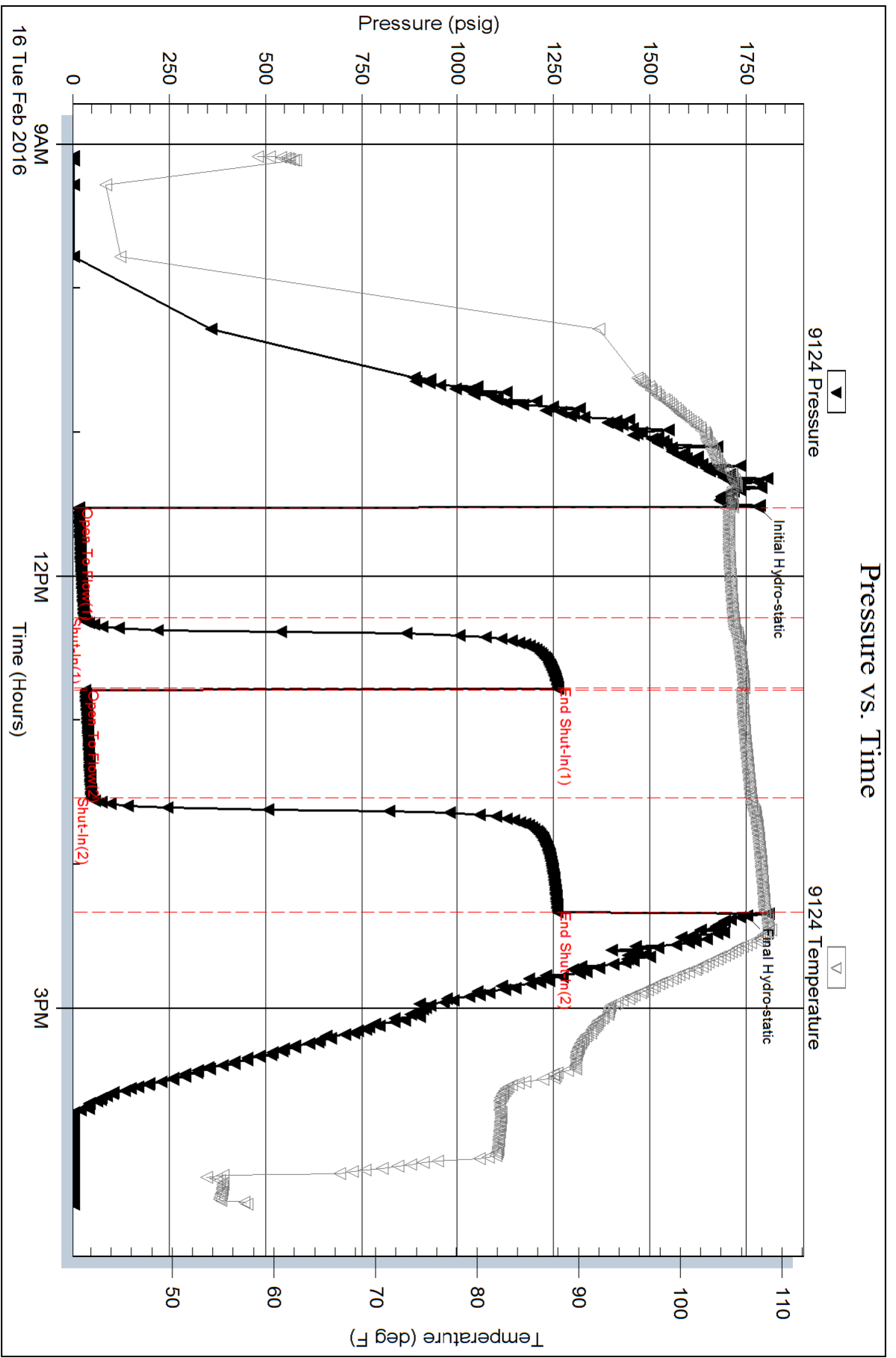
Num Gas Bombs: 0

Serial #: none

Laboratory Name:

Laboratory Location:

Recovery Comments: Rw .43ohms @ 55deg



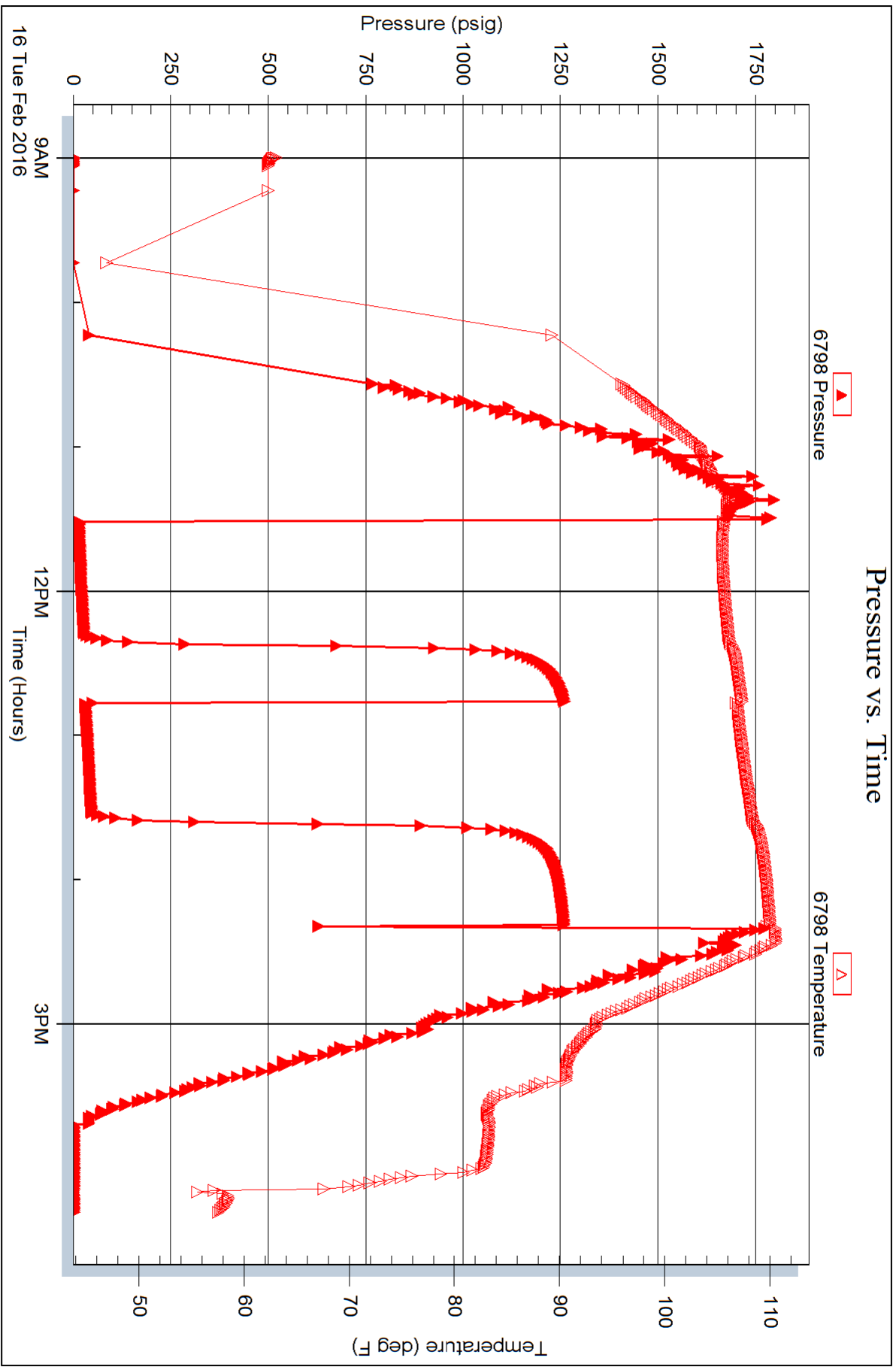
Serial #: 6798

Inside

Bear Petl. Inc.

Blackhall #5

DST Test Number: 1





TRILOBITE TESTING INC.

1515 Commerce Parkway • Hays, Kansas 67601

Test Ticket

NO. **57936**

Well Name & No. Blackhall #5 Test No. 1 Date 2-16-16
 Company BEAR PETROLEUM INC. Elevation 1664 KB 1654 GL
 Address P.O. Box 438, Haysville Ks. 67060
 Co. Rep / Geo. JIM MUSGROVE Rig MAVERICK DRUG #106
 Location: Sec. 5 Twp. 21S Rge. 8W Co. RICE State KS

Interval Tested 3436 - 3443' Zone Tested ARBUCKLE
 Anchor Length 7' Drill Pipe Run 3448' Mud Wt. 9.4
 Top Packer Depth 3431' Drill Collars Run 0 Vis 61
 Bottom Packer Depth 3436' Wt. Pipe Run 0 WL 9.2 cc
 Total Depth 3443' Chlorides 6,000 ppm System LCM #

Blow Description IF: Weak to fair blow. Slow increase to 8". ISI No. below.

FF: Weak to fair blow. Slow increase to 9 1/2". FSI, weak below. 1/4".

Rec	Feet of	%gas	%oil	%water	%mud
<u>135</u>	<u>Cas in pipe</u>				
<u>55</u>	<u>Clean oil</u>				
<u>42</u>	<u>OCWM</u>		<u>4</u>	<u>44</u>	<u>52</u>

Rec Total 97 fluid BHT 108° Gravity 39.8 API RW .43 @ 55 °F Chlorides 18,500 ppm

(A) Initial Hydrostatic 1780 Test 0755 T-On Location
 (B) First Initial Flow 16 Jars 0904 T-Started
 (C) First Final Flow 29 Safety Joint 1131 T-Open
 (D) Initial Shut-In 1261 Circ Sub 1422 T-Pulled
 (E) Second Initial Flow 33 Hourly Standby 1621 T-Out
 (F) Second Final Flow 48 Mileage 125 Comments
 (G) Final Shut-In 1260 Sampler
 (H) Final Hydrostatic 1751 Straddle Ruined Shale Packer
 Shale Packer Ruined Packer
 Extra Packer Extra Copies
 Extra Recorder Sub Total
 Day Standby Total
 Accessibility MP/DST Disc't
 Sub Total

Initial Open 45
 Initial Shut-In 30
 Final Flow 45
 Final Shut-In 45

Approved By Musgrove Our Representative Gary Pevotiansky

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