

Co	nfiden	tiality	/ Requested:
	Yes	N	lo

Kansas Corporation Commission Oil & Gas Conservation Division

1306617

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 #	API No. 15					
Name:	Spot Description:					
Address 1:	SecTwpS. R 🗌 East 🗌 West					
Address 2:	Feet from North / South Line of Section					
City: State: Zip:+	Feet from _ East / _ West Line of Section					
Contact Person:	Footages Calculated from Nearest Outside Section Corner:					
Phone: ()	□NE □NW □SE □SW					
CONTRACTOR: License #	GPS Location: Lat:, Long:					
Name:	(e.g. xx.xxxxx) (e.gxxx.xxxxx)					
Wellsite Geologist:	Datum: NAD27 NAD83 WGS84					
Purchaser:	County:					
Designate Type of Completion:	Lease Name: Well #:					
New Well Re-Entry Workover	Field Name:					
	Producing Formation:					
☐ Oil ☐ WSW ☐ SWD ☐ SIOW ☐ Gas ☐ D&A ☐ ENHR ☐ SIGW	Elevation: Ground: Kelly Bushing:					
OG GSW Temp. Abd.	Total Vertical Depth: Plug Back Total Depth:					
CM (Coal Bed Methane)	Amount of Surface Pipe Set and Cemented at: Feet					
Cathodic Other (Core, Expl., etc.):	Multiple Stage Cementing Collar Used? Yes No					
If Workover/Re-entry: Old Well Info as follows:	If yes, show depth set: Feet					
Operator:	If Alternate II completion, cement circulated from:					
Well Name:	feet depth to:w/sx cmt.					
Original Comp. Date: Original Total Depth:						
☐ Deepening ☐ Re-perf. ☐ Conv. to ENHR ☐ Conv. to SWD	Drilling Fluid Management Plan					
☐ Plug Back ☐ Conv. to GSW ☐ Conv. to Producer	(Data must be collected from the Reserve Pit)					
	Chloride content: ppm Fluid volume: bbls					
Commingled Permit #:	Dewatering method used:					
Dual Completion Permit #:						
SWD Permit #:	Location of fluid disposal if hauled offsite:					
ENHR	Operator Name:					
GSW Permit #:	Lease Name: License #:					
	Quarter Sec TwpS. R					
Spud Date or Date Reached TD Completion Date or Recompletion Date Recompletion Date	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 Approved by: Date:					

Page Two



Operator Name:				Lease N	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 files must be submitte						gs must be ema	iled to kcc-well-lo	gs@kcc.ks.go	v. Digital elec	tronic log
Drill Stem Tests Taken (Attach Additional S		Ye	es No		L		on (Top), Depth an		Samp	
Samples Sent to Geol	ogical Survey	_ Ye	es No		Nam	е		Тор	Datur	n
Cores Taken Electric Log Run		Y€								
List All E. Logs Run:										
				RECORD	☐ Ne					
				conductor, su	rface, inte	ermediate, producti			I	
Purpose of String	Size Hole Drilled		e Casing (In O.D.)	Weig Lbs./		Setting Depth	Type of Cement	# Sacks Used	Type and P Additiv	
			ADDITIONAL	CEMENTIN	NG / SQL	JEEZE RECORD				
Purpose:	Depth Top Bottom	Туре	of Cement	# Sacks Used Type and Percent Additives						
Perforate Protect Casing	35p 2310111									
Plug Back TD Plug Off Zone										
1 ag on zono										
Did you perform a hydrau	ılic fracturing treatment o	n this well?	•			Yes	No (If No, ski	p questions 2 ar	nd 3)	
	otal base fluid of the hydra		J	,	0		_ , ,	p question 3)	(" 100 ")	
Was the hydraulic fractur	ing treatment information	submitted	to the chemical o	disclosure re	gistry?	Yes	No (If No, fill	out Page Three	of the ACO-1)	
Shots Per Foot			D - Bridge Plug Each Interval Perf							Depth
	. ,							,		
TUBING RECORD:	Size:	Set At:		Packer At	t:	Liner Run:				
							Yes No			
Date of First, Resumed	Production, SWD or ENH	IR.	Producing Meth Flowing	nod:	g 🗌	Gas Lift C	Other (Explain)			
Estimated Production Per 24 Hours	Oil B	bls.	Gas	Mcf	Wate	er Bl	ols. G	as-Oil Ratio	Gr	ravity
DISDOSITIO	ON OF GAS:			METHOD OF	COMPLE	TION:		PRODUCTIO	ON INTERVAL:	
Vented Sold			Open Hole	Perf.	Dually	Comp. Con	nmingled	THODOUTIC	ZIV IIVI LTIVAL.	
(If vented, Sub			Other (Specify)		(Submit)	ACO-5) (Subi	mit ACO-4)			

Form	ACO1 - Well Completion			
Operator	Bear Petroleum, LLC			
Well Name	Hay B 1			
Doc ID	1306617			

All Electric Logs Run

Gamma Ray				
Borehole Compensated Neutron				
Photoelectric Lithology Density				
X-Y Caliper Combined				
Phased Induction				
Micro				

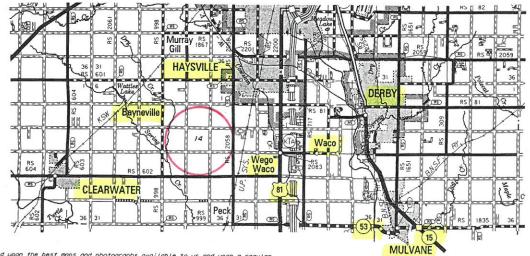
Form	ACO1 - Well Completion				
Operator	Bear Petroleum, LLC				
Well Name	Hay B 1				
Doc ID	1306617				

Casing

Purpose Of String	Size Hole Drilled	Size Casing Set	Weight	Setting Depth	Type Of Cement		Type and Percent Additives
Conductor	17	13.375	48	126	60/40 poz		2% gel, 3% cc
Surface	12.25	8.625	24	294	60/40 poz		2% gel, 3% cc
Production	7.875	5.5	15.5	3007	60/40 poz	150	2% gel, 12% salt

BEAR PETROLEUM, INC. HAY LEASE NE. 1/4, SECTION 14, T295, R1W SEDGWICK COUNTY, KANSAS

GRAVEL ROAD (87TH) Drillsite Location TANK BATTERY Hay "B" #1 SW NW NE PIVOT SYSTEM WHEEL TRACK 45'W. & 135'E. OF LOCATION 990'FNL 2310'FEL -Ground Elevation = 1283 STUBBLE Y = 317066 X = 2320159State Plane-NAD 27-Kansas South (Mapping Grade GPS Used) APPROX. LOCATION CENTER PIVOT IRR./ SYSTEM Latitude 37.532291 Longitude -97.396220 WGS 84-NAD 83 (ANDERSON ENERGY, INC.)
HAY *1 FARMSTEAD Notes: 1. Set (2) wood stakes at location site. 2. All flagging Red & Yellow. 3. Overhead power available at N., S. & W. lines and N.1/2 of E. line, Sec. 14. 4. Kansas One Call System Inc. should be notified before excavation (1-800-344-7233). 5. CAUTION: Various pipelines in Sec. 14. 6. Contact landowner for best access. 7. Location fell 45'east & 135'west of a pivot system wheel track. GRAVEL (95TH) ROAD



Controlling data is based upon the best maps and photographs available to us and upon a regular section of land containing 640 acres.

Section or land containing but acres.

Approximate section lines were determined using the normal standard of care of cilifield surveyors practicing in the state of Kansas. The section corners, which establish the precise section lines, were not necessarily located, and the exact location of the drillste location in this service not quaranteed. Therefore, the operator securing this service and accepting this plat and all other parties relying theremonagree to hold Central Kansas Diffield Services. Inc. its officers and employees harmless from all losses, costs and expenses and said entities released from any liability from incidental or consequential damages.

December 30, 2015



FIELD ORDER Nº C 43594

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

		316-524-1225	DATE 1-6		00 //
	7	D. A. A. A.		300 - 300 -	20//
IS AUTHORI	ZED BY:	BEAR PETROLEUM L.L.C.	A)		
Address		City		State	-
To Treat Well As Follows:	Lease _H	A Y B Well No	Customer	Order No	
Sec. Twp. Range		County Sea	gwick	State	Ks.
not to be held li implied, and no treatment is pay our invoicing de	able for any da representation rable. There wi partment in acc	consideration hereof it is agreed that Copeland Acid Service is mage that may accrue in connection with said service or treat have been relied on, as to what may be the results or effect of the holds been to such date. 6% interest or dance with latest published price schedules. himself to be duly authorized to sign this order for well owne	tment. Copeland Acid Service ha of the servicing or treating said w at will be charged after 60 days. T	s made no repreell. The consider	esentation, expressed o eration of said service o
THIS ORDER MU BEFORE WORK			By		
Γ	T	Well Owner or Operator		Agent	
CODE	QUANTITY	DESCRIPTION		UNIT	AMOUNT
2	47	Mileage PumpTRuck	'	4.00	188,00
2	47			2.00	94.00
2	/	Mileage Pictup Pump Charge Conouctor	r.P.je	1100.00	1100.00
2	175	60/40 2% Gel 3%CC		10.75	1881.25
-	1000				
2	9	CALCIUM CHLORIDE		30.00	270.00
2	184	Bulk Charge		1.25	230.00
2		Bulk Truck Miles 7,925 X 47 = 372, 4	75 X	1.10.	409.72
		Process License Fee on	Gallons		
		3	TOTAL BILLING		4172.97
manner u	nder the dire	material has been accepted and used; that the action, supervision and control of the owner, operated by the control of	ubove service was performentator or his agent, whose sig	ed in a good gnature appe	and workmanlike ears below.
	Representativ	\$	DickS	chren	mer
	11 010		Well Owner, Operato	or or Agent	
Remarks_		NET 30 DAYS	3		



	& Cemer			TREATME	ENT REPORT				Acid Stage No	o.	
Date	1 6 16 BEAR PETRO	District GREAT	BEND KS F.O.	No. <u>C4359</u> 4	Type Treatment:		Bbl./Gal.	Type Fluid	Sand Size	Poun	ds of Sand
	e & No. HAY B				-						
Location		1	Field		1		Bbl./Gal.				
		Sedawic	FieldState KS								
County	JEGWICK	ocag wich	State N3		Flush						
	40.0	10			Treated from			ft. to		No. ft	0
Casing:				Set at 126 ft				ft. to		No. ft.	0
Formation				to	from			ft. to	ft.	No. ft.	0
Formation	1:		Perf.	to	Actual Volume of Oil	/ Water to	o Load Hol	e:			_ Bbl./Gal.
Formation	1:		Perf.	to							
			Top atft.	Bottom atft	. Pump Trucks. No	o. Used:	Std.	320 Sp.		Twin	
	Cemented:	Perforated fr	rom		. Auxiliary Equipment						
Tubing:	Size & Wt.		Swung at	ft	. Personnel						
	Perforated t	from	ft. to	ft	. Auxiliary Tools						
					Plugging or Sealing M	Naterials:	Туре				
Open Hole	Size	T.D.	ft. P	.B. to ft			-		Gals.		lb.
	Representative				Treater			DUANE			
TIME		SSURES	Total Fluid Pumped			R	EMARKS				
a.m./p.m.	Tubing	Casing		ONLLOCATION							
1240 PN		 		ON LOCATION	46 (NICH HOL						
100 PM				START DRILLING		<u>.t</u>					
				DONE DRILLING							
				DRILL PIPE OUT							
				START 13.375 C	SG IN HOLE						
				CSG RUN							
				HOOK UP 13.375	SWEDGE						
				BREAK CIR WITH	10 BBLS WA	TER					
				MIX 175 SACKS	CMT						
				CMT MIXED				**************************************	Inhald and a second a second and a second an		
				START DISP							
				DISP 17.4 BBLS					Hallotte		
				DISP IN CLOSE V	ΔI VE IN						
900 PM				JOB COMPLETE	ALVEIN						
300 1 101				JOB COMITELIE							
								·········			



FIELD ORDER Nº C 43595

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

					D/	ATE / ~ /		20/6
IS AUTHORI	ZED BY:	BEAR	Petrolei	(M LL.C.	TOMER)			
Address							State	
To Treat Wel As Follows:	Lease/	HAY	B	Well No				
Sec. Twp. Range				County <u>5</u>	equici	Κ	State	Ks.
not to be held I implied, and no treatment is pa- our invoicing de	iable for any da representations yable. There wi epartment in acc	mage that m s have been Il be no disco cordance wit	on hereof it is agreed tha nay accrue in connection relied on, as to what ma ount allowed subsequent th latest published price be duly authorized to sig	with said service or y be the results or e to such date. 6% in schedules.	treatment. Copelifiect of the servicing terest will be charged	and Acid Service hing or treating said to ged after 60 days.	as made no reprevell. The consider	esentation, expressed of eration of said service of
THIS ORDER MI BEFORE WORK	JST BE SIGNED IS COMMENCED)	Wall Ow	ner or Operator		_ Ву	Agent	
0005	- CUANTITY		Weil Ow				UNIT	
CODE	QUANTITY	1À 1		DESCRIPT			COST	AMOUNT
2	4/	11/01	age Pump	IRUCK			4.00	188.00
2	47	Mile	Age Picky	ρ	^ .		2,00	94.00
2	1	Mileage Pickup Pump Change Surface Pipe 110					1100.00	1100.00
2	225	60-	40 POZ 270	Gel 3900	CC		10.75	2418.75
2	10	CAK	ium Chlor	ise			30,00	300.00
2	275	Bulk Ch	arge				1,25	293.75
2		Bulk Tru		X47=47	7715 X		110	514 7/-
		Duik 110	Process License Fe		Gallo	ne	1.10	Jost e 10
			Process License re	e on		AL BILLING		4919.26
manner	inder the dire	ection, sup	has been accepted pervision and control and BROZ	ol of the owner, o				
Station_(J. Ben	d				Well Owner, Opera	tor or Agent	MER
Remarks_				NET 30 D	AYS			



T

TREATMENT REPORT								
Acid & Cement 🕮	Acid Stage No.							
Date 1716 District GREAT BEND KS F.O. No. C43595	Type Treatment: Amt. Type Fluid Sand Size Pounds of Sand BkdownBbl./Gal.							
Company BEAR PETROLEUM LLC	Bbl./Gal.							
Well Name & No. HAY B 1	Bbl./Gal.							
Location Field	Bbl./Gal							
County SEDGWICK State KS	Flush Bbl./Gal.							
	Treated fromft. No. ft0							
Casing: Size 8 5/8 Type & Wt. 24 Set at 295 ft	fromft. toft. No. ft							
Formation: Perf. to	fromft. toft. No.ft							
Formation: Perf. to	Actual Volume of Oil / Water to Load Hole:Bbl./Gal.							
Formation: Perf. to								
Liner: SizeType & WtTop atft. Bottom atft.	Pump Trucks. No. Used: Std. 320 Sp. Twin							
Cemented: Perforated from ft. to ft.	Auxiliary Equipment 367AND 308							
Tubing: Size & Wt. Swung at ft.	Personnel							
	Auxiliary Tools							
	Plugging or Sealing Materials: Type							
Open Hole Size T.D. ft. P.B. to ft.	Galslb.							

Company Representative			,	Treater	DUANE		
TIME		SURES	Total Fluid Pumped	REMARKS			
a.m./p.m.	Tubing	Casing					
1015 AN				ON LOC			
				8.625 CSG RUN			
				RIG UP PUMP TRUCK			
				BREAK CIR WITH 10 BBLS WATER			
			ļ	MIX 225 SACKS CMT			
			ļ	CMT MIXED			
				START DISP 17.75 BBLS			
				DISP IN			
				CLOSE 8.625 SWEDGE IN			
				JOB COMPLETE			
1215PM				THANK YOU			



Coment longstring

FIELD ORDER Nº C 43618

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

		310-324-1225 DATE	1-10-16	20
IS ALITHOR	IZED BV:	seer Petoleum		
		(NAME OF CUSTOMER)		
Address		City	State _	
To Treat Wel As Follows:	Lease Ha	Well No. 8-1		
Sec. Twp. Range		County Sedswick	State _	ts
not to be held limplied, and no treatment is pa our invoicing differences.	liable for any dai o representations yable. There wil epartment in acc igned represents	consideration hereof it is agreed that Copeland Acid Service is to service or treat a mage that may accrue in connection with said service or treatment. Copeland Acid have been relied on, as to what may be the results or effect of the servicing or treatment. I be no discount allowed subsequent to such date. 6% interest will be charged after ordance with latest published price schedules. himself to be duly authorized to sign this order for well owner or operator.	t owners risk, the hereinbed Service has made no reparting said well. The consi	fore mentioned well and presentation, expressed deration of said service
	UST BE SIGNED IS COMMENCED	Well Owner or Operator	Ager	39
	0		UNIT	
CODE	QUANTITY	DESCRIPTION	COST	AMOUNT
2	100	milease pump truck	4,00/	900,
2	100	mileose pickup	5-001	₹∞,00%
2	1	Dump Charge- Lors String		1,600.00
2	150	60/40 par. 28 gel.	10,75/	1.617.5cg
2	9004	Solt	. 25	225.99
2	750#	Gilsonite	.75	567.59
2	100	C-41p	3.75/	375,00
2	100 #	C-47 a	6.00/	600,9
2	5	Condiliers - Turbo	85. 30/	
2	1	Bestot		155,09
2	i	51/2" Flood Shoe w/ qudo- [11]		355,0%
2				175,0%
2	600	Letch down plus & bottle	. 75	201
2	000	Mud-Flush	. 13	450, 97
2 2 2		Rotating Hood Randal	25/	750.99/
2	187	Bulk Charge	10/	233, 1
		Bulk Truck Miles 7.53 T x 100- = 753 7 x 1.19	1, 7	क्षेट्रक, ३५
		Process License Fee onGallons		05/
		TOTAL BI	LLING	8,447.
		material has been accepted and used; that the above service wa ction, supervision and control of the owner, operator or his agent,		
Copeland	Representativ	e Wather Cr.		
			Swner, Operator or Agent	
		Well C	owner, Operator or Agent	
Remarks_				

NET 30 DAYS



TREATMENT REPORT

ACIG	& Cemen							Acid Stage No		
					Type Treatment:	Amt.	Type Fluid	Sand Size	Pound	s of Sand
Date 110/16 District G.B. F.O. No. C43618				Bkdown					o o round	
	Bear Petrole									
Well Nam	e & No. Hay B#	1								
Location						Bbl./Gal.				
County Sedgwick State KS				Flush						
					Treated from		ft. to		No. ft.	0
Casing:	Size 5.5"	Type & Wt.	Used	Set at ft.			ft. to		No. ft.	
Formation	170 50 110 50		×	to			ft. to		No. ft.	0
Formation				to	Actual Volume of Oi					Bbl./Gal.
Formation			Perf.							
Liner: Si					Pump Trucks. N	lo Used: Std	365 sn		Twin	
				707-1100-1100-1100-1100-1100-1100-1100-	Auxiliary Equipment			327		
					Personnel Nathar					
			ft. to		Auxiliary Tools					-
					Plugging or Sealing Materials: Type					
Open Hole	Size	T.D.	ft. P	.B. to ft.		1,750	S-10-10-10-10-10-10-10-10-10-10-10-10-10-	Gals.		lb.
Company (Representative		Dick S		Treater		Nathan	W		
TIME		SURES	I Diek s		Treater		racian			
a.m./p.m.	Tubing	Casing	Total Fluid Pumped			REMARKS	i			
12:00		5.5"		On Location. Rig	setting up to	o log Run	logs unload	nine tally	nine	
21.00				on Education. This	secting up t	o log. Itali	1063,4111044	pipe,tally	oipe.	
				RTD-3020'	Central	izors_1 3 5	7.9			
		 		RTD-3020' Centralizers-1,3,5,7,9 Pipe-3007' Basket-2						
				Fipe-3007	Dasket	- 2				
			<u> </u>	Dun nino in with	float squipp	ant Tagh	attama with a	vetus laint	af min	
				Run pipe in with float equipment. Tag bottom with extra joint of pipe. 3' High from RTD and 1' High from LTD. Pull joint out and run landing Set collar as low as possible in cellar.						
		ļ							g Joint	
				Set collar as low	as possible i	n cellar.				
				Break circulation	with mud pi	ump. Circu	late for 30 n	ninutes.		
				Pump 600gal of N	Mud Flush.					
	Mix 150sks 60/4				Opoz 2%gel 1	.2% Salt .7!	5%C41p .75	%C47A 5#	/sk Gil	sonite
				at 15.0#/gal.						
							- Mix-drill			
				Displace with 72b		Andrew Control of the				
				Plug landed at 650# Pressure up to 1430# Held pressure for 3 minu				minu	tes.	
.0:50				Released pressure. Float Held.						
				Thank You!						
-+				Nathan W.						
-+										
-+										