



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1306617
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: _____

1306617

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

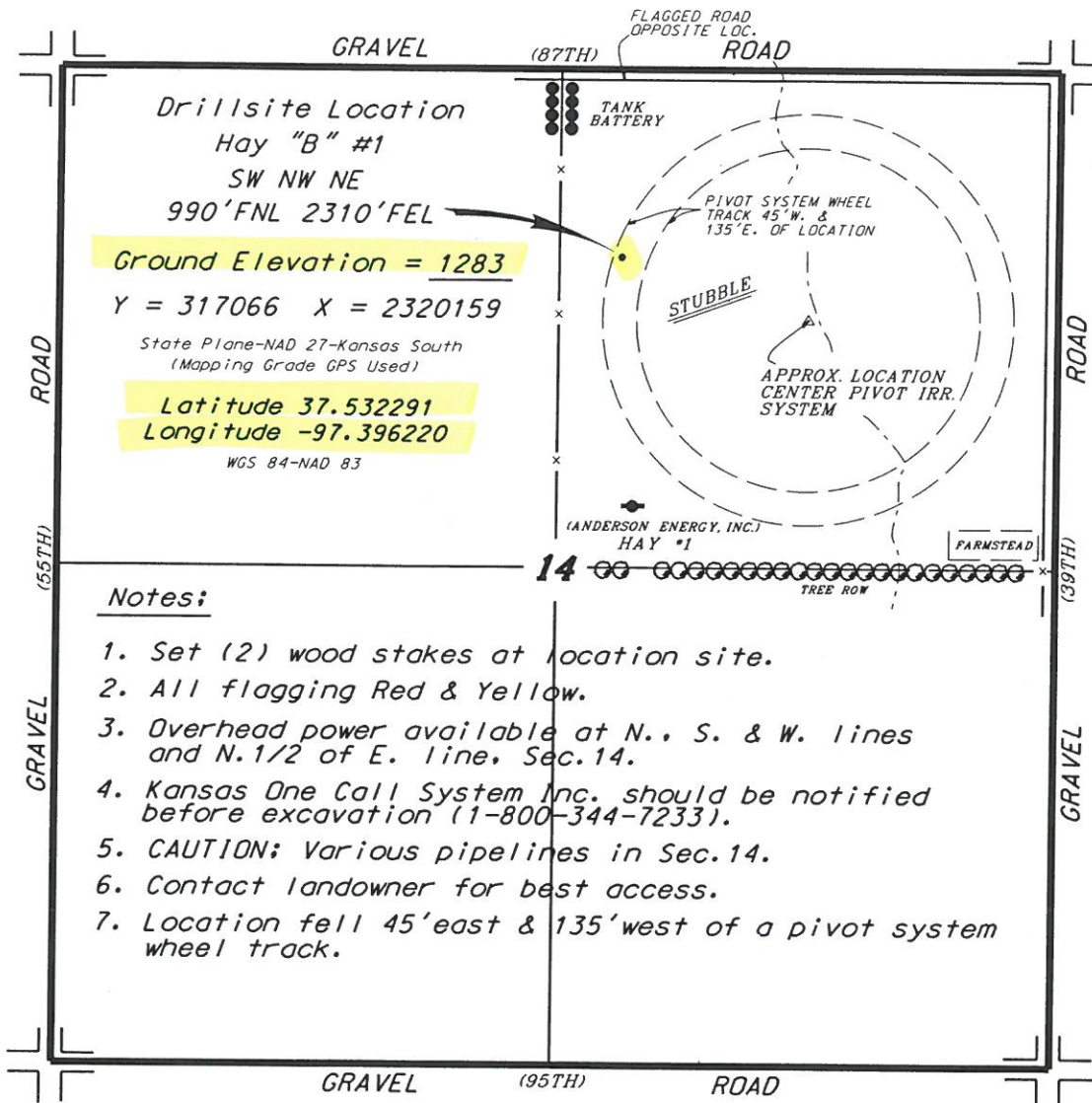
DISPOSITION OF GAS: <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> 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	Hay B 1
Doc ID	1306617

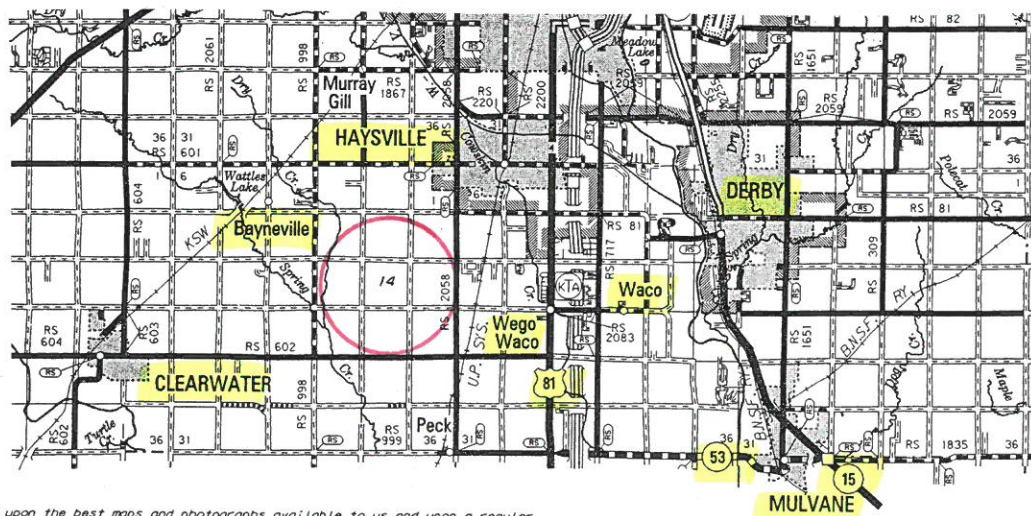
All Electric Logs Run

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

BEAR PETROLEUM, INC.
HAY LEASE
NE.1/4, SECTION 14, T29S, R1W
SEDGWICK COUNTY, KANSAS



* Ingress and egress to location as shown on this plat is per usage only and may not be legally opened for public use. Contact landowner, tenant and county road department for access.



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

* Approximate section lines were determined using the normal standard of care of oilfield 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 drillsite location in the section is not guaranteed. Therefore, the operator securing this service and accepting this plat and all other parties relying thereon agree to hold Central Kansas Oilfield 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.

* Elevations derived from National Geodetic Vertical Datum.

Date **December 30, 2015**

CENTRAL KANSAS OILFIELD SERVICES, INC. (620)792-1977



FIELD ORDER N° C 43594

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

DATE 1-6 2016

IS AUTHORIZED BY: Bear Petroleum L.L.C.
(NAME OF CUSTOMER)

Address _____ City _____ State _____

To Treat Well As Follows: Lease HAY B Well No. 1 Customer Order No. _____

Sec. Twp. Range _____ County Sequoyia 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	47	Mileage Pump Truck	4.00	188.00
2	47	Mileage Pickup	2.00	94.00
2	1	Pump Charge Conductor Pipe	1100.00	1100.00
2	175	60/40 2% Gel 3% CC	10.75	1881.25
2	9	Calcium Chloride	30.00	270.00
2	184	Bulk Charge	1.25	230.00
2		Bulk Truck Miles $7.925 \times 47 = 372.475 \times$	1.10	410.72
		Process License Fee on _____ Gallons	-	
TOTAL BILLING				4172.97

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 Brozek

Station St. Bend

Dick Schrenner
Well Owner, Operator or Agent

Remarks _____

NET 30 DAYS

TREATMENT REPORT

Acid Stage No. _____

Date 1 6 16 District GREAT BEND KS F.O. No. C43594

Company BEAR PETROLEUM LLC
Well Name & No. HAY B 1
Location _____ Field _____
County SEGWICK *Sedgwick* 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 13 3/8 Type & Wt. 48 Set at 126 ft.
Formation: _____ Perf. _____ to _____

Treated from	ft. to	ft.	No. ft.
			<u>0</u>
from		ft.	No. ft. <u>0</u>
from		ft.	No. ft. <u>0</u>

Formation: _____ Perf. _____ to _____

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

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.

Pump Trucks. No. Used: Std. 320 Sp. _____ Twin _____
Auxiliary Equipment _____
Personnel _____
Auxiliary Tools _____

Open Hole Size _____ T.D. _____ ft. P.B. to _____ ft.

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

Company Representative _____ Treater DUANE

TIME a.m./p.m.	PRESSURES		Total Fluid Pumped	REMARKS
	Tubing	Casing		
1240 PM				ON LOCATION
100 PM				START DRILLING 16 INCH HOLE
				DONE DRILLING HOLE
				DRILL PIPE OUT OF HOLE
				START 13.375 CSG IN HOLE
				CSG RUN
				HOOK UP 13.375 SWEDGE
				BREAK CIR WITH 10 BBLS WATER
				MIX 175 SACKS CMT
				CMT MIXED
				START DISP
				DISP 17.4 BBLS
				DISP IN CLOSE VALVE IN
900 PM				JOB COMPLETE



FIELD ORDER N° C 43595

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

DATE 1-7 2016

IS AUTHORIZED BY: Bear Petroleum L.L.C.
(NAME OF CUSTOMER)

Address _____ City _____ State _____

To Treat Well As Follows: Lease HAY B Well No. 1 Customer Order No. _____

Sec. Twp. Range _____ County Sequoyia 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	47	Mileage Pump Truck	4.00	188.00
2	47	Mileage Pickup	2.00	94.00
2	1	Pump Charge Surface Pipe	1100.00	1100.00
2	225	60-40 Poz 270 Gel 390CC	10.75	2418.75
2	10	Calcium Chlorine	30.00	300.00
2	235	Bulk Charge	1.25	293.75
2		Bulk Truck Miles <u>10.15 x 47 = 477.05 x</u>	1.10	524.76
		Process License Fee on _____ Gallons		
			TOTAL BILLING	4919.26

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 Brozek

Station Gr. Bend

Dick Schreiner
Well Owner, Operator or Agent

Remarks _____

NET 30 DAYS



Cement longstring

FIELD ORDER N^o C 43618

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

DATE 1-10-16 20__

IS AUTHORIZED BY: Beer Petroleum (NAME OF CUSTOMER)

Address _____ City _____ State _____

To Treat Well As Follows: Lease Hwy Well No. B-1 Customer Order No. _____

Sec. Twp. Range _____ County Sedswick 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	100	milease pump truck	4. ^{00/}	400. ^{00/}
2	100	milease pickup	2. ^{00/}	200. ^{00/}
2	1	Pump Chaser - Long Strings		1,600. ^{00/}
2	150	60/40 pae. 2% sl.	10. ^{75/}	1,617. ^{50/}
2	900 [#]	Salt	.25	225. ^{00/}
2	750 [#]	Gilsonite	.75	562. ^{50/}
2	100 [#]	C-41p	3. ^{75/}	375. ^{00/}
2	100 [#]	C-47a	6. ^{00/}	600. ^{00/}
2	5	Conditioners - Turbo	85. ^{00/}	425. ^{00/}
2	1	Bestkat		155. ^{00/}
2	1	5 1/2" float shoe w/ auto-fill		355. ^{00/}
2	1	Latch down plus baffle		175. ^{00/}
2	600	Mud-Flush	.75	450. ^{00/}
2	1	Rotating Head Rental		250. ^{00/}
2	187	Bulk Charge	1. ^{25/}	233. ^{75/}
2		Bulk Truck Miles 7.53 T x 100m = 753 Tm x 1. ^{10/}	1. ^{10/}	828. ^{30/}
		Process License Fee on _____ Gallons		
TOTAL BILLING				8,447.^{05/}

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 110/16 District G.B. F.O. No. C43618
 Company Bear Petroleum
 Well Name & No. Hay B#1
 Location _____ Field _____
 County Sedgwick 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 5.5" Type & Wt. Used 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.

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 Jordan

Auxiliary Tools _____

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

Open Hole Size _____ T.D. _____ ft. P.B. to _____ ft.

Company Representative Dick S. Treater Nathan W.

TIME a.m./p.m.	PRESSURES		Total Fluid Pumped	REMARKS
	Tubing	Casing		
12:00		5.5"		On Location. Rig setting up to log. Run logs, unload pipe, tally pipe.
				RTD-3020' Centralizers-1,3,5,7,9
				Pipe-3007' Basket-2
				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 joint Set collar as low as possible in cellar.
				Break circulation with mud pump. Circulate for 30 minutes.
				Pump 600gal of Mud Flush.
				Mix 150sks 60/40poz 2%gel 12% Salt .75%C41p .75%C47A 5#/sk Gilsonite at 15.0#/gal.
				Displace with 72bbls at 6bpm-500#
				Plug landed at 650# Pressure up to 1430# Held pressure for 3 minutes.
10:50				Released pressure. Float Held.
				Thank You!
				Nathan W.