

Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1326863
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: _____

1326863

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
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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	ALLRED (HITTLE) 1-28
Doc ID	1326863

All Electric Logs Run

Compensated Density-Neutron
Induction Log
Micro Log
Cement Bond Log



CONSOLIDATED
Oil Well Services, LLC

REMIT TO
Consolidated Oil Well Services, LLC
Dept. 970
P.O. Box 4346
Houston, TX 77210-4346

MAIN OFFICE
P.O. Box 884
Chanute, KS 66720
620/431-9210 • 1-800/467-8676
FAX 620/431-0012

INVOICE

Invoice # **236260**

Invoice Date: 08/31/2010 Terms:

Page 1

PETRO WARRIOR
215 S. ASH STREET
P.O. BOX 306
BROKEN ARROW OK 74012
() -

HITTLE 1-28
29097
08-27-10

RECEIVED
9/3/10

Cement Surface

Part Number	Description	Qty	Unit Price	Total
1104S	CLASS "A" CEMENT (SALE)	180.00	13.5000	2430.00
1102	CALCIUM CHLORIDE (50#)	500.00	.7500	375.00
1118B	PREMIUM GEL / BENTONITE	340.00	.2000	68.00
1107	FLO-SEAL (25#)	45.00	2.1000	94.50

Description	Hours	Unit Price	Total
445 CEMENT PUMP (SURFACE)	1.00	725.00	725.00
445 EQUIPMENT MILEAGE (ONE WAY)	60.00	3.65	219.00
479 TON MILEAGE DELIVERY	507.60	1.20	609.12

RF 9208

Parts:	2967.50	Freight:	.00	Tax:	201.79	AR	4722.41
Labor:	.00	Misc:	.00	Total:	4722.41		
Sublt:	.00	Supplies:	.00	Change:	.00		

Signed _____ Date _____

BARTLESVILLE, OK
918/338-0808

ELDORADO, KS
316/322-7022

EUREKA, KS
620/583-7664

GILLETTE, WY
307/686-4914

McALESTER, OK
918/426-7667

OTTAWA, KS
785/242-4044

THAYER, KS
620/839-5269

WORLAND, WY
307/347-4577



CONSOLIDATED
Oil Well Services, LLC

PO Box 884, Chanute, KS 66720
620-431-9210 or 800-467-8676

**FIELD TICKET & TREATMENT REPORT
CEMENT**

TICKET NUMBER 20001
LOCATION EUREKA
FOREMAN Kevin McCoy

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY	
8-27-10	6382	Hittle 1-28	28	315	4E	Cowley	
CUSTOMER <u>Petro WARRIOR</u>			Summit Drly. Co.				
MAILING ADDRESS <u>P.O. Box 306</u> <u>215 South Ash Street</u>							
CITY <u>BROKEN ARROW</u>		STATE <u>OK</u>	ZIP CODE <u>74102</u>	TRUCK # <u>445</u>	DRIVER <u>JUSTIN</u>	TRUCK # <u>479</u>	DRIVER <u>DAVE</u>

JOB TYPE SURFACE 0 HOLE SIZE 14 3/4 HOLE DEPTH 271' K.B. CASING SIZE & WEIGHT 10 3/4 40.50# New
CASING DEPTH 265' KB DRILL PIPE _____ TUBING _____ OTHER _____
SLURRY WEIGHT 15.2* SLURRY VOL 43 BBL WATER gal/sk 6.5 CEMENT LEFT in CASING 20'
DISPLACEMENT 24 BBL DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety Meeting: Rig up to 10 3/4 casing. Break circulation w/ 10 BBL fresh water.
Mixed 180 sks Class A Cement w/ 3% CaCl2, 2% Gel, 1/4" floccle/sk @ 15.2*/gal, yield 1.35.
Displace w/ 24 BBL fresh water. Shut casing in. Good cement returns to surface = 12 BBL
Slurry to pit. Job complete. Rig down.

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401 S	1	PUMP CHARGE	725.00	725.00
5406	60	MILEAGE	3.65	219.00
1104 S	180 sks	Class "A" Cement	13.50	2430.00
1102	500 *	CaCl2 3%	.75 **	375.00
1118 B	340 *	Gel 2%	.20 *	68.00
1107 #	45 *	Floccle 1/4" /sk	2.10 *	94.50
5407 A	8.46 TONS	60 miles Bulk Delv.	1.20	609.12
			Sub Total	4520.62
			SALES TAX 6.8%	301.79
			ESTIMATED TOTAL	4722.41

Ravin 3737

AUTHORIZATION witnessed By Dan Cox TITLE Toolpusher / Summit Drly. DATE 8-27-10

I acknowledge that the payment terms, unless specifically amended in writing on the front of the form or in the customer's account records, at our office, and conditions of service on the back of this form are in effect for services identified on this form.



CONSOLIDATED
Oil Well Services, LLC

REMIT TO
Consolidated Oil Well Services, LLC
Dept. 970
P.O. Box 4346
Houston, TX 77210-4346

MAIN OFFICE
P.O. Box 884
Chanute, KS 66720
620/431-9210 • 1-800/467-8676
FAX 620/431-0012

INVOICE

Invoice # **236494**

Invoice Date: 09/13/2010 Terms:

Page 1

PETRO WARRIOR
215 S. ASH STREET
P.O. BOX 306
BROKEN ARROW OK 74012
() -

RECEIVED
9/15/10
HITTLE 1-28
29120
09-08-10

Cement long string

Part Number	Description	Qty	Unit Price	Total
1126A	THICK SET CEMENT	215.00	17.0000	3655.00
1110A	KOL SEAL (50# BAG)	1075.00	.4200	451.50
1111A	SODIUM METASILICATE	100.00	1.8000	180.00
1123	CITY WATER	3000.00	.0149	44.70
4310	7" STOP RING	1.00	40.0000	40.00
4409	7" RUBBER PLUG(TOP)	1.00	77.0000	77.00
4107	CEMENT BASKET 7"	1.00	306.0000	306.00
4131	CENTRALIZER 7"	6.00	55.0000	330.00
4187	FLOAT COLLAR 7"	1.00	500.0000	500.00
4310	7" CEMENT FILLED GUIDE S	1.00	225.0000	225.00

Description	Hours	Unit Price	Total
437 80 BBL VACUUM TRUCK (CEMENT)	6.00	100.00	600.00
445 CEMENT PUMP	1.00	925.00	925.00
445 EQUIPMENT MILEAGE (ONE WAY)	60.00	3.65	219.00
445 CASING FOOTACE	1899.00	.20	379.80
543 TON MILEAGE DELIVERY	709.80	1.20	851.76

Parts:	5809.20	Freight:	.00	Tax:	395.03	AR	9179.79
Labor:	.00	Misc:	.00	Total:	9179.79		
Sublt:	.00	Supplies:	.00	Change:	.00		

Signed _____ Date _____

BARTLESVILLE, OK 918/338-0808 EL DORADO, KS 316/322-7022 EUREKA, KS 620/583-7664 GILLETTE, WY 307/686-4914 McALESTER, OK 918/426-7667 OTTAWA, KS 785/242-4044 THAYER, KS 620/839-5269 WORLAND, WY 307/347-4577



CONSOLIDATED
Oil Well Services, LLC

U ENIGHEU

TICKET NUMBER 29120

LOCATION Eureka

FOREMAN Kevin McCoy

PO Box 884, Chanute, KS 66720
620-431-9210 or 800-467-8676

FIELD TICKET & TREATMENT REPORT
CEMENT

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY																
9-8-10	6322	Hittle 1-28	28	315	4E	Cowley																
CUSTOMER <u>Petro WARRIOR</u>			<table border="1"> <thead> <tr> <th>TRUCK #</th> <th>DRIVER</th> <th>TRUCK #</th> <th>DRIVER</th> </tr> </thead> <tbody> <tr> <td>445</td> <td>John S.</td> <td></td> <td></td> </tr> <tr> <td>543</td> <td>DAVE</td> <td></td> <td></td> </tr> <tr> <td>437</td> <td>Jim</td> <td></td> <td></td> </tr> </tbody> </table>				TRUCK #	DRIVER	TRUCK #	DRIVER	445	John S.			543	DAVE			437	Jim		
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CITY <u>BROKEN ARROW</u>																						
STATE <u>OK</u>																						
ZIP CODE <u>74012</u>																						

JOB TYPE Longstring HOLE SIZE 9 1/2" HOLE DEPTH 3415' KB CASING SIZE & WEIGHT 7" 23" New
 CASING DEPTH 3399' G.L. DRILL PIPE _____ TUBING _____ OTHER P870 3357' G.L.
 SLURRY WEIGHT 13.4" SLURRY VOL 67 BBL WATER gal/sk 9.0 CEMENT LEFT in CASING 41.85
 DISPLACEMENT 134 BBL DISPLACEMENT PSI 900 PSI 1400 Bump Plug RATE _____

REMARKS: Safety Meeting: Rig up to 7" casing. Break Circulation w/ 5 BBL Fresh water. Pump 15 BBL Metasilicate Pre Flush, 5 BBL water Spacer. Mixed 215 sks Thick Set Cement w/ 5* Kel-Seal /sk @ 13.4"/gal. Shut down. Wash out Pump & Lines. Release Plug. Displace w/ 134 BBL Fresh water. FINAL Pumping Pressure 900 PSI. Bump Plug to 1400 PSI. Wait 2 minutes. Release Pressure. Float Held. Good Circulation @ ALL times while Cementing. Job Complete. Rig down.

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
5401	1	PUMP CHARGE	925.00	925.00
5406	60	MILEAGE	3.65	219.00
5402	1899'	Footage Charge	.20'	379.80
1126A	215 sks	THICK Set Cement	17.00	3655.00
1110 A	1075 "	Kel-Seal 5"/sk	.42	451.50
1111 A	100 "	Metasilicate Pre Flush	1.80	180.00
5407 A	11.83 Tons	60 miles Bulk Deliv.	1.20	851.76
5502 c	6 Hrs	80 BBL VAC TRUCK	100.00	600.00
1123	3000 gals	City water	14.90/1000	44.70
4310	1	7" Stop Ring	40.00	40.00
4409	1	7" Top Rubber Plug	77.00	77.00
4107	1	7" Cement BASKET	306.00	306.00
4131	6	7" x 9 1/2" Centralizers	55.00	330.00
4182	1	7" FLOAT COLLAR	500.00	500.00
4310	1	7" Cement Filled Guide Shoe	225.00	225.00
			Sub Total	8784.76
			SALES TAX 6.8%	395.03
			ESTIMATED TOTAL	9179.79

THANK YOU
M 236494

AUTHORIZATION Witnessed By Gary Reed

TITLE well site Consultant

DATE 9-8-10

I acknowledge that the payment terms, unless specifically amended in writing on the front of the form or in the customer's account records, at our office, and conditions of service on the back of this form are in effect for services identified on this form.