

Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1326999
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: _____

1326999



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> <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	RUSK B 1
Doc ID	1326999

Tops

Name	Top	Datum
Topeka Limestone Formation	1946	-732
Heebner Shale Member	2368	-1154
Kansas City Group	3124	-1910
Marmaton Group	3431	-2217
Cherokee Group	3583	-2369
Mississippian System	3755	-2541
Kinderhookian Stage	4097	-2883
Simpson Group	4176	-2962



FIELD ORDER N^o C 44207

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

DATE 8-7-16 20

IS AUTHORIZED BY: Bea Petrokun (NAME OF CUSTOMER)

Address _____ City _____ State _____

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

Sec. Twp. Range 7-33-1 County Cowley Sumner 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	60	mileage pump truck	4. ^{00/}	240. ^{00/}
2	60	mileage pickup	2. ^{00/}	120. ^{00/}
2	1	Pump Charge		1,100. ^{00/}
2	100	Comm-	12. ^{75/}	1,275. ^{00/} 637.^{50/}
2	2	Add. wait time		500. ^{00/}
2	100	Bulk Charge		150. ^{00/}
2		Bulk Truck Miles: $4.7 T \times 60 = 282 T \times 1.10/$	1. ^{10/}	310. ⁷⁰
		Process License Fee on _____ Gallons		
TOTAL BILLING				3695. ⁷⁰

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 Natra W.

Station G.B

Dick S.
Well Owner, Operator or Agent

Remarks _____

NET 30 DAYS



TREATMENT REPORT

Acid Stage No. _____

Date 8/7/2016 District G.B. F.O. No. C44207

Company Bear Petroleum

Well Name & No. Rusk B1

Location _____ Field _____

County ~~Cowley~~ Sumner State KS

Casing: Size 4.5" 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: 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. <u>0</u>
from _____ ft. to _____ ft.	No. ft. <u>0</u>
from _____ ft. to _____ ft.	No. ft. <u>0</u>

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

Pump Trucks. No. Used: Std. 365 Sp. _____ Twin _____

Auxiliary Equipment 327

Personnel Nathan-Greg-Mike

Auxiliary Tools _____

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

Company Representative Dick S. Treater Nathan W.

TIME	PRESSURES		Total Fluid Pumped	REMARKS
	Tubing	Casing		
10:00		4.5"		On Location. Help rig run casing.
				4.5"-1982'
				Run 4.5" casing with 7" on bottom.
				Set down over old 4.5" casing. Attempt to screw on.
				Break circulation and circulate for 30 minutes.
				Mix 50sks of Common.
				Displace with 31.5bbls at 4.5bpm-500#
				Plug rat hole with 30sks
				Plug mouse hole with 20sks.
				Thank You!
				Nathan W.