

Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1347696
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: _____

1347696

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. <i>(Submit ACO-5)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
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FIELD ORDER N^o C 44847

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

DATE Nov 14 & 15 20 16

IS AUTHORIZED BY: Bear Pat (NAME OF CUSTOMER)
 Address _____ City _____ State _____
 To Treat Well As Follows: Lease Hay Well No. A1 Customer Order No. _____
 Sec. Twp. Range _____ County Seward 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
	1	11/14/16 5 1/2 HD Packer.		800 ⁰⁰
	1	5 1/2 HD Plug		800 ⁰⁰
	1	Tool Hand		250 ⁰⁰
	1	Pump truck to hwy holes. 4 hrs @ 100 ⁰⁰ /hr		400 ⁰⁰
	190 miles	@ 4 ⁰⁰ /mile		760 ⁰⁰
	1	11/15/16 Pump Chgs for squeeze job		950 ⁰⁰
	29 miles	Milhy from Liberal @ 4 ⁰⁰ /mile		116 ⁰⁰
	1	2" HSOS Steeper Rubber.		185.45
	1	2" steel bull Plug to fix chip on casing valve.		26.25
	135	Sacks Grade A Cem @ 12 ⁷⁵ /sack.		1721 ²⁵
	1353	Bulk Charge @ 12 ⁷⁵ /sack.		168 ⁷⁵
	1305	Bulk Truck Miles @ 1 ¹⁰ /ton mile		1326 ⁰⁰
		Process License Fee on _____ Gallons		
TOTAL BILLING				

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 [Signature]

Station Buffton

Well Owner, Operator or Agent

Remarks Squeeze Job.

NET 30 DAYS

TREATMENT REPORT

Acid Stage No. Squeeze

Date 11-14-15-16 District Bullet F. O. No. _____
 Company Bear Pt
 Well Name & No. Hay #1
 Location _____ Field _____
 County Seminole State Fla
 Casing: Size 5 1/2 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. _____ 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. _____
 from _____ ft. to _____ ft. No. ft. _____
 from _____ ft. to _____ ft. No. ft. _____
 Actual Volume of Oil/Water to Load Hole: _____ Bbl./Gal.
 Pump Trucks No. Used: Std. 323 Sp. _____ Twin _____
 Auxiliary Equipment Bulk 322
 Packer: 5 1/2 H.D. Set at 2004 ft.
 Auxiliary Tools 5 1/2 H.D. Pin @ 3670'
 Plugging or Sealing Materials: Type 135 sack Com. Gal. _____ lb. _____

Company Representative _____

Treater [Signature]

TIME a.m / p.m.	PRESSURES		Total Fluid Pumped	REMARKS
	Tubing	Casing		
11:45				11-14-15 Tool Hand on loc. unloading tubing
:	1000#		60 Bbls	Run Tank to 3670' set plug pick up 1000# & test to 1000#
:			9 1/3 Bbls	Release packer Spot 2 sacks cement w/ 13 Bbls let fall out
4:30	750			1st test packer 2120' 3 Bbls load held 750
:	700			2nd test packer 1360' 13 Bbls plug in 1/2 Bbl @ 700#
:				Run back in isolate within 3 joints ran out of Poylesby
7:30				11-15-16
:				Dis part surface panel surface already open
9:15				found 1 hole (Pallas leak) @ 2130'
:		050#		Bulk truck on loc @ 9:30 install new stripper rubber
:	1000			pressure up Annulus packer @ 2004'
9:30	1000	650	0	Fire on tubing exit packer 1 1/2 Bbl @ 1000
:	950	600	5 Bbls	Group mixer gain down hole 5 sack slurry
:	475		10 Bbls	1 1/2 BPM port @ 950
:	650	500	19 Bbls	Beaker down up to 2 BPM port @ 475# up to 5.7 slurry
:	450	475	32 Bbls	5.7 sack slurry 3 BPM 650#
:				135 sack com down 3 BPM @ 400# shut tubing in
:				hook off & wash up truck
:	1000	450	0	Start Displacement @ 1 1/3 BPM Port
:	1000		2 Bbls	Catch pressure 1 1/3 BPM port
:	550	425	4 Bbls	1 1/3 BPM @ 550
:			5 Bbls	1 1/3 BPM @ 600
:	750/600	425	7 Bbls	1 1/3 BPM @ 750 slow to 1 BPM port @ 600#
10:15	500	425	9 1/3 Bbls	1 BPM 800# shut down 151P 500
10:16	400	405		3 min shut in 400# shut tubing in back
11:30				up left loc



FIELD ORDER N^o C 44408

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

DATE 11-23-16 20__

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

Address _____ City _____ State _____

To Treat Well As Follows: Lease HAYS A Well No. 15WD Customer Order No. _____

Sec. Twp. Range 2-32S-34W County SEWARD 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	50	Mileage Pickup	2.00	100.00
2	50	Mileage Pump TRUCK	4.00	200.00
2	1	Pump Charge	650.00	650.00
2	50	Mileage Pickup (11-28-16)	2.00	100.00
2	50	Mileage Pump TRUCK (11-28-16)	4.00	200.00
2	1	Pump Chg. (11-28-16)	650.00	650.00
1	1	Rental of 5 1/2" HO Packer (11-28-16)	800.00	800.00
2	50	Mileage Pickup (11-29-16)	2.00	100.00
2	1	Pump Chg. (11-29-16)	650.00	650.00
2	50	Mileage Pickup (11-30-16)	2.00	100.00
2	1	Pump Chg. (11-30-16)	950.00	950.00
2	120sx	Common Cmt (11-30-16)	12.75	1530.00
2	120sx	Bulk Charge	1.25	150.00
2	50	Bulk Truck Miles $5.64 \times 282 \times 1.10 = 310.20$		310.20
		Process License Fee on _____ Gallons		
		TOTAL BILLING		\$6490.20

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 Brozck

Station Gr Bend

Dick Schenmer
Well Owner, Operator or Agent

Remarks _____

NET 30 DAYS



TREATMENT REPORT

Acid Stage No. _____

Date 11/29/2016 District GREAT BEND KS. F.O. No. 44408
 Company BEAR PETROLEUM LLC
 Well Name & No. HAYS A 1 SWD
 Location 2-32S-34W Field _____
 County SEWARD ST KANSAS

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 1/2 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 4111' ft. to 4118' ft.
 Open Hole Size _____ T.D. _____ ft. P.B. 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. 320 Sp. _____ Twin _____
 Auxiliary Equipment _____
 Personnel DUANE GREG AARONDI
 #NAME? _____
 Plugging or Sealing Materials: Type _____ Gals. _____ lb.

Company Representative DICK SCHREMMER Treater DUANE

TIME	PRESSURES		Total Fluid Pumped	REMARKS
	Tubing	Casing		
915AM				ON LOC
				PICKING UP TONGS
				CIR HOLE TO GET AIR OUT OF HOLE
				SET PACKER AT 3752'
				PSI TUBING PUMP INTO AT 1BPM AT 1600#
				PSI ANN 500LBS VERY SLOW LEAK
				SET PACKER AT 3814' 1BPM AT 1600#
				SET PACKER AT 3846' PUMP INTO AT 1600#
				SET PACKER AT 3941' PUMP INTO AT 1600#
				HAD TROUBLE RELEASEING PACKER
				TRY CIR AROUND PACKER COULD NOT GET PKR TO UNSET
				PULL PKR OUT OF HOLE
430PMS				DONE FOR THE DAY
				11/30/2016
800AM				ON LOC
				SET PACKER AT 3655'
			10	OPEN BYPASS ON PACKER PUMP 10BBLs CMT CLOSE BYPASS
	2000		15	MIX 15 MORE BBLs CMT PSI 2000# DECIDED TO START DISPLACEMENT
	2000		7	7 BBLs DISPLACEMENT IN 2000# UNSET PKR CLEAN CMT OUT OF TUBING
				TUBING CLEAR PULL 10 JOINTS TUBING PUT 500# PSI ON SQUEEZE
				CLOSE WELL IN
300PM				DONE FOR THE DAY