



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
	1205 ⁵³	Bulk Truck Miles @ 1 ¹⁰ /ton mile		1326 ¹¹
		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.

Company Representative _____

Treater Ray B

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# & tie to 1000#
:			9 1/3 Bbls	Release packer Spot 2 sacks Com w/ 13 Bbls let fall out
4:30	750			1st test packer 2120' 3 Bbls load held 750
:	700			2nd test packer 1360' 1 1/2 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'
:				Bulk truck on loc @ 9:30 install new stripper rubber
:		050#		pressure up Annulus packer @ 2004'
:	1000			tie on tubing ext packer 1 1/2 Bbl @ 1000
9:30	1000	650	0	Group Mixing gain down hole 5 sack slurry.
:	950	600	5 Bbls	1 1/2 BPM port @ 950
:	475		10 Bbls	Break down up to 2 BPM port @ 475# up to 5.7 slurry
:	650	500	19 Bbls	5.7 sack slurry 3 BPM 650#
:	450	475	32 Bbls	135 sack com slurry 3 BPM @ 400# shut tubing in
:				hook off & wash up truck
:	450	450	0	Start Displacement @ 1 1/3 BPM Port
:	450		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
:	750/400	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