

Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form ACO-1

January 2018

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

Gas DH EOR

OG GSW

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 EOR Conv. to SWD

Plug Back Liner Conv. to GSW Conv. to Producer

Commingled Permit #: _____

Dual Completion Permit #: _____

SWD Permit #: _____

EOR Permit #: _____

GSW Permit #: _____

Spud Date or Date Reached TD Completion Date or Recompletion Date

API No.: _____

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 Drill Stem Tests Received

Geologist Report / Mud Logs Received

UIC Distribution

ALT I II III Approved by: _____ Date: _____

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 Geologist Report / Mud Logs <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				

1. Did you perform a hydraulic fracturing treatment on this well? Yes No *(If No, skip questions 2 and 3)*
2. Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons? Yes No *(If No, skip question 3)*
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)*

Date of first Production/Injection or Resumed Production/Injection:	Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other <i>(Explain)</i> _____			
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> <i>(Submit ACO-4)</i>	PRODUCTION INTERVAL: Top Bottom
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Shots Per Foot	Perforation Top	Perforation Bottom	Bridge Plug Type	Bridge Plug Set At	Acid, Fracture, Shot, Cementing Squeeze Record <i>(Amount and Kind of Material Used)</i>

TUBING RECORD:	Size:	Set At:	Packer At:	
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Form	ACO1 - Well Completion
Operator	Bear Petroleum, LLC
Well Name	RYAN A 1
Doc ID	1460310

All Electric Logs Run

Sonic Log
Compensated Density/Neutron Log
Micro Log
Dual Induction Log

Form	ACO1 - Well Completion
Operator	Bear Petroleum, LLC
Well Name	RYAN A 1
Doc ID	1460310

Tops

Name	Top	Datum
Herington	2362	-133
Krider	2376	-147
Towanda	2484	-255
Ft Riley	2544	-315
Heebner	3828	-1599
Lansing	3918	-1689
Base Kansas City	4108	-1879
Ft Scott	4378	-2149
Cherokee	4432	-2203
Mississippi	4476	-2247
Simpson	4624	-2395
Viola	4659	-2429



NEW WELL

FIELD ORDER N° C 46724

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

DATE 1/24/19 20

IS AUTHORIZED BY: Bear Peterson (NAME OF CUSTOMER)

Address _____ City _____ State _____

To Treat Well As Follows: Lease Ryan Well No. A-1 Customer Order No. _____

Sec. Twp. _____ Range _____ County Pawnee 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	45	mileage pump truck	4.00	180.00
2	45	mileage pickup	2.00	90.00
2	1	Pump Charge - surface		1,100.00
2	575	60/40 per cent 2% sol.	10.75	6,181.25
2	31	Calcium Chloride	30.00	930.00
2	1	8 5/8" Float shoe w/ auto-fill		600.00
2	1	8 3/8" Lead Plug		65.00
2	1	8 5/8" Baffle Plate		105.00
2	606	Bulk Charge	1.25	757.50
2		Bulk Truck Miles 26.087 x 45 = 1,173.675 x 1.00	1.00	1,173.68
		Process License Fee on _____ Gallons		
TOTAL BILLING				11,299.71

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-3

Dick S
Well Owner, Operator or Agent

Remarks _____

NET 30 DAYS

LITHOLOGY STRIP LOG

WellSight Systems
Scale 1:240 (5"=100') Imperial
Measured Depth Log

Well Name: Ryan A #1
 Well ID: 2240 FSL & 440' FWL Sec 15 T22S-R20W
 License Number: 1/23/2019
 Spud Date: 1/23/2019
 Region:
 Surface Coordinates:
 Bottom Hole Coordinates: 2223 K.B. Elevation (ft): 2229
 Logged Interval (ft): 2150 To: Total Depth (ft): 4800
 Formation: Viola
 Type of Drilling Fluid: Chemical mud
 Drilling Completed: 1/31/2019

Company: Bear Petroleum
 Address:
 OPERATOR

Name: Rod Andersen
 Company:
 Address:
 GEOLOGIST

Cores:
 DSTs:
 Comments:

ROCK TYPES			
	Anhy		Lmst
	Bent		Meta
	Brec		Mst
	Clt		Shale
	Cyst		Shcol
	Coal		Shgy
	Congl		Sststrg
	Dol		Ssstrg
	Gyp		Till
	Igne		

MINERAL			ACCESSORIES			
	Anhy	<input type="checkbox"/>		Crin		Gyp
	Arg	<input type="checkbox"/>		Echin		Ls
	Bent	<input type="checkbox"/>		Fish		Lsstrg
	Brec	<input type="checkbox"/>		Feram		Ssstrg
	Calc	<input type="checkbox"/>		Fossil		
	Carb	<input type="checkbox"/>		Gastro		
	Chdtk	<input type="checkbox"/>		Oolite		
	Chlt	<input type="checkbox"/>		Ostra		
	Dol	<input type="checkbox"/>		Pellet		
	Feldspar	<input type="checkbox"/>		Plant		
	Ferr	<input type="checkbox"/>		Psolite		
	Fert	<input type="checkbox"/>		Salt		
	Gyp	<input type="checkbox"/>		Strom		
	Hymn	<input type="checkbox"/>				
	Karl	<input type="checkbox"/>				
	Marl	<input type="checkbox"/>				

POROSITY			OTHER SYMBOLS			
	Earthy	<input type="checkbox"/>		Angular	<input type="checkbox"/>	Interval Core
	Fracture	<input type="checkbox"/>		OIL SHOW	<input type="checkbox"/>	Dst
	Inter	<input type="checkbox"/>		Even	<input type="checkbox"/>	Event
	Moldic	<input type="checkbox"/>		Spotted	<input type="checkbox"/>	Rft
	Organic	<input type="checkbox"/>		Quees	<input type="checkbox"/>	Sidewall
	Pinpoint	<input type="checkbox"/>		Dead		
	Vuggy	<input type="checkbox"/>				

