

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) (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	BRYANT 2
Doc ID	1462764

All Electric Logs Run

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

Form	ACO1 - Well Completion
Operator	Bear Petroleum, LLC
Well Name	BRYANT 2
Doc ID	1462764

Tops

Name	Top	Datum
Herington	2320	-78
Krider	2276	-91
Winfield	2320	-135
Towanda	2374	-189
Ft Riley	2438	-253
Heebner	3685	-1500
Lansing	3776	-1591
Base KC	3957	-1772
Pawnee	4180	-1995
Ft Scott	4230	-2045
Cherokee	4258	-2073
Mississippi	4348	-2163
Viola	4445	-2260
TD	4850	-2665





New Well

FIELD ORDER N° C 46710

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

DATE 1/4/19 20

IS AUTHORIZED BY: Bear Petroleum (NAME OF CUSTOMER)  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
 To Treat Well As Follows: Lease Bryant Bryant Well No. 2 Customer Order No. \_\_\_\_\_  
 Sec. Twp. Range \_\_\_\_\_ County Prue 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
		1/4/19		
2	45	nibose pump truck	4. <sup>00/</sup>	180.00
2	45	nibose pickup	2. <sup>00/</sup>	90.00
2	1	stad-by charge		550.00
		1/5/19		
2	45	nibose pickup	2. <sup>00/</sup>	90.00
2	1	Pump Charge - Sur-face		1,100.00
2	600	60% w/ 40 perc. 2% gel.	10. <sup>75/</sup>	6,450.00
2	32	Calcium Chloride	30. <sup>00/</sup>	960.00
2	1	8 5/8" Nozzle		105.00
2	1	8 5/8" float shoe w/ auto-fill		600.00
2	632	Bulk Charge	1. <sup>27/</sup>	790.00
2		Bulk Truck Miles 27.2 T x 45m = 1,224 Tm x 1. <sup>10/</sup>	1. <sup>10/</sup>	1,346.40
		Process License Fee on _____ Gallons		12,261.40
<b>TOTAL BILLING</b>				

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.O.

Dick S.  
Well Owner, Operator or Agent

Remarks \_\_\_\_\_

**NET 30 DAYS**



**TREATMENT REPORT**

Acid Stage No. \_\_\_\_\_

Date 1/4/2019 District GB F.O. No. C46710

Company Bear Petroleum

Well Name & No. Bryant #2

Location \_\_\_\_\_ Field \_\_\_\_\_

County Pawnee State KS

Log Size 8 5/8" Type & Wt. \_\_\_\_\_ Set at \_\_\_\_\_ ft.

Perforation: \_\_\_\_\_ Perf. \_\_\_\_\_ to \_\_\_\_\_

Perforation: \_\_\_\_\_ Perf. \_\_\_\_\_ to \_\_\_\_\_

Perforation: \_\_\_\_\_ Perf. \_\_\_\_\_ to \_\_\_\_\_

Log Size \_\_\_\_\_ Type & Wt. \_\_\_\_\_ Top at \_\_\_\_\_ ft. Bottom at \_\_\_\_\_ ft.

Cemented:  Perforated from \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

Log 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. 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. 365 Sp. \_\_\_\_\_ Twin \_\_\_\_\_

Auxiliary Equipment \_\_\_\_\_ 360/310

Personnel Nathan-Tim-Greg

Auxiliary Tools \_\_\_\_\_

Plugging or Sealing Materials: Type \_\_\_\_\_

\_\_\_\_\_ Gals. \_\_\_\_\_ lb.

Company Representative Dick S. Treater Nathan W.

TIME	PRESSURES		Total Fluid Pumped	REMARKS
	Tubing	Casing		
12:30		8 5/8"		On Location. Rig pulling drill pipe. Start surface in hole. Would not go Past 50' +/- Run drill pipe in to condition and ream hole. Pull back out. Run surface back in to 50'+/- Would not go
12:45				Shut down till morning to relevel derrick.
1:30		8 5/8"		On Location. 1/5/19 Rig pulling drill pipe.
				8 5/8" at 1276' Baffle at 1233.73'
				Break circulation with mud pump.
1:55				Mix 600sks 60/40poz 2%gel 3% Calcium Chloride.
				Displace with 78.4bbls at 7bpm-650# Plug landed at 850#
2:03:35				Release pressure. Float held.
				Thank You!
				Nathan W.



New Well

FIELD ORDER N<sup>o</sup> C 46715

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

DATE 11/14/19 20\_\_

IS AUTHORIZED BY: Dear Petroleum (NAME OF CUSTOMER)

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

To Treat Well As Follows: Lease Byeant Well No. 2 Customer Order No. \_\_\_\_\_

Sec. Twp. \_\_\_\_\_ Range \_\_\_\_\_ County Pewee 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 \_\_\_\_\_ Agent

CODE	QUANTITY	DESCRIPTION	UNIT COST	AMOUNT
2	45	mileesc pump truck	4.00	180.00
2	45	mileesc pickup	2.00	90.00
2	2	Pump Charge - Loss String	1600. <sup>00</sup>	3,200.00
2	400	00/90 par. 2% sel.	10. <sup>75</sup>	4,300.00
2	2,300 #	salt	.25	575.00
2	2,000 #	Gilboa-ite	.75	1,500.00
2	150 "	C-12 (fluid loss)	6. <sup>00</sup>	900.00
2	250	C-37 (Friction Reducer)	4. <sup>00</sup>	1,000.00
2	200	C-41p (Defoamer)	3. <sup>75</sup>	750.00
2	9	Turbo Controllers	85. <sup>00</sup>	765.00
2	3	Baskets	155. <sup>00</sup>	465.00
2	1	Float Shoe w/ auto-fill		355.00
2	1	DV Tool w/ pluss & bottle		2,450.00
2	1	Rotating Head Rental		250.00
2	600	mud flush	.75	450.00
2	498	Bulk Charge	1. <sup>25</sup>	627.50
2		Bulk Truck Miles $20.05 T \times 45 m = 902.25 T \times 1.10$	1. <sup>10</sup>	992.48
		Process License Fee on _____ Gallons		18,844.98
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 Nathan W.

Station G.B.

Dick S.  
Well Owner, Operator or Agent

Remarks \_\_\_\_\_

NET 30 DAYS



**TREATMENT REPORT**

Acid Stage No. \_\_\_\_\_

Date 1/14/2019 District GB F.O. No. C46715  
 Company Bear Petroleum  
 Well Name & No. Bryant #2  
 Location \_\_\_\_\_ Field \_\_\_\_\_  
 County Pawnee State KS

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Casing: Size 5.5" Type & Wt. New 15.5# 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.

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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. 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. 365 Sp. \_\_\_\_\_ Twin \_\_\_\_\_  
 Auxiliary Equipment 360/310  
 Personnel Nathan-Tim-Greg-Mike  
 Auxiliary Tools \_\_\_\_\_  
 Plugging or Sealing Materials: Type \_\_\_\_\_ Gals. \_\_\_\_\_ lb.

Company Representative Dick S. Treater Nathan W.

TIME a.m./p.m.	PRESSURES		Total Fluid Pumped	REMARKS
	Tubing	Casing		
2:00		5.5"		On Location. Rig laying down pipe.
				TD-4850' Centralizers-1,3,5,7,9,52,54,56,60 Pipe-4848' Baskets-2,8,52 Baffle-4806' DV Tool-2681'
7:30				Tag bottom and pick up 2' Break circulation with mud pump. Circulate for 45 minutes.
				Mix 175sks 60/40poz 2%gel .5% C-12 .75% C-37 .5% C41p 12% Salt 5#/sk Gilsonite Wash out pump and lines.
				Displace with 114.4bbbls at 6.5bpm-800#
8:00				Plug landed at 1000# Release pressure. Float held.
				Drop opening tool and open DV tool at 900# Circulate for 1 hour.
10:00				Plug Rat Hole with 30sks and Mouse Hole with 20sks
10:05				Mix 175sks 60/40poz 2% gel .5%C-12 .75%C-37 .5%C-41p 12% Salt 5#/sk Gilsonite.
				Displace with 63.8bbbls at 6.5bpm-700#
10:30				Plug landed at 900# Release pressure. DV Tool closed.
				Thank You! Nathan W.

