

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	HOGAN 1
Doc ID	1466257

All Electric Logs Run

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

Form	ACO1 - Well Completion
Operator	Bear Petroleum, LLC
Well Name	HOGAN 1
Doc ID	1466257

Tops

Name	Top	Datum
Herington	2384	-116
Winfield	2450	-182
Towanda	2504	-236
Ft Riley	2555	-287
Heebner	3822	-1554
Lansing	3914	-1646
Base of KC	4266	-1998
Pawnee	4330	-2062
Ft Scott	4364	-2096
Mississippi	4472	-2204
Viola	4602	-2334
Arbuckle	4814	-2546

LITHOLOGY STRIP LOG

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

Well Name: **Hogan #1**
 Location: **730' FNL & 1300' FWL Sec 6 T23S-R20W** Region:
 License Number: _____ Spud Date: **2/4/2019** Drilling Completed: **2/14/2019**
 Surface Coordinates: _____

Bottom Hole Coordinates: _____
 Ground Elevation (ft): **2262** K.B. Elevation (ft): **2268**
 Logged Interval (ft): **2300** To: **4900** Total Depth (ft): **4900**
 Formation: **Arbuckle**
 Type of Drilling Fluid: _____

Printed by WellSight Log Viewer from WellSight Systems 1-800-447-1534 www.WellSight.com

Company: **Bear Petroleum** OPERATOR
 Address: _____

Name: **Rod Andersen** GEOLOGIST
 Company: **Eurypterid LLC**
 Address: _____

Cores _____

DSTs _____

Comments _____

ROCK TYPES

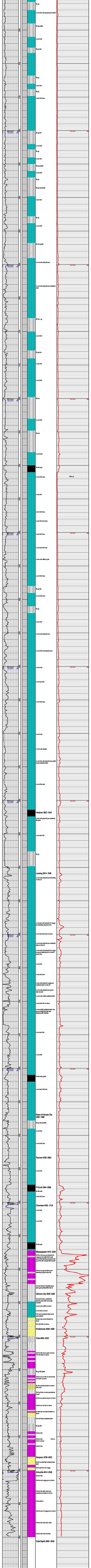
<ul style="list-style-type: none"> Anhy Bent Arg Bit Breccfrag Calc Carb Chdk Chrt Dol Cyst 	<ul style="list-style-type: none"> Coal Congl Pyr Dol Gyp Igne 	<ul style="list-style-type: none"> Lmst Meta Mrlst Salt Shale 	<ul style="list-style-type: none"> Shcol Siltst Sst Till
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MINERAL

<ul style="list-style-type: none"> Anhy Arg Argm Bent Bit Breccfrag Calc Carb Chdk Chrt Dol Feldspar Ferrpel Fe Glau Gyp Hymn Kaol Marl 	<p>ACCESSORIES</p> <ul style="list-style-type: none"> Crin Echin Fish Foram Fossil Gastro Oolite Ostrea Pellet Pisolite Plant Strom <p>STRINGER</p> <ul style="list-style-type: none"> Anhy Arg Bent Dol 	<p>Gyp</p> <ul style="list-style-type: none"> Ls Mrlst Siltst Sststrg 	<p>TEXTURE</p> <ul style="list-style-type: none"> Boundst Chalky Crystln Earthy Finegrn Grainst Lithogr Microcrn Mudst Packet Wackest
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POROSITY

<ul style="list-style-type: none"> Earthy Fenest Fracture Inter Moldic Organic Pimpnt Vuggy 	<p>OTHER SYMBOLS</p> <ul style="list-style-type: none"> Angular QIL SHOW Even Spotted Ques Dead 	<p>INTERVAL</p> <ul style="list-style-type: none"> Core Dst 	<p>EVENT</p> <ul style="list-style-type: none"> Rift Sidewall
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NEW
WELL

FIELD ORDER N° C 46582

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

DATE 2/5/19 20

IS AUTHORIZED BY: Bea Petroleum (NAME OF CUSTOMER)

Address _____ City _____ State _____

To Treat Well As Follows: Lease Hogan Well No. 1 Customer Order No. _____

Sec. Twp. Range _____ County Edwards 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 / ₁	180.00
2	45	mileage pickup	2. ⁰⁰ / ₁	90.00
2	1	Pump Charge - Surface		1,100.00
2	600	60/40 per. 2% sol.	10. ⁷⁵ / ₁	6,450.00
2	30	Calcium Chloride	30. ⁰⁰ / ₁	900.00
2	1	8 5/8" Wood Plug		65.00
2	1	8 5/8" Baffle		105.00
2	1	8 5/8" float shoe w/ auto-fill		600.00
2	632	Bulk Charge	1. ²⁵ / ₁	790.00
2		Bulk Truck Miles 27.27 x 45mi = 1,227.15 x 1. ¹⁴ / ₁	1. ¹⁴ / ₁	1,346.40
		Process License Fee on _____ Gallons		
TOTAL BILLING				11686.40

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 2/5/2019 District GB F.O. No. C46582
Company Bear Petroleum
Well Name & No. Hogan #1
Location Field
County Edwards State KS

Type Treatment: Amt. Type Fluid Sand Size Pounds of Sand
Bkdown Bbl./Gal.
Flush Bbl./Gal.

Casing: Size 8 5/8" 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 Perforated from ft. to ft.
Tubing: Size & Wt. Swung at ft.
Perforated from ft. to ft.

Treated from ft. to ft. No. ft. 0
from ft. to ft. No. ft. 0
from ft. to ft. No. ft. 0

Open Hole Size T.D. ft. P.B. to ft.

Actual Volume of Oil / Water to Load Hole: Bbl./Gal.
Pump Trucks. No. Used: Std. 365 Sp. Twin
Auxiliary Equipment 367
Personnel Nathan-Greg-Mike
Auxiliary Tools
Plugging or Sealing Materials: Type Gals. lb.

Company Representative Dick S. Treater Nathan W.

Table with columns: TIME, PRESSURES (Tubing, Casing), Total Fluid Pumped, REMARKS. Includes entries like 'On Location.', '8 5/8"-1352'', 'Break circulation with mud pump.', 'Mix 600sks 60/40poz 2%gel 3% Calcium Chloride.', 'Displace with 84bbbls at 6.5bpm-600# Circulated cement to surface.', 'Thank You!', 'Nathan W.'



NEW WELL

FIELD ORDER N° C 46588

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

DATE 2 ~~8~~ / 15 / 19 _____ 20____

IS AUTHORIZED BY: Beor Petroleum (NAME OF CUSTOMER)

Address _____ City _____ State _____

To Treat Well As Follows: Lease Hogan Hogan Well No. Z Customer Order No. _____

Sec. Twp. Range _____ County Edwards 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

Well Owner or Operator

CODE	QUANTITY	DESCRIPTION	UNIT COST	AMOUNT
2	45	milease pump truck	4.00	180.00
	45	milease pickup	2.00	90.00
2	2	Pump Charge - Co-s string	1600. ^{00/}	3,200.00
2	425	60/40 pot. 2% gel.	10. ^{75/}	4,568.75
2	2,550	salt	.25	637.50
	2,150	Gilso-ite	.75	1,612.50
2	100 #	C-12	6.00	600.00
	300 #	C-37	4.00	1,200.00
2	300 #	C-41p	3. ^{75/}	1,125.00
2	1	Patchings Head Rental		250.00
2	9	5 1/2" Turbo Centralizers	85. ^{00/}	765.00
2	3	Baskets	155. ^{00/}	465.00
2	1	5 1/2" float shoe w/ auto-fill		355.00
2	1	DV Tool w/ pluss		2,450.00
2	600	Mud flush	.75	450.00
2	533	Bulk Charge	1. ^{25/}	666.25
2		Bulk Truck Miles 21.4T x 45m = 963Tm x 1. ^{10/}	1. ^{10/}	1,059.30
		Process License Fee on _____ Gallons		19,674.30
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 Nelma W.

Station G.D

Dict S.
Well Owner, Operator or Agent

Remarks _____

NET 30 DAYS



TREATMENT REPORT

Acid Stage No. _____

Date 2/15/2019 District GB F.O. No. C46588
 Company Bear Petroleum
 Well Name & No. Hogan #1
 Location _____ Field _____
 County Edwards State KS

Casing: Size 5.5" Type & Wt. 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.

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-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		
5:30		5.5"		On Location. Rig laying down pipe.
				TD-4900'
				Pipe-4896'
				Baffle-4853' Centralizers-1,3,5,7,9,54,56,58,60
				DV Tool-2637' Baskets-2,6,52
				Left out 3 long joints and 1 short joint
				Run pipe in and tag bottom. Pick up off bottom to put collar at ground level.
9:30				Break circulation with mud pump and circulate for 45 minutes. Pump 600gal of Mud Flush.
10:20				Mix 200sk 60/40poz 2%gel .25%C-12 .75%C-37 .75%C-41p 12% Salt 5#/sk Gilsonite.
11:00				Wash out pump and lines. Displace with 115.5bbls at 6.5bpm-800# Plug landed and 1000# Release pressure and open DV Tool. Circulate for 1 hour.
12:00				Plug Rat Hole with 30sk and Mouse Hole with 20sk.
12:10				Mix 175sk 60/40poz 2%gel .25%C-12 .75%C-37 .75%C-41p 12% Salt 5#/sk Gilsonite.
12:30				Displace with 62.7bbls at 6.5bpm-500# Plug landed at 800# Pressure up to 1300# Released pressure. DV Tool Closed.
				Thank You! Nathan W.