

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 Recompletion Date _____ 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	DITUS A 1
Doc ID	1466202

All Electric Logs Run

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

Form	ACO1 - Well Completion
Operator	Bear Petroleum, LLC
Well Name	DITUS A 1
Doc ID	1466202

Tops

Name	Top	Datum
Herington	2250	-74
Winfield	2308	-132
Towanda	2368	-192
Ft Riley	2425	-249
Heebner	3672	-1496
Lansing	3761	-1585
Base Kansas City	3933	-1757
Mississippi	4310	-2134
Simpson	4453	-2277
Arbuckle	4474	-2298
Granite	4720	-2544

Form	ACO1 - Well Completion
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Doc ID	1466202

Perforations

Shots Per Foot	Perforation Top	Perforation Bottom	BridgePlugType	BridgePlugSet At	Material Record
4	4578	4583			500 gal 15% NEFE Acid
4	4370	4374			500 gal 15% NEFE Acid
4	4314	4320			
4	4324	4329			
			CIBP Cast Iron Bridge Plug	4365	
4	4313	4319			500 gal 15% NEFE Acid, 8200 # Sand

LITHOLOGY STRIP LOG

WellSight Systems

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

Well Name: Ditus 1
Well ID: NE HW SE SE Section 4 T22S-R20W
License Number: 218/2019
Spud Date: 2/18/2019
Region:
Surface Coordinates:
Drilling Completed: 2/27/2019

Bottom Hole Coordinates: 2170 2200
Ground Elevation (ft): 2176
Logged Interval (ft): 2200
Formation: Basement
Type of Drilling Fluid: Chemical mud
K.B. Elevation (ft): 2176
Total Depth (ft): 4850

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

Company: Bear Petroleum
Address:
Operator:

Name: Rod Andersen
Company: Eurypterid LLC
Address:
Geologist:

None
Cores
None
DSTs

Comments

ROCK TYPES

Anyh	Coal	Clst	Lmst	Shcol
Bent	Congl	Dol	Meta	Shpy
Brec	Gyp	Silt	Mist	Sitst
Chst	Igne	Silt	Salt	Ss
Cyst		Strom	Shale	Tll

ACCESSORIES

Minxl	Crin	Gyp
Nodule	Echin	Le
Phos	Fish	Mst
Pyr	Foram	Sitstrg
Salt	Fossil	Sstrg
Sandy	Gastro	
Silt	Oolite	
Sulphur	Ostra	
Tuff	Palae	
	Pellet	
	Pisolate	
	Plant	
	Strom	

MINERAL

Anyh	Arggn	Arg	Bent	Bit	Brecfrag	Calc	Carb	Chst	Chit	Dol	Falspar	Ferrp	Ferr	Gla	Gyp	Hvymn	Kaol	Mari
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OTHER SYMBOLS

Angular	QIL SHOW	Even	Spotted	Quies	Dead
Well	Moderate	Poor	Rounded	Subrnd	Subng

TEXTURE

Boundst	Chalky	Cystn	Earthy	Finexin	Grainst	Lithor	Microxn	Mudst	Packet	Ss	Wackest
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INTERVAL

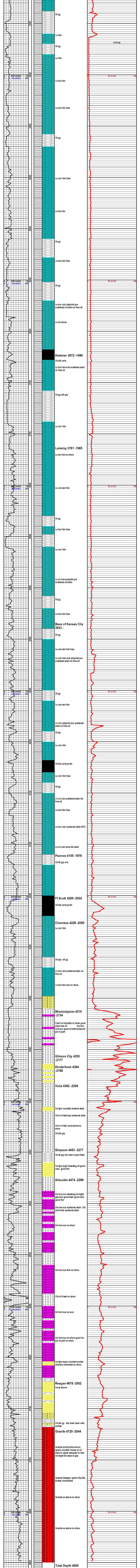
Core	Dst	Event	Rft	Sidewall
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POROSITY

Earthy	Fracture	Inter	Moldic	Organic	Pinpnt	Vuggy
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ROUNDING

Well	Moderate	Poor	Rounded	Subrnd	Subng
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NEW WELL

FIELD ORDER N° C 46591

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

DATE 2/19/19 20

IS AUTHORIZED BY: Bear Petroleum (NAME OF CUSTOMER)

Address _____ City _____ State _____

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

Sec. Twp. Range _____ County Atchison 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	mileesc pump truck	4. ⁰⁰	180.00
2	45	mileesc pickup	2. ⁰⁰	90.00
2	1	Pump Charge - Surface		1,100.00
2	600	60/40 per 2% gal.	10. ⁷⁵	6,450.00
2	32	Calcium Chloride	30. ⁰⁰	960.00
2	1	8 5/8" AFU Float shoe		600.00
2	1	8 5/8" Aluminum Baffle		105.00
2	1	8 5/8" wood Plug		65.00
2	632	Bulk Charge	1. ²⁵	790.00
2		Bulk Truck Miles 27.2 T x 45 = 1224 Tm x 1. ¹⁰	1. ¹⁰	1,346.00
		Process License Fee on _____ Gallons		11,686.00
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-13

Nick S.
Well Owner, Operator or Agent

Remarks _____

NET 30 DAYS



NEW WELL

FIELD ORDER N^o C 46595

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

DATE 2/27/18 20

IS AUTHORIZED BY: Deer Petroleum (NAME OF CUSTOMER)

Address _____ City _____ State _____

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

Sec. Twp. _____ Range _____ County Pennock 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	milease pump truck	4. ^{00/}	180.00
2	45	milease pickup	2. ^{00/}	90.00
2	1	Pump Charge - Loss string		1,600.00
2	225	60/40 poz. 2% gel	10. ^{75/}	2,418.75
2	1,300 [#]	Salt	.25	325.00
2	150 [#]	C-37	4. ^{00/}	600.00
2	150 [#]	C-41 p	3. ^{75/}	562.50
2	50 [#]	C-12	6. ^{00/}	300.00
2	1,100 [#]	Gilsonite	.75	825.00
2	1	Rotating head re-etch		250.00
2	600	Mud flush	.75	450.00
2	5	Centrifuges - Turbo	85. ^{00/}	425.00
2	2	Bestets	155. ^{00/}	310.00
2	1	5 1/2 flt stoc w/ auto-fill		355.00
2	1	catch down plus 2 beffle		175.00
2	280	Bulk Charge	1. ^{25/}	350.00
2		Bulk Truck Miles $11.28T \times 45m = 507.6Tm \times 1.10/$	1. ^{10/}	558.36
		Process License Fee on _____ Gallons		9,774.61
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 2/27/2019 District GB F.O. No. C46595
 Company Bear Petroleum
 Well Name & No. Ditus A1
 Location _____ Field _____
 County Pawnee 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: 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 360/308

Personnel Nathan-Tim-Mike
 Auxiliary Tools _____

Plugging or Sealing Materials: Type _____ Gals. _____ lb.

Company Representative Dick S. Treater Nathan W.

TIME	PRESSURES		Total Fluid Pumped	REMARKS
	Tubing	Casing		
12:00		5.5"		On Location. Rig laying down pipe.
				TD-4850'
				Pipe-4843' Centralizers-1,3,5,7,9
				Baffle-4800' Baskets-2,8
5:00				Run casing in and tag bottom. Pick up to put collar at ground level.
7:00				Break circulation with mud pump. Circulate for 45 minutes.
8:00				Plug Rat Hole with 30sks and Mouse Hole with 20sks.
8:15				Mix 175sks 60/40poz 2%gel 12% Salt .75% C-12 .25% C-12 .75% C-41p 5#/sk Gilsonite.
				Wash out pump and lines.
				Displace with 114.2bbls at 6.25bpm-800# Plug landed at 1100# Pressure up to 1500# Held.
9:30				Release pressure. Float Held.
				Thank You!
				Nathan W.