

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 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 2
Doc ID	1466830

All Electric Logs Run

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

Form	ACO1 - Well Completion
Operator	Bear Petroleum, LLC
Well Name	RYAN A 2
Doc ID	1466830

Tops

Name	Top	Datum
Herington	2333	-133
Winfield	2486	-186
Towanda	2452	-252
Topeka	3473	-1273
Heebner	3780	-1580
Lansing	3868	-1668
Cherokee	4338	-2138
Mississippi	4412	-2212
Kinderhook	4481	-2281
Viola	4590	-2390
Simpson	4738	-2538
Arbuckle	4766	-2566



New Well

FIELD ORDER N° C 46782

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

DATE 3/7/19 20

IS AUTHORIZED BY: Deer Petroleum (NAME OF CUSTOMER)

Address _____ City _____ State _____

To Treat Well As Follows: Lease Ryan Well No. AZ Customer Order No. _____

Sec. Twp. _____ Range _____ County Pruitt 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	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 lbs pot. 2% gel.	10. ⁷⁵ / ₁	6,450.00
2	32	Calcium Chloride	30. ⁰⁰ / ₁	960.00
2	1	8 5/8" wood plug		65.00
2	1	8 5/8" Buffer		105.00
2	032	Bulk Charge	1. ²⁵ / ₁	790.00
2		Bulk Truck Miles 27.2 T x 45m = 1224 Tm x 1. ¹⁰ / ₁	1. ¹⁰ / ₁	1,346.40
		Process License Fee on _____ Gallons		11,088.40
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 Nate W.

Station G.B

Dick S.
Well Owner, Operator or Agent

Remarks _____

NET 30 DAYS



NEW WELL

FIELD ORDER N° C 46788

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

DATE 3/15/19 20

IS AUTHORIZED BY: Bear Petroleum (NAME OF CUSTOMER)
 Address _____ City _____ State _____
 To Treat Well As Follows: Lease Ryan Well No. A-2 Customer Order No. _____
 Sec. Twp. _____ 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 _____ Agent

CODE	QUANTITY	DESCRIPTION	UNIT COST	AMOUNT
	45	mileage pump truck	4. ^{00/}	180.00
	45	mileage pickup	2. ^{00/}	90.00
	1	Pump Charge - Long string		1,600.00
	250	60/40 pcc. 2% gel.	10. ^{75/}	2,627.50
	50	C-12	6. ^{00/}	300.00
	150	C-37	4. ^{00/}	600.00
	150	C-41p	3. ^{75/}	562.50
	1200	Salt	.25	300.00
	1000	Gilsonite	.75	750.00
	5	4 1/2" Centralizers	65. ^{00/}	325.00
	1	Basket		155.00
	1	B Pecker shoe		2,100.00
	1	Letak down plus 1 bebble		175.00
	600	Mud flush	.75	450.00
	301	Bulk Charge	1. ^{25/}	376.75
		Bulk Truck Miles 12.78 T x 45 = 572.67 + x 1. ^{10/}	1. ^{10/}	607.86
		Process License Fee on _____ Gallons	10%	11,259.11
		TOTAL BILLING		-1125.91

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.

10133.20

Station G.B.

Dick S.
Well Owner, Operator or Agent

Remarks _____

NET 30 DAYS



FIELD ORDER N° C 46891

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

DATE 5-6 20 19

IS AUTHORIZED BY: Bear Petro (NAME OF CUSTOMER)

Address _____ City _____ State _____

To Treat Well As Follows: Lease Ryan Well No. A-2 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	30	Mileage Pump Truck	4 ⁰⁰	120 ⁰⁰
2		Pump Charge - Squeeze Job		958 ⁰⁰
2	150	Sales Common	13 ²⁵	1987 ⁵⁰
2	150	Bulk Charge	1 ²⁵	187 ⁵⁰
2		Bulk Truck Miles $7.057 \times 30 \text{ miles} = 211.507 \text{ m}$	1 ⁰⁰	232 ⁴⁵
		Process License Fee on _____ Gallons		
TOTAL BILLING				3477 ⁴⁵

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 Grey L.

Station GB

Dick S.
Well Owner, Operator or Agent

Remarks _____

NET 30 DAYS

Date 5/6/2019 District GB F.O. No. 46891
 Company BEAR PETRO
 Well Name & No. RYAN A-2
 Location _____ Field _____
 County PAWNEE State KS

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

Casing: Size 4 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. 2 3/8 Swung at _____ ft.
 Perforated from _____ ft. to _____ 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 360-308T
 Personnel GREG CLARENCE MIKE
 Auxiliary Tools _____
 Plugging or Sealing Materials: Type _____
 _____ Gals. _____ lb.

Company Representative DICK S. Treater GREG C.

TIME a.m./p.m.	PRESSURES		Total Fluid Pumped	REMARKS
	Tubing	Casing		
5:00				ON LOCATION
				PERFS: KRIDER 2344-46 TOWANDA 2466-72 PACKER 2263' PLUG 2541'
				SET PACKER. LOAD 4 1/2, PUT 500#. SHUT VALVE.
				INJ. RATE 3 BPM 500#
				PUMP 150 SKS COMMON @ 3 BPM 500#
5:50	300		9.25	DISPLACE WITH 9.25 BBLs H2O. SHUT IN FOR 30 MINUTES.
	500		9.5	PUMP 0.25 BBLs, SHUT IN WAIT 30 MINUTES
	600		9.6	PUMP 0.1 BBLs. SHUT IN WAIT 30 MINUTES
	1200		9.7	PUMP 0.1 BBLs, STOP. PRESSURE DIDN'T DROP.
				RELEASE PRESSURE, UN SET PACKER REVERSE OUT WITH 17 BBLs
	500			PULL 5 JOINTS, PRESSURE UP TO 500#, SHUT IN.
8:00				JOB COMPLETE
				THANK YOU!!!

LITHOLOGY STRIP LOG

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

Well Name: Ryan A2
 Location: SE NW SW SW 15-22-20W
 License Number: [Blank]
 Spud Date: 3/5/2019
 Surface Coordinates: [Blank]
 Region: [Blank]
 Drilling Completed: 3/14/2019

Bottom Hole Coordinates: 2194
 Ground Elevation (ft): 2200
 Logged Interval (ft): [Blank]
 Formation: Arbuckle
 K.B. Elevation (ft): 2200
 Total Depth (ft): 4858

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

OPERATOR
 Company: Bear Petroleum
 Address: [Blank]

GEOLOGIST
 Name: Rod Andersen
 Company: [Blank]
 Address: [Blank]

ROCK TYPES

Anhy	Coal	Lmst	Shcal
Bent	Congl	Meta	Shst
Calc	Dol	Mrst	Siltst
Chalk	Gyp	Salt	Silt
Clst	Igne	Shale	Till

ACCESSORIES

Minxl	Crin	Gyp
Nodule	Echin	Ls
Phos	Fish	Siltst
Pyr	Foram	Siltstrg
Sandy	Fossil	Sststrg
Silt	Gastro	
Silt	Oolite	
Sulphur	Oolite	
Tuff	Pellet	
	Plant	
	Strom	

TEXTURE

Boundst	Chalky
Crysln	Earthy
Finex	Finex
Grainst	Lithogr
Microfin	Mudst
Packet	Packet
Wackest	Wackest

OTHER SYMBOLS

Angular	Interval
Oil Show	Core
Even	Dst
Spotted	Event
Quies	Rft
Dead	Sidewall

MINERAL

Anhy	Arg	Bent	Calc	Carb	Chalk	Chit	Dol	Feldspar	Ferri	Fer	Glauc	Gyp	Hvymn	Kaol	Marl
------	-----	------	------	------	-------	------	-----	----------	-------	-----	-------	-----	-------	------	------

POROSITY

Earthy	Fenest	Fracture	Inter	Moldic	Organic	Pipoint	Vuggy
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ROUNDING

Well	Moderate	Poor
Submd	Submd	Submd

Curve Track 1
 ROP (min/ft)
 Gas (units)

