

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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FIELD ORDER

N° C 60085

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

DATE 3-Feb 20 20

IS AUTHORIZED BY: BEAR PETROLEUM (NAME OF CUSTOMER)

Address _____ City _____ State _____

TO TREAT WELL AS FOLLOWS Lease HENDERSON Well No. _____ 3 Customer Order No. _____

Sec. Twp. _____ County PRATT State KS
Range _____

CONDITIONS: As a part of the consideration hereof it is agreed that Copeland Acid is to service or treat at owners risk, the hereinafore 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
20.0002	40	Mileage P.T.	\$4.00	\$160.00
20.0004	1	Pump Charge Squeeze	\$950.00	\$950.00
20.1001	200	Common Cement Sack	\$13.25	\$2,650.00
20.1012	12	Calcium Chloride per 50 lb.	\$40.00	\$480.00
20.0011	212	Bulk Charge	\$1.25	\$265.00
20.0012	398.56	Bulk Truck Miles	\$1.10	\$438.42
		Process License Fee on _____ Gallons		
		TOTAL BILLING		\$4,943.42

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. 202

Copeland Representative GREG C.

Station GB DICK S.
Well Owner, Operator or Agent

Remarks _____

NET 30 DAYS



TREATMENT REPORT

Acid Stage No. _____

Date 2/3/2020 District GB F.O. No. 60085

Company BEAR PETROLEUM

Well Name & No. HENDERSON #3

Location _____ Field _____

County PRATT State KS

Casing: Size 5 1/2 Type & Wt. _____ Set at _____ ft.

Formation: _____ Perf. _____ to _____

Formation: _____ Perf. _____ to _____

Formation: _____ Perf. _____ to _____

Uliner: Size _____ Type & Wt. _____ Top at _____ ft. Bottom at _____ ft.

Cemented: Perforated from _____ ft. to _____ ft.

Tubing: Size & Wt. 2 7/8 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

Blkdown _____ 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. 320 Sp. _____ Twin _____

Auxiliary Equipment 327

Personnel GREG CLARENCE

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		
10:45				ON LOCATION
		500		PSI UP BACKSIDE TO 500#. GET INJECTION RATE DOWN TUBING @ 2607'
	800			1.5 BPM 800#
	600			MIX 200 SKS COMMON WITH 3% CC @ 3.5 BPM @ 400-600# PSI
				SHUT VALVE ON WELL. RINSE PUMP AND LINE OUT.
				DISPLACE WITH 16 BBLS H2O. SHUT WELL IN. WASH UP
				PUMP 0.25 BBLS. WAIT 30 MINUTES
				PUMP 0.25 BBLS. WAIT 30 MINUTES
	1200			PUMP 0.25 BBLS. PSI UP TO 1200#. TOTAL DISPLACEMENT 16.75 BBLS
				UNSET PACKER. REVERSE OUT WITH 25 BBLS H2O
	500			PULL 10 JTS OF TUBING. PSI WELL TO 500#
2:30				JOB COMPLETE
				THANK YOU!!!

COPELAND



Acid & Cement

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

FIELD ORDER

N° C 50163

DATE 7-Feb 20 20

IS AUTHORIZED BY: Bear Petroleum (NAME OF CUSTOMER)

Address _____ City _____ State _____

TO TREAT WELL

AS FOLLOWS Lease Henderson Well No. _____ Customer Order No. 3

Sec. Twp. _____
Range _____ County Pratt State KS

CONDITIONS: As a part of the consideration hereof it is agreed that Copeland Acid is to service or treat at owners risk, the heretofore 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 _____
Well Owner or Operator By _____ Agent

CODE	QUANTITY	DESCRIPTION	UNIT COST	AMOUNT
20.0001	50	Mileage P.U.	\$2.00	\$100.00
20.0002	50	Mileage P.T.	\$4.00	\$200.00
20.0004	1	Pump Charge Squeeze	\$950.00	\$950.00
20.1001	35	Common Cement Sack	\$13.25	\$463.75
20.0011	35	Bulk Charge	Min	\$150.00
20.0012	82.5	Bulk Truck Miles	Min	\$150.00
		Process License Fee on	Gallons	
		TOTAL BILLING		\$2,013.75

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. *207*

Copeland Representative Nathan W.

Station GB

Dick S.

Well Owner, Operator or Agent

Remarks _____

NET 30 DAYS



TREATMENT REPORT

Acid Stage No. _____

Date 2/7/2020 District GB F.O. No. 50163
 Company Bear Petroleum
 Well Name & No. Henderson #3
 Location _____ Field _____
 County Pratt 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 5.5" Type & Wt. _____ Set at _____ ft.
 Formation: _____ Perf. _____ to _____
 Formation: _____ Perf. _____ to _____
 Formation: _____ Perf. _____ to _____

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

Liner: Size _____ Type & Wt. _____ Top at _____ ft. Bottom at _____ ft.
 Cemented: Perforated from _____ ft. to _____ ft.
 Tubing: Size & Wt. 2.5" Swung at _____ ft.
 Perforated from _____ ft. to _____ ft.

Actual Volume of Oil / Water to Load Hole: _____ Bbl./Gal.
 Pump Trucks: No. Used: Std. 365 Sp. _____ Twin _____
 Auxiliary Equipment 327
 Personnel Nathan-Tim-Duane
 Auxiliary Tools _____
 Plugging or Sealing Materials: Type _____ Gals. _____ lb.

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

Company Representative Dick S. Treater Nathan W.

TIME a.m./p.m.	PRESSURES		Total Fluid Pumped	REMARKS
	Tubing	Casing		
1:30	2.5"	5.5"		On Location.
				Spot 35sks Common at 2800'
				Pull tubing to 2500'+/- and reverse out tubing with 20bbbls
				Pressure up to 800# Pressure slowly fell off to 700#
				Pressured up to 900# and held. Was able to get 1bbl of cement in casing leak.
				Pull 20jts and pressure up to 500#
				Shut in.
				Thank You!
				Nathan W.