

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 1
Doc ID	1454133

All Electric Logs Run

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

Form	ACO1 - Well Completion
Operator	Bear Petroleum, LLC
Well Name	BRYANT 1
Doc ID	1454133

Tops

Name	Top	Datum
Anhydrite	2150	-32
Herington	2254	-72
Krider	2267	-85
Winfield	2315	-133
Towanda	2367	-185
Ft Riley	2427	-245
Heebner	3665	-1483
Lansing	3755	-1601
Kansas City	3942	-1760
Mississippi	4295	-2113
Viola	4364	-2182
Arbuckle	4436	-2254
TD	4550	-2368



NEW WELL

FIELD ORDER Nº C 46188

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

IS AUTHORIZED BY: Bear Petroleum LLC DATE 12-21 2018
(NAME OF CUSTOMER)

Address _____ City _____ State _____
To Treat Well _____
As Follows: Lease BRYANT Well No. 1 Customer Order No. _____
Sec. Twp. Range 9-22S-20W 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

Well Owner or Operator _____ By _____ Agent _____

CODE	QUANTITY	DESCRIPTION	UNIT COST	AMOUNT
2	45	Mileage Pickup	2.00	90.00
2	45	Mileage Pump Truck	4.00	180.00
2	1	Pump Chg. Surface Pipe	1100.00	1100.00
2	1	8 5/8" Baffle Plate	105.00	105.00
2	1	8 5/8" Wooden Plug	65.00	65.00
2	500sx	60-40 Poz. 29 Gel	10.75	5375.00
2	275sx	Calcium Chloride	30.00	810.00
2	527sx	Bulk Charge		
2	45	Bulk Truck Miles $22.675 \times 10 \times 1.10 =$	1.25	658.75
		Process License Fee on _____ Gallons		112.42
TOTAL BILLING				9506.17

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 Duane Brozek
Station Gt. Bend, Ks.

Dick Schaeffer
Well Owner, Operator or Agent

Remarks _____

NET 30 DAYS



NEW WELL

FIELD ORDER N° C 46707

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

DATE 11/2/19 20__

IS AUTHORIZED BY: Bear Petroleum (NAME OF CUSTOMER)
 Address _____ City _____ State _____
 To Treat Well As Follows: Lease Bryant Well No. 1 Customer Order No. _____
 Sec. Twp. Range _____ County Nowata 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

Well Owner or Operator

By

Agent

CODE	QUANTITY	DESCRIPTION	UNIT COST	AMOUNT
2	45	nibose pump truck	4. ^{00/}	180.00
2	45	nibose pickup	2. ^{00/}	90.00
2	2	Pump Charge - Long string	1,600. ^{00/}	3,200.00
2	400	60/40 per. 2% sel.	10. ^{75/}	4,200.00
2	2,000 #	Gilsonite	.75	1,500.00
2	2,400 #	Salt	.25	600.00
2	100 #	C-12	6.00	600.00
2	250 #	C-37	4.00	1,000.00
2	150 #	C-41p	3. ^{75/}	562.50
2	9	Turbo - Controllers	85. ^{00/}	765.00
2	3	Registers BASKETS	155. ^{00/}	465.00
2	1	DJ tool w/ plugs		2,450.00
2	1	5 1/2" Flood shoe w/ auto-fill		355.00
2	1	Rotating Head Re-dol		250.00
2	600	mud-flush	.75	450.00
2	492	Bulk Charge	1. ^{25/}	622.50
2		Bulk Truck Miles 20.05 T x 45m = 902.25 Tm x 1. ^{10/}	1. ^{10/}	992.48
		Process License Fee on _____ Gallons		18,392.48
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 Natka Cr.

Station G.D

Diak S.

Well Owner, Operator or Agent

Remarks _____

NET 30 DAYS



TREATMENT REPORT

Acid Stage No. _____

Date 1/2/2019 District GB F.O. No. C46707

Company Bear Petroleum

Well Name & No. Bryant #1

Location _____ Field _____

County Pawnee State KS

Casing: Size 5.5" Type & Wt. 15.5# New 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-Tim-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		
12:00		5.5"		On Location. Rig laying down drill pipe. Run in hole with casing. Had to pull 40joints out to verify DV Tool was in the correct spot.
				Pipe-4648'
				Baffle-4636' Centralizers-1,3,6,9,11,47,49,51,53
				DV Tool-2735' Basket-1,7,46
				Land pipe and break circulation with mud pump. Hole took some mud. Circulate on bottom for 1 hour.
				Pump 600gal of Mud Flush Mix 175sks 60/40poz 2%gel 12% Salt .25% C-12 .75% C-37 .5% C41p 5#/sk Gilsonite.
9:50				Wash out pump and lines. Start displacement at 5.25bpm at 900# Plug landed at 1100# Release pressure. Float held.
				Stage 2
10:00				Open DV tool with 850# Circulate for 1 hour.
11:00				Plug Rat Hole with 30sks and Mouse hole with 20sks.
				Mix 175sks 60/40poz 2%gel 12% Salt .25% C-12 .75% C-37 .5% C41p 5#/sk Gilsonite.
12:30				Displace with 65bbbls at 5bpm-700# Plug landed. Pressure up to 1500# Held. Release pressure. Thank You! Nathan W.



Field Service

P.O. BOX 438
Haysville, KS 67060

CEMENT BOND LOG

Company BEAR PETROLEUM, LLC.
Well BRYANT #1
Field BURDETT
County PAWNEE
State KANSAS

Company BEAR PETROLEUM, LLC.
Well BRYANT #1
Field BURDETT
County PAWNEE State KANSAS

Location 330' FSL & 810' FEL
SEC. 9 TWP. 22S RGE. 20W
Permanent Datum GROUND LEVEL Elevation 2176
Log Measured From KELLY BUSHING 6" AGL
Drilling Measured From KELLY BUSHING
Elevation K.B. 2182
D.F. G.L. 2178

Date	01-09-2019		01-09-2019		
Run Number	ONE	ONE	ONE		
Depth Driller	4650				
Depth Logger	4621		2850		
Bottom Logged Interval	4620		2849		
Top Log Interval	3200		1850		
Open Hole Size					
Type Fluid	WATER		WATER		
Density / Viscosity					
Max. Recorded Temp.					
Estimated Cement Top	3398		2039		
Time Well Ready					
Time Logger on Bottom					
Equipment Number	405				
Location	GREAT BEND				
Recorded By	LEE BRETZ				
Witnessed By	MR. DICK SCHREMMER				
Borehole Record			Tubing Record		
Run Number	Bit	From	To	Size	Weight
					From
					To
Casing Record	Size	Wgt./ft	Top	Bottom	
Surface String	8.625		0	1278	
Prot. String					
Production String	5.5		0	4640	
Liner					

<<< Fold Here >>>

All interpretations are opinions based on inferences from electrical or other measurements and we cannot and do not guarantee the accuracy or correctness of any interpretation, and we shall not, except in the case of gross or willful negligence on our part, be liable or responsible for any loss, costs, damages, or expenses incurred or sustained by anyone resulting from any interpretation made by any of our officers, agents or employees. These interpretations are also subject to our general terms and conditions set out in our current Price Schedule.

Comments

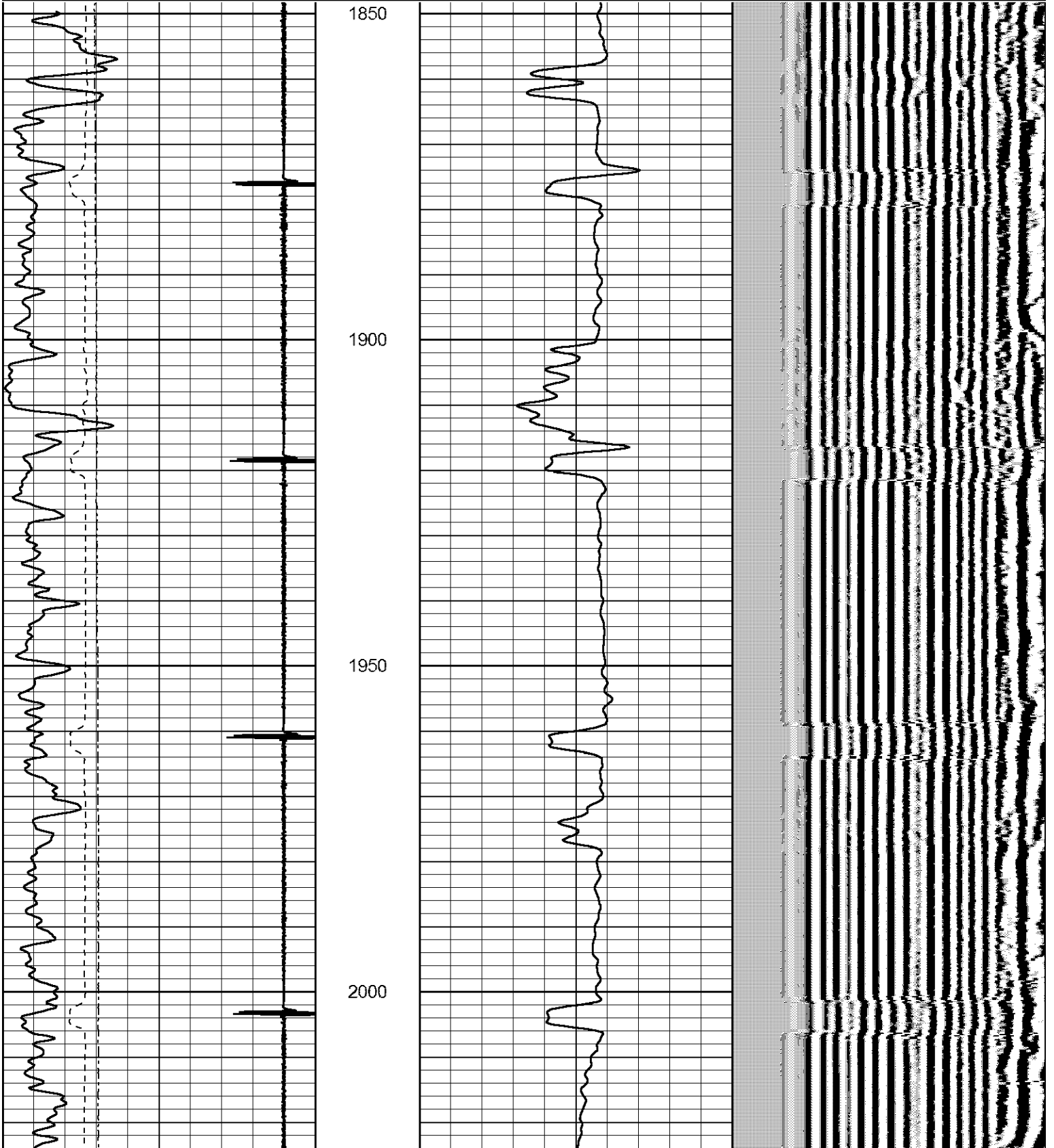
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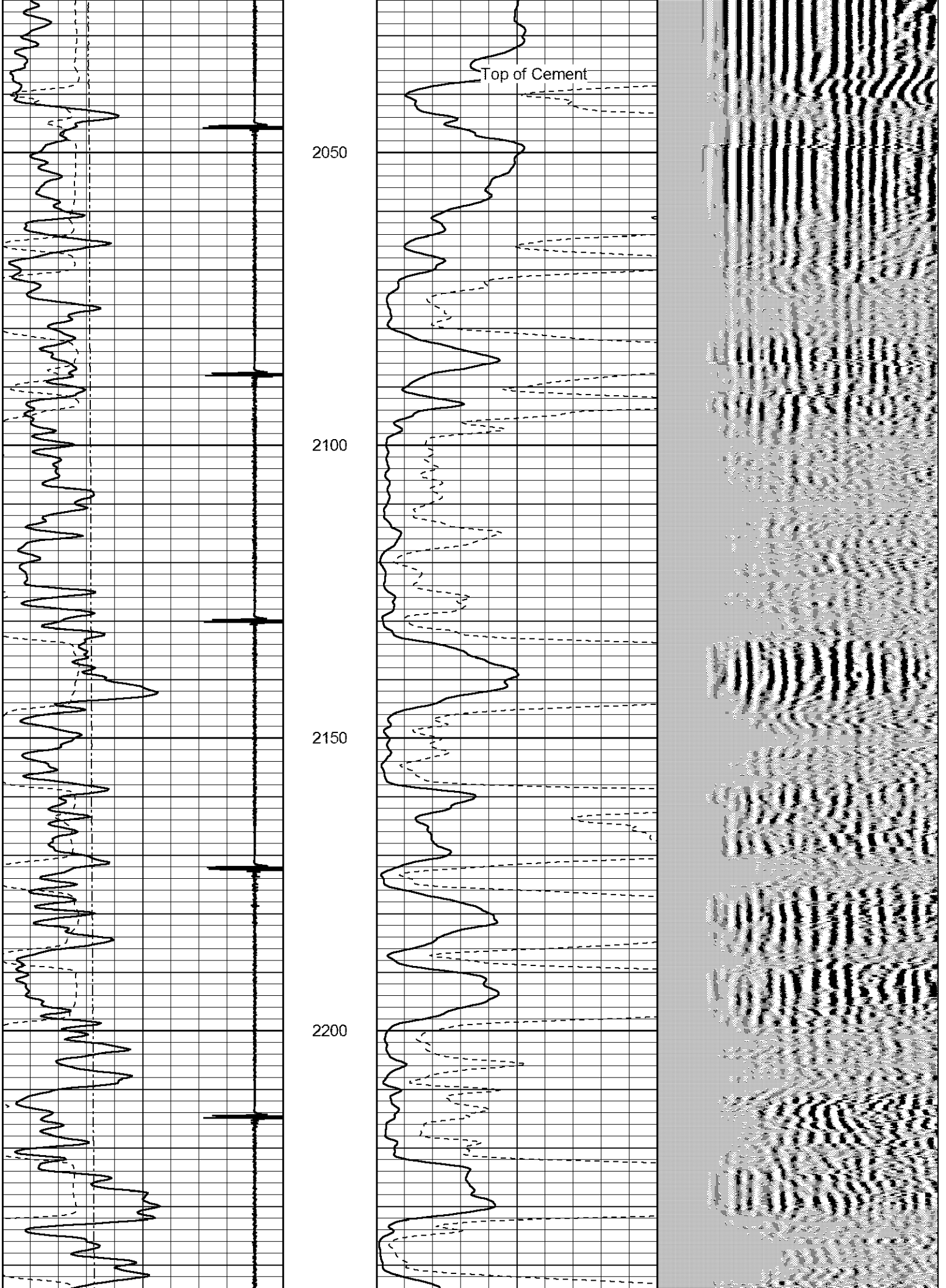


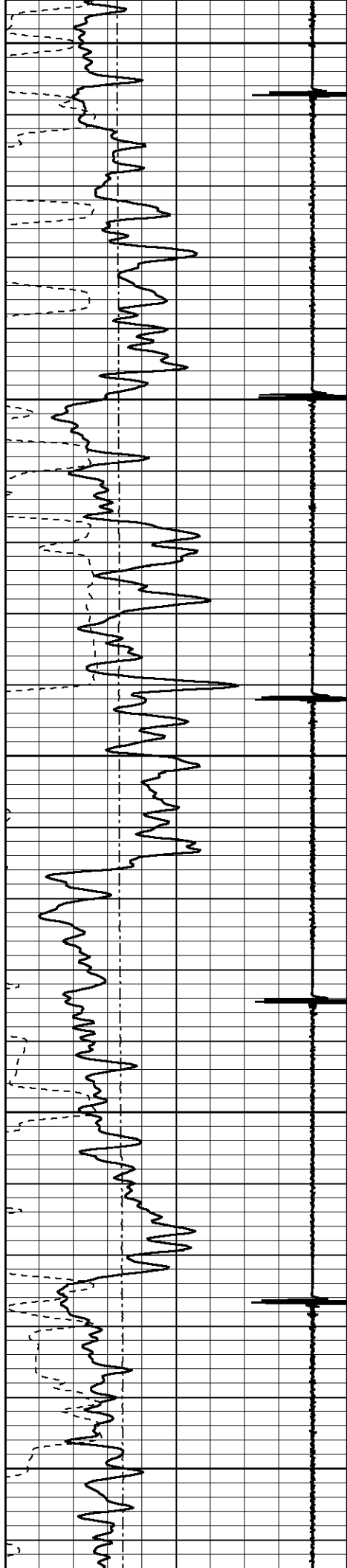
DV TOOL

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0	LTEN (lb)	2000	-----					







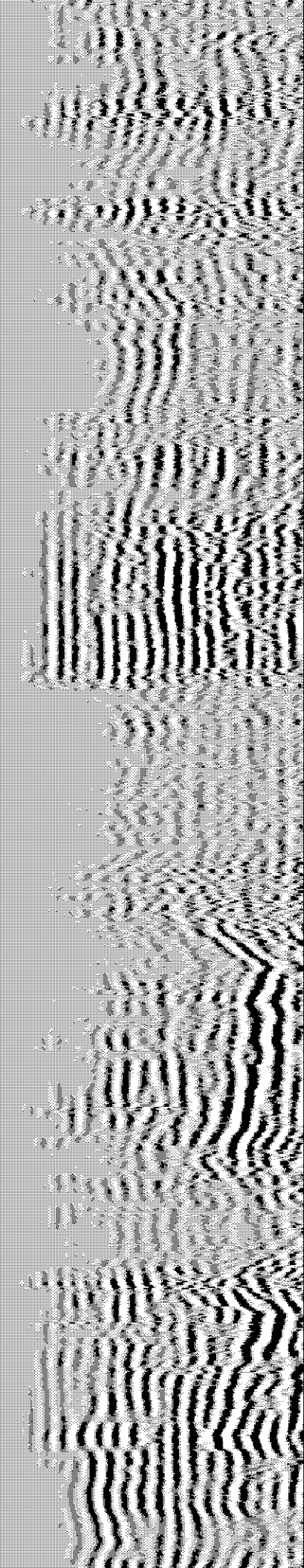
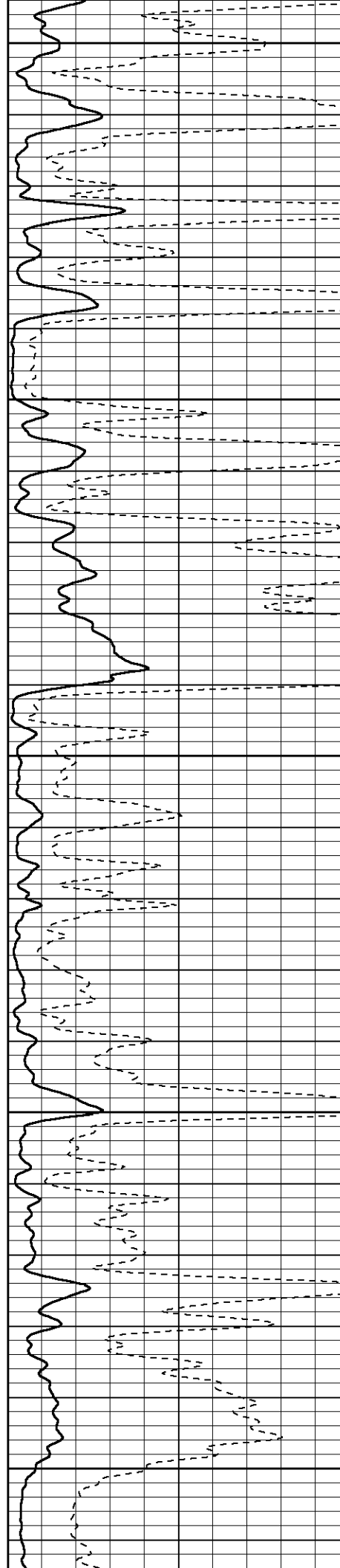
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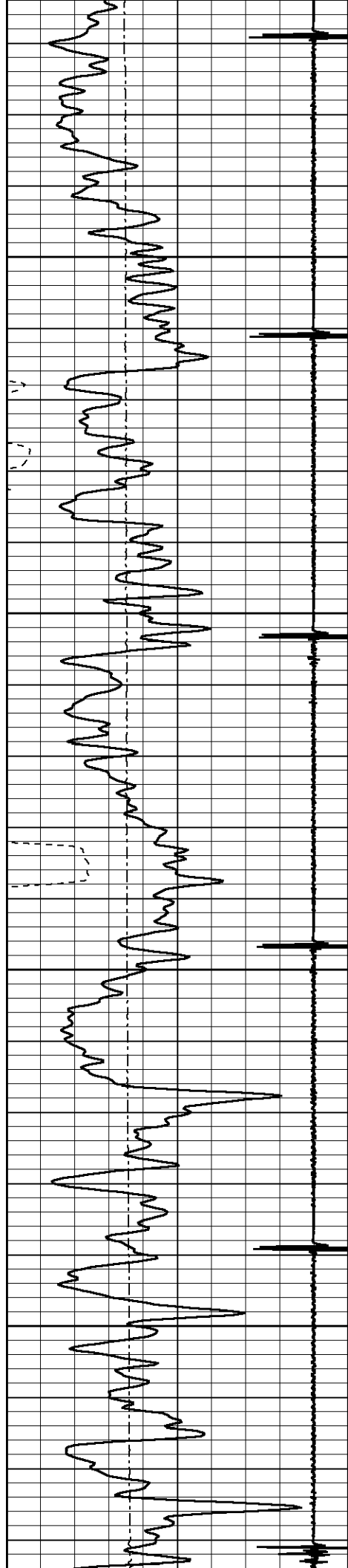
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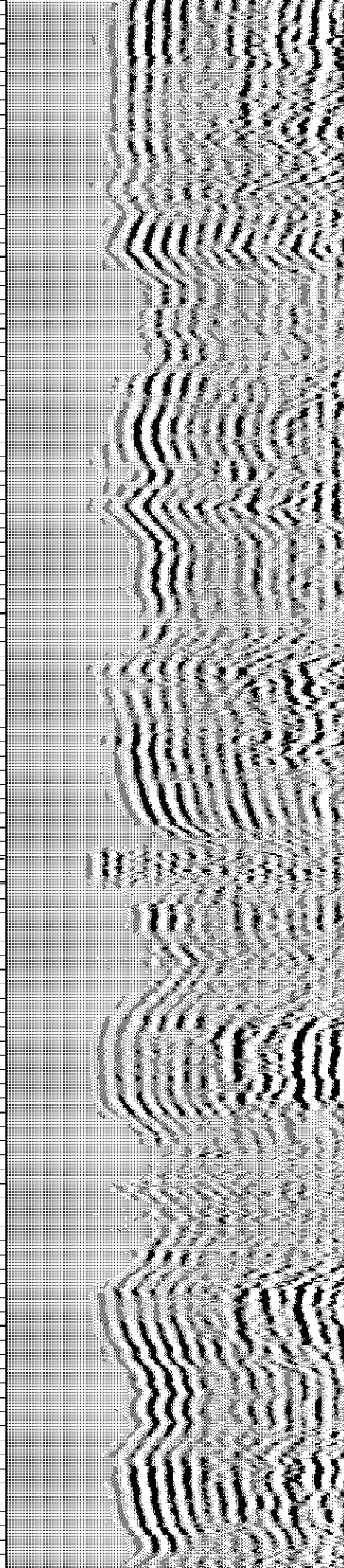
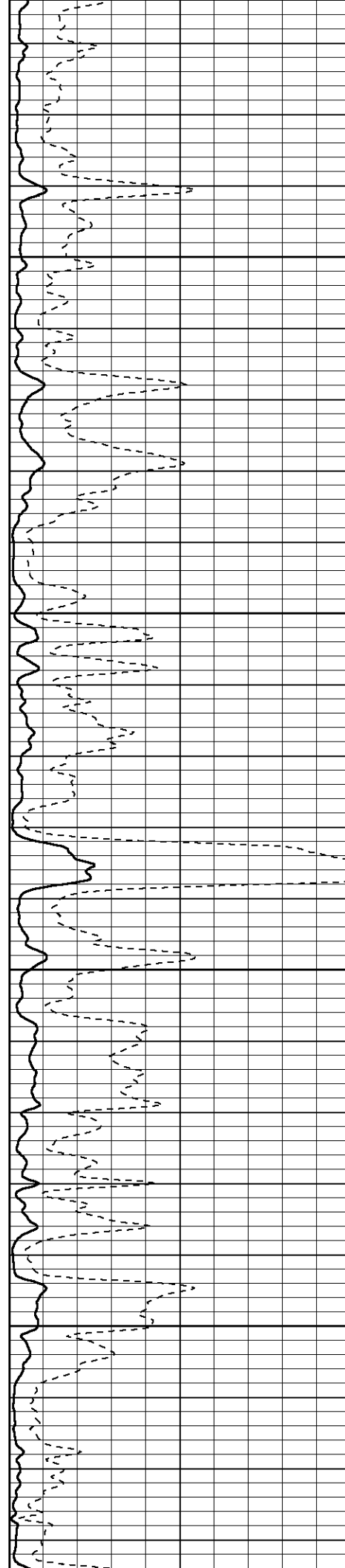


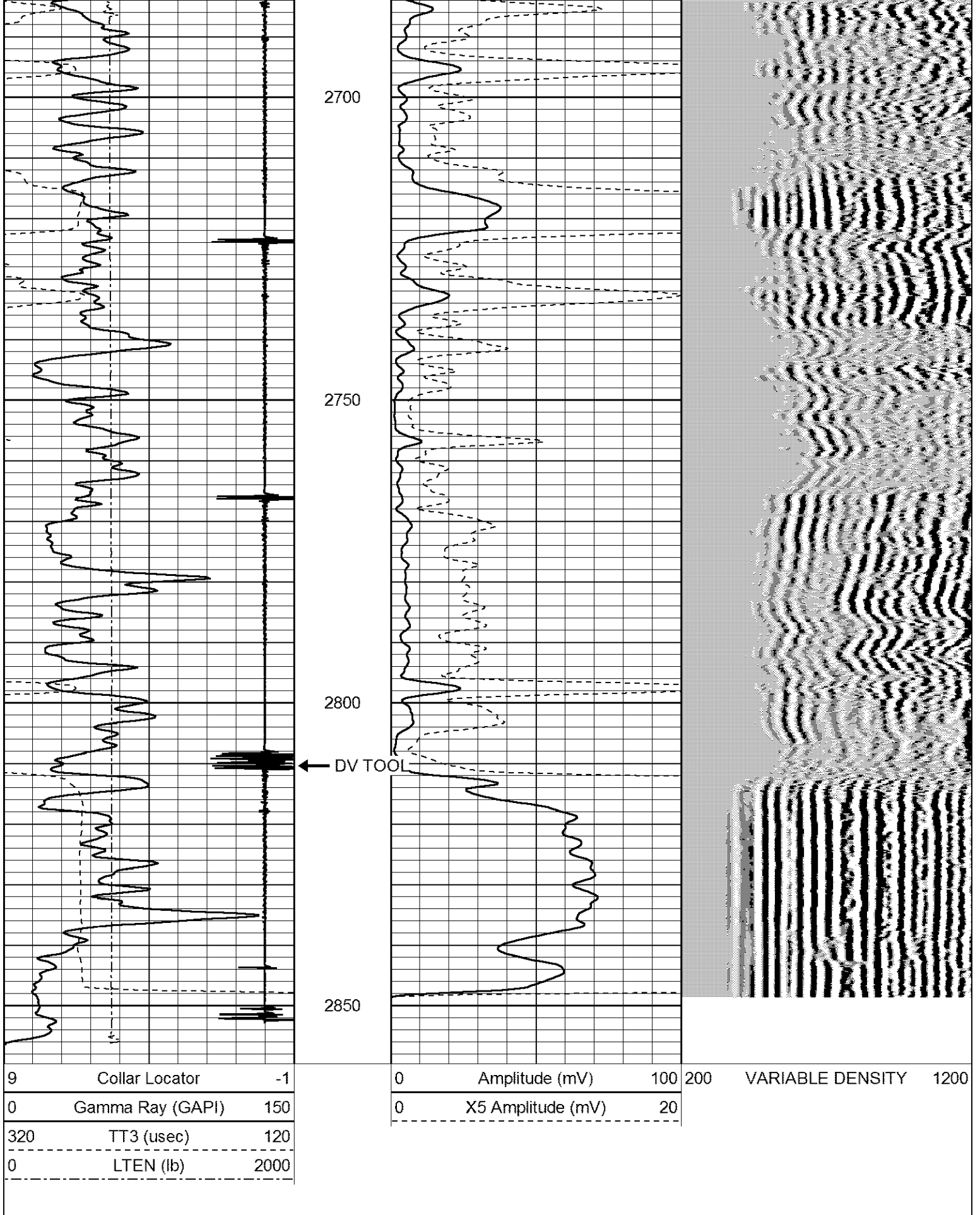
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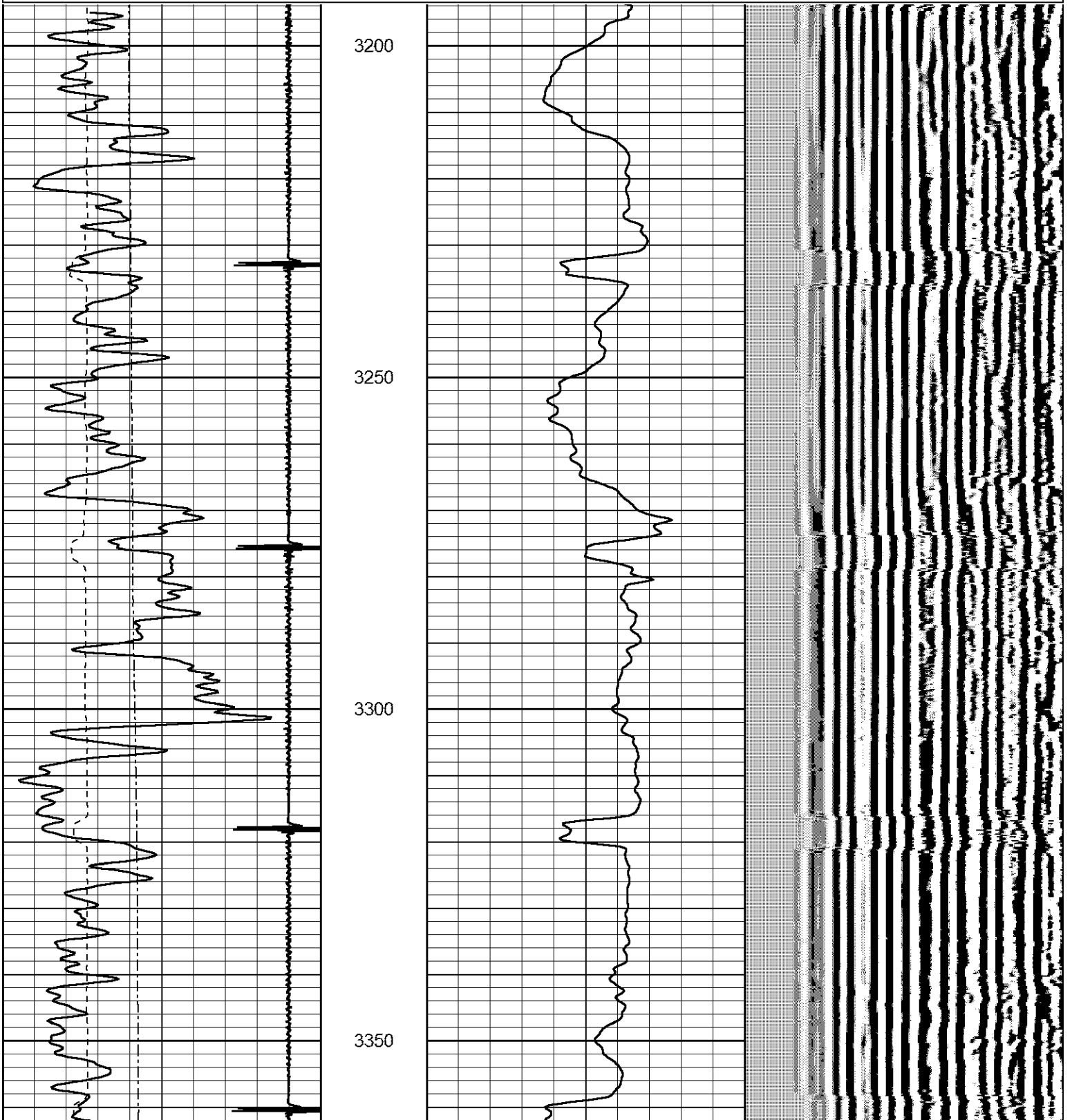
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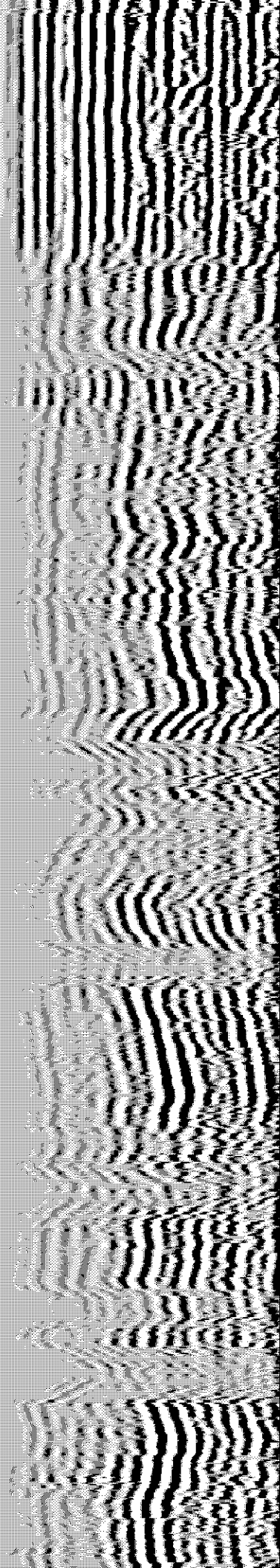
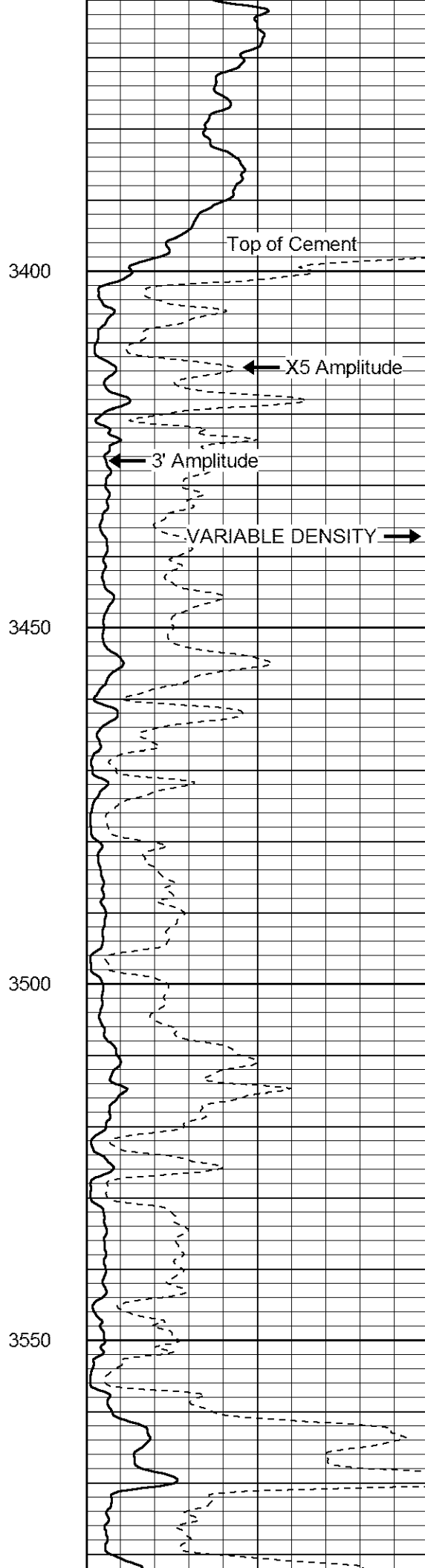
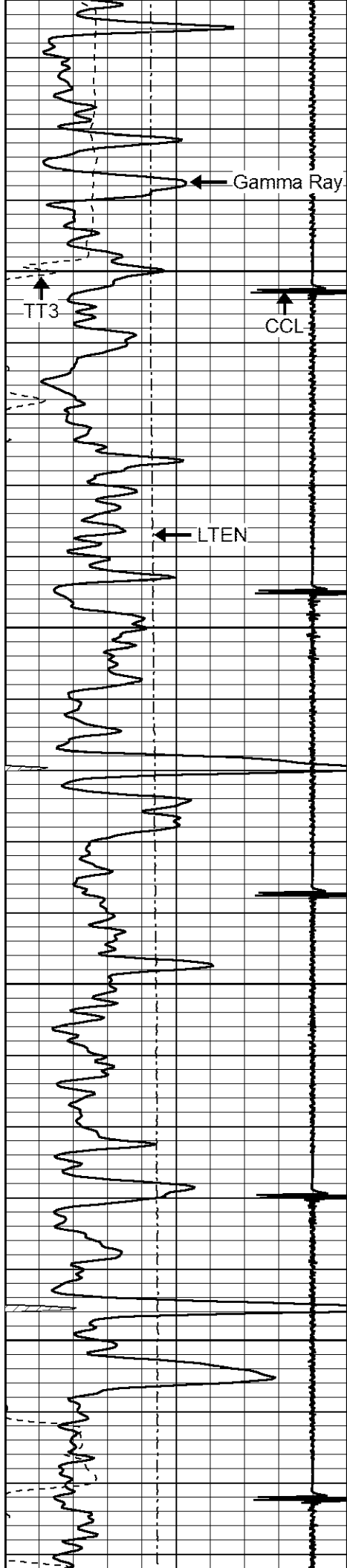


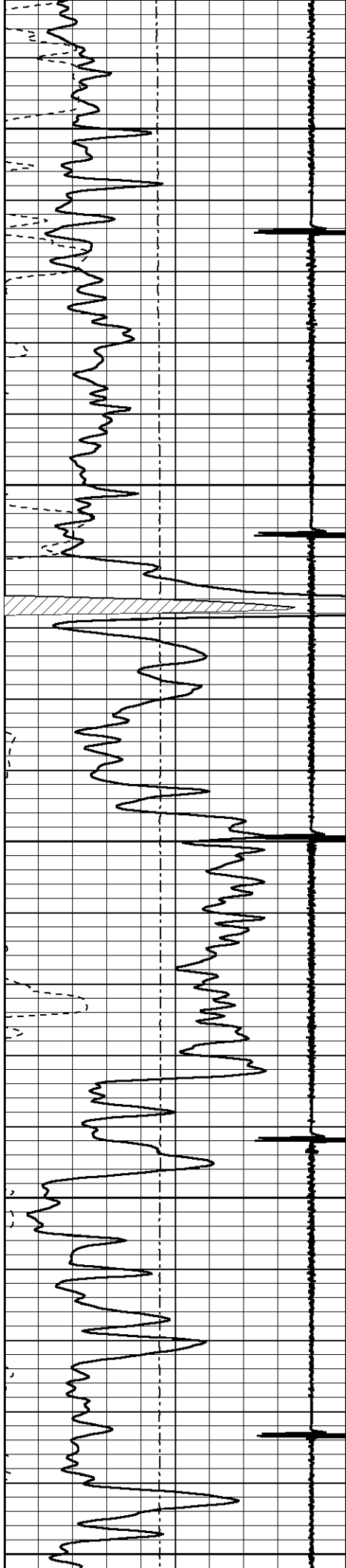


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320	TT3 (usec)	120						
0	LTEN (lb)	2000						







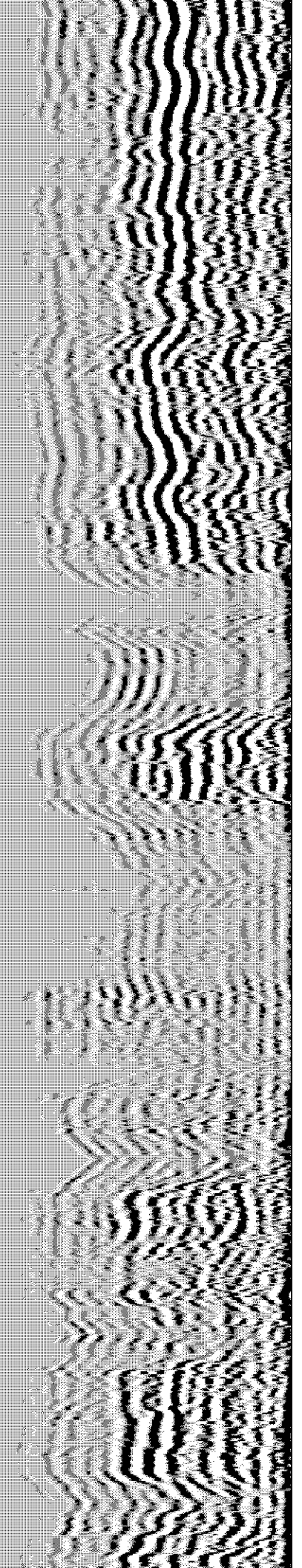
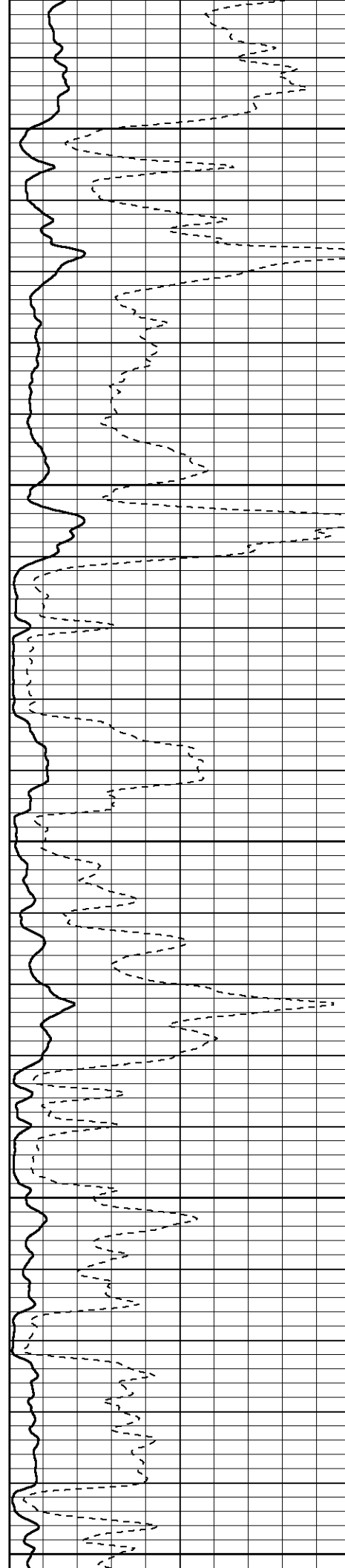
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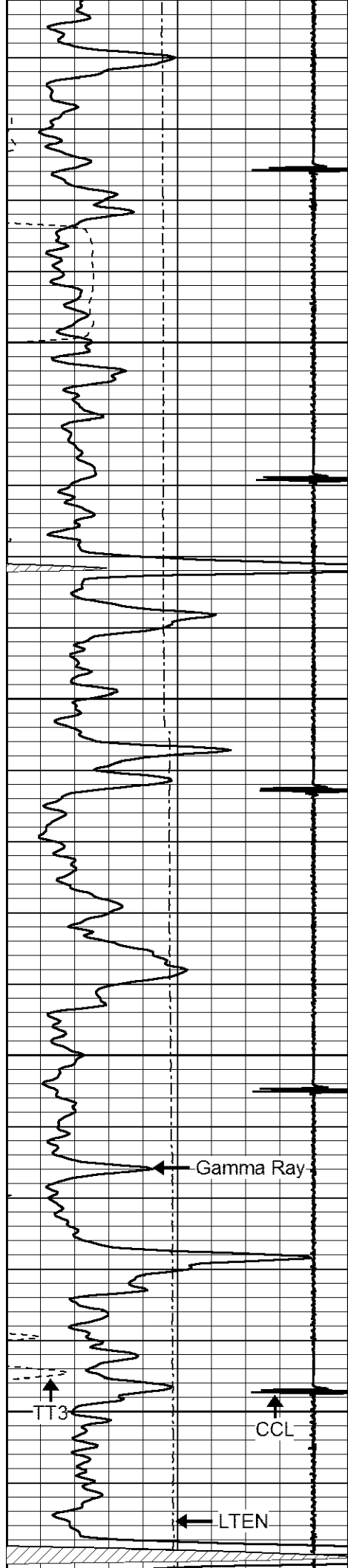
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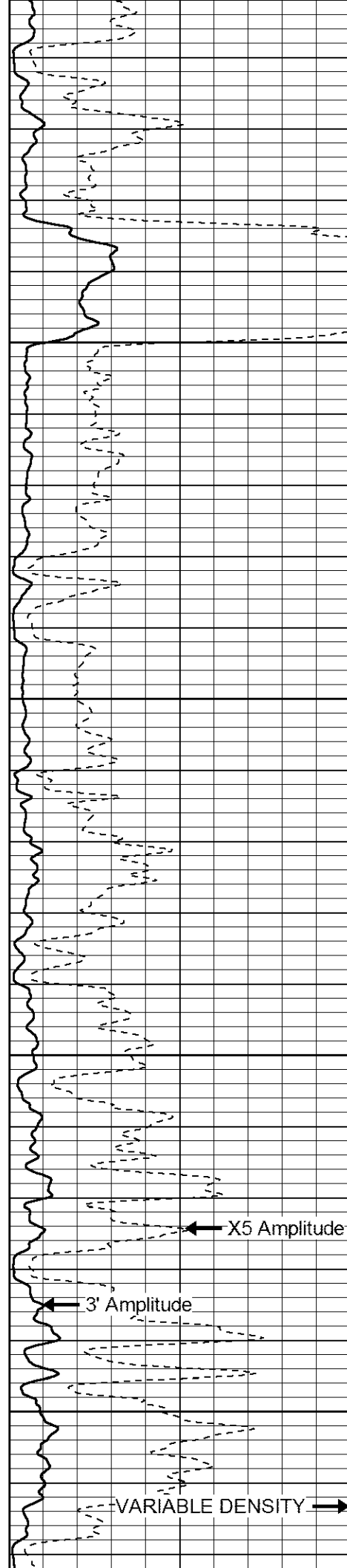


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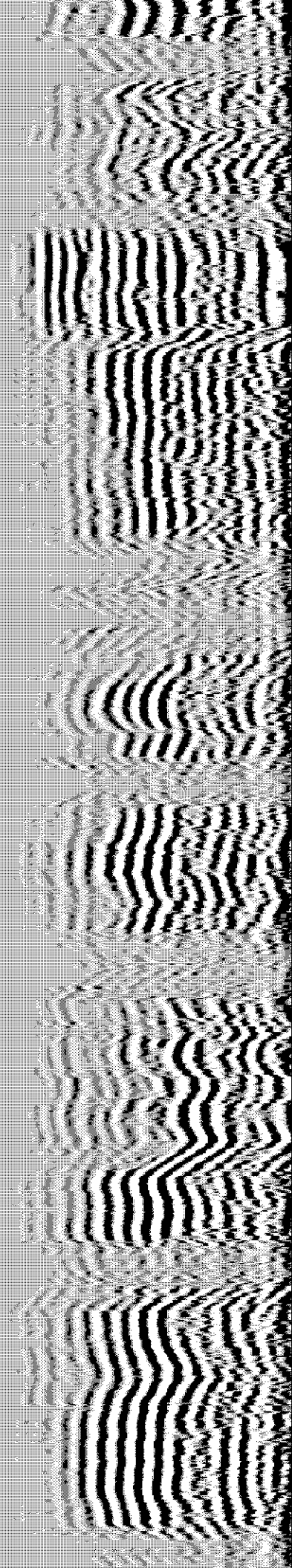
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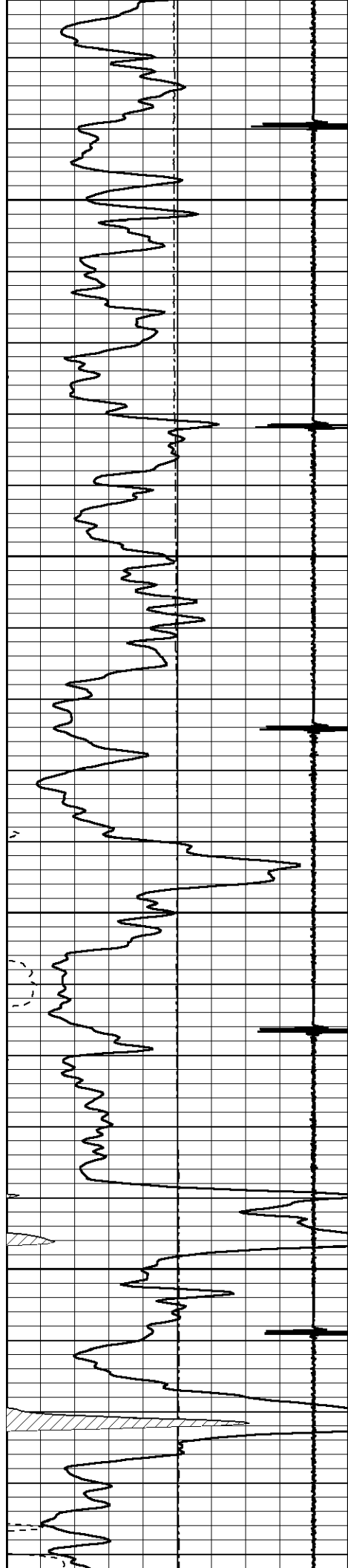
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VARIABLE DENSITY →



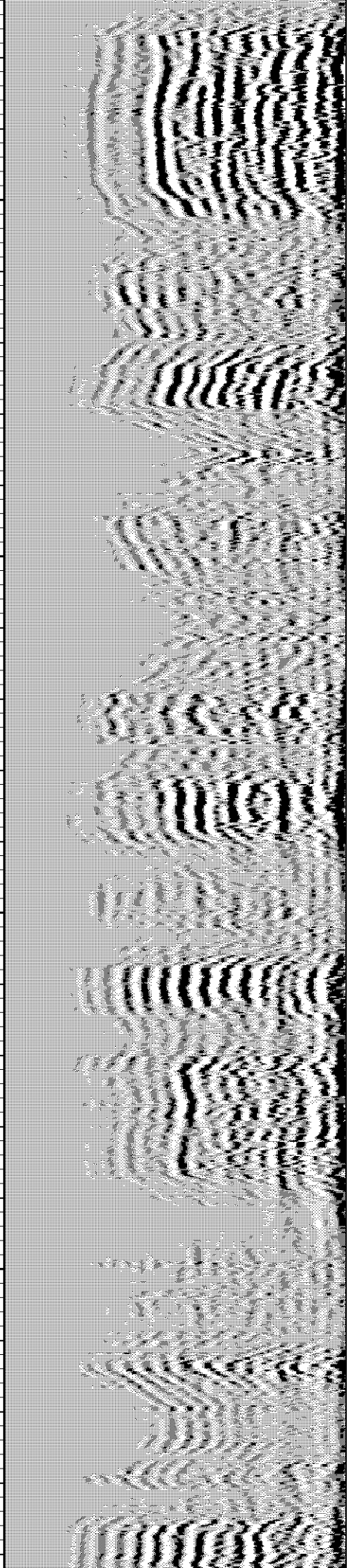
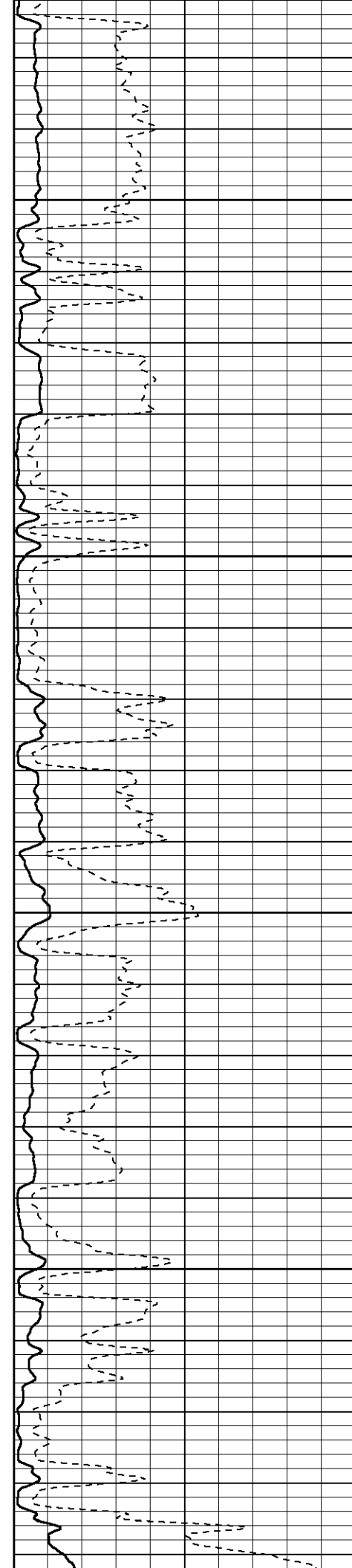


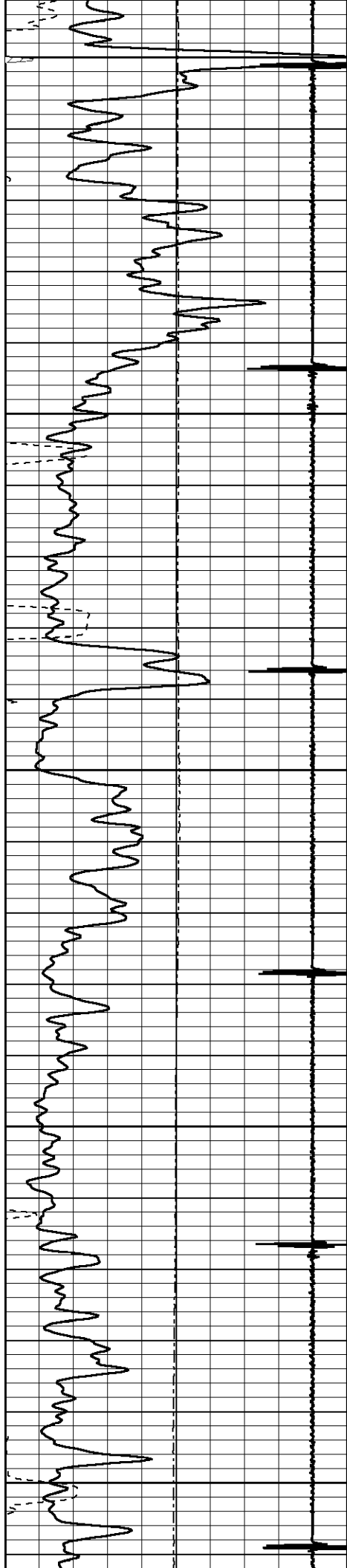
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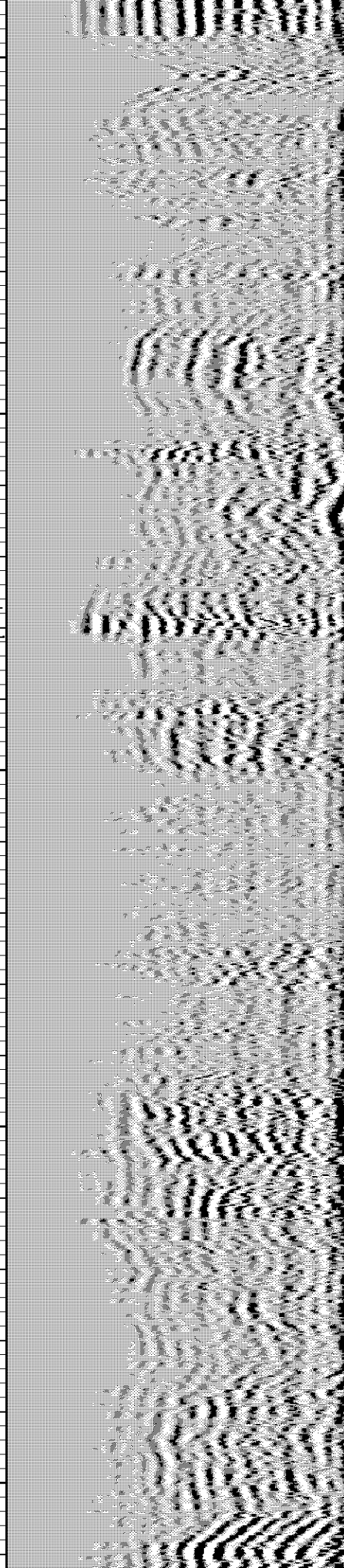
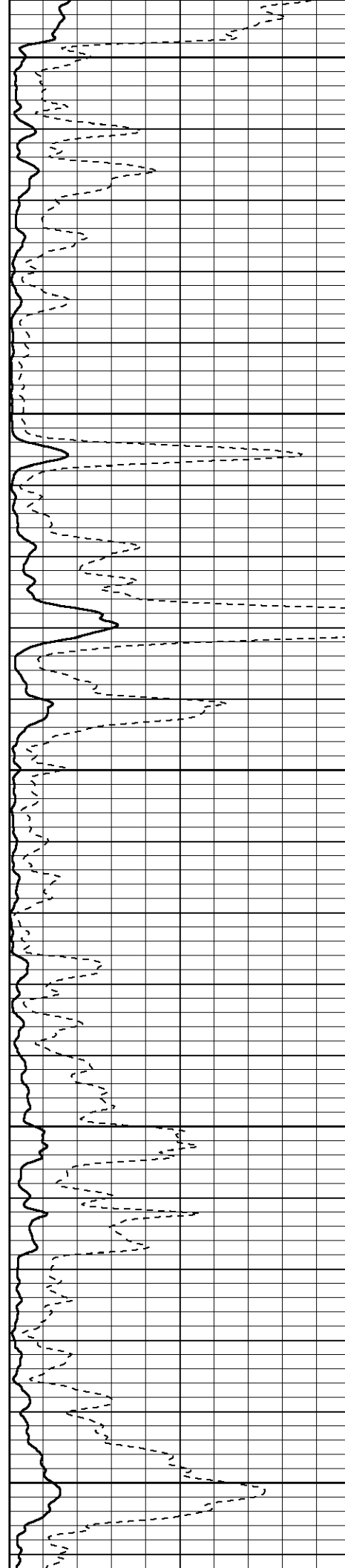
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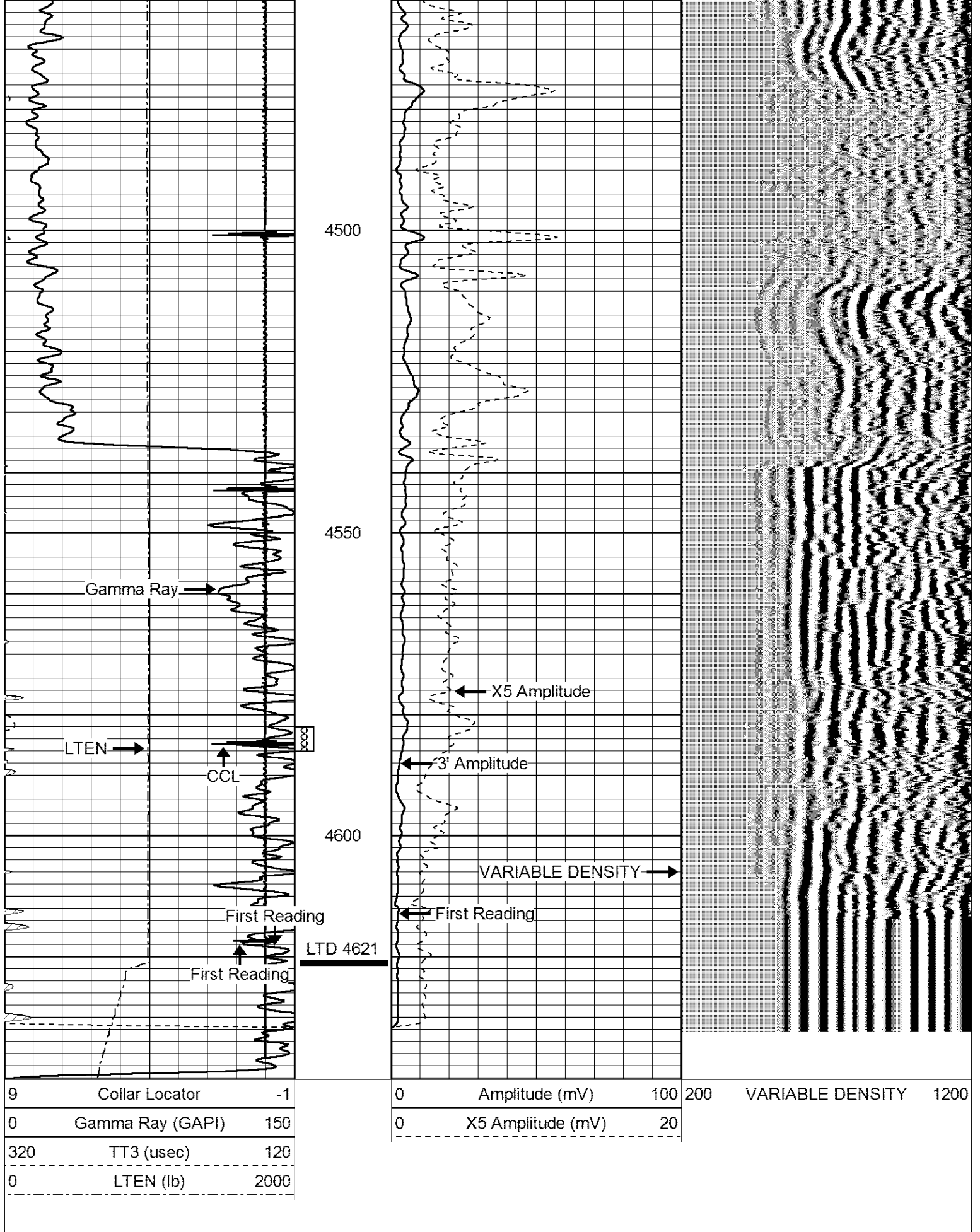
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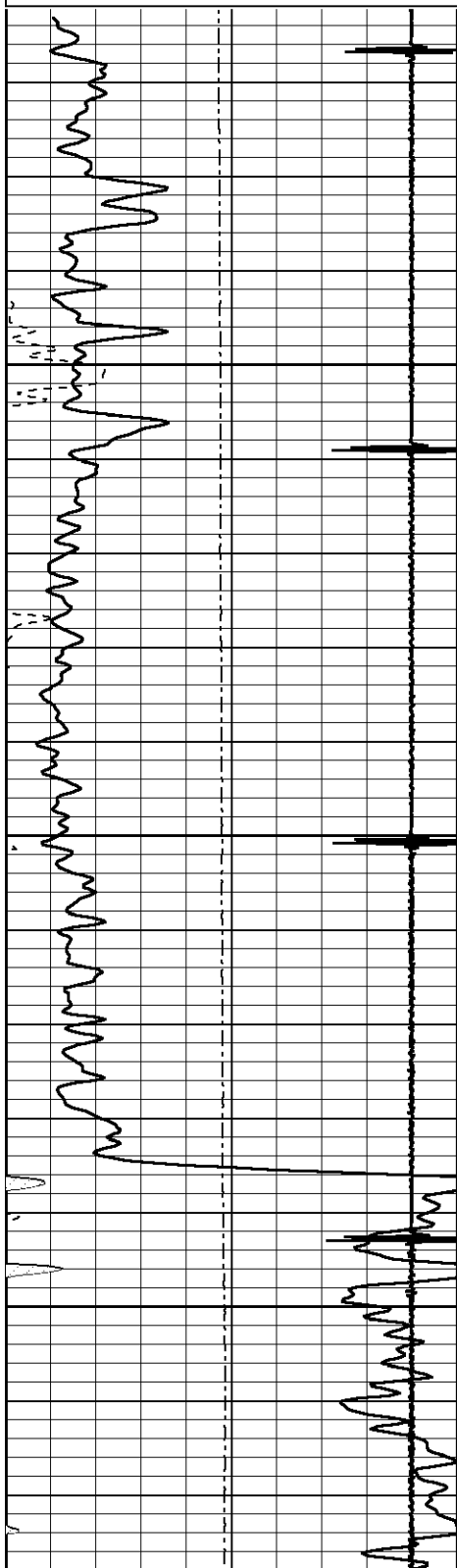




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320	TT3 (usec)	120
0	LTEN (lb)	2000

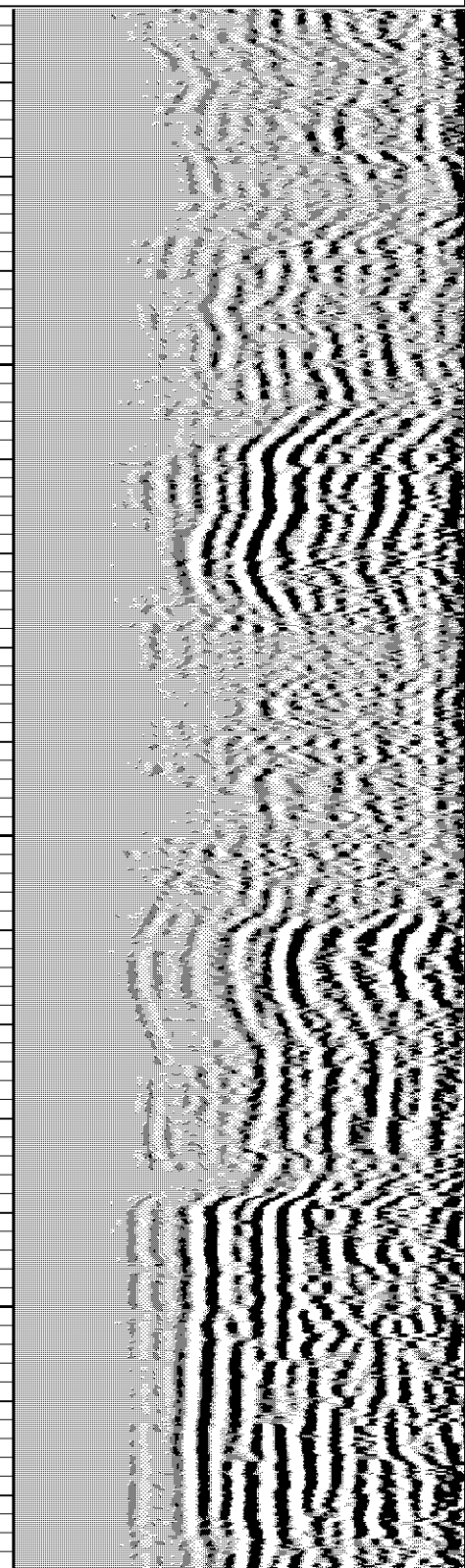
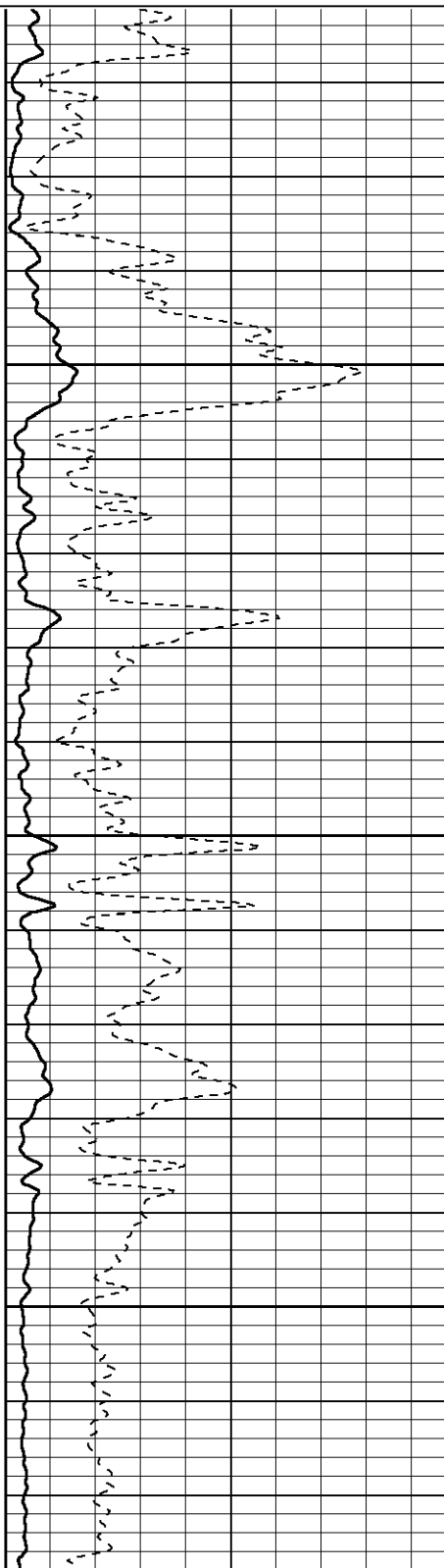
0	Amplitude (mV)	100	200	VARIABLE DENSITY	1200
0	X5 Amplitude (mV)	20			

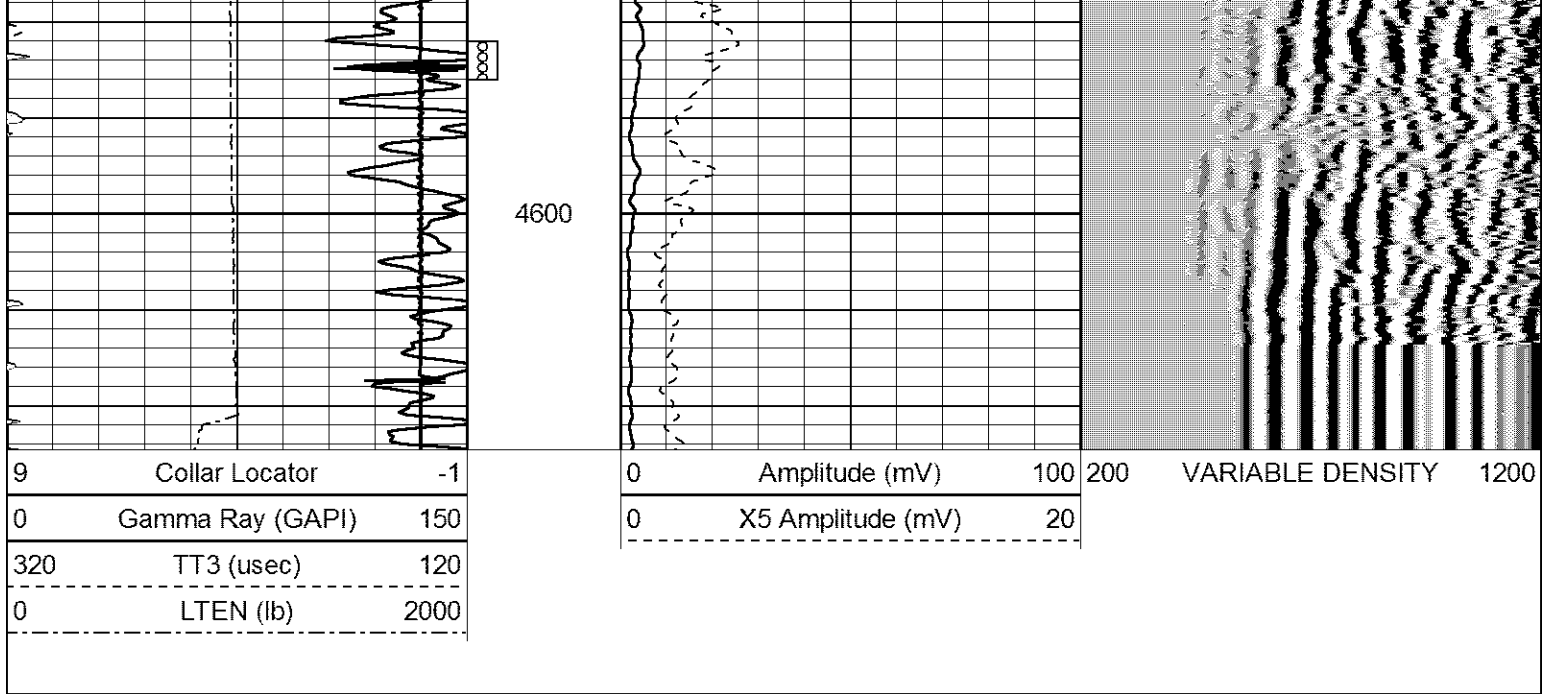


4450

4500

4550





Sensor	Offset (ft)	Schematic	Description	Len (ft)	OD (in)	Wt (lb)
			STNDRD Standard Cable Head	1.00	1.69	10.00
WVF3	8.76		CBL-probecbl (probecbl1) probe cbl	8.75	2.75	92.00
WVF5	7.76					

CCL	3.69		CCL-Probe (275) probe ccl	1.55	2.75	30.00
GR	0.90		GR-probegr (progr1) probe gamma ray	3.02	2.75	20.00

Dataset: bryant1.db: field/well/run1/pass6
 Total Length: 14.32 ft
 Total Weight: 152.00 lb
 O.D.: 2.75 in

