

KANSAS CORPORATION COMMISSION OIL & GAS CONSERVATION DIVISION

ORICHAL

Form ACO-1 September 1999 Form Must Be Typed

WELL COMPLETION FORM WELL HISTORY - DESCRIPTION OF WELL & LEASE

Operator: License # 4419	API No. 15 - 191-22433-00-00
Name: Bear Petroleum, Inc.	County: Sumner
Address: P.O. Box 438	CS/2_SE_SW_Sec. 7 Twp. 33 S. R. 1st ▼ East West
City/State/Zip: Haysville, KS 67060	feet from S / N (circle one) Line of Section
Purchaser: Coffeyville Resources	3300 feet from E)/ W (circle one) Line of Section
Operator Contact Person: Dick Schremmer	Footages Calculated from Nearest Outside Section Corner:
	(circle one) NE (SE) NW SW
Contractor: Name: Forrest Energy, LLC	Lease Name: McCartney Well #: 1-7
License: 33436	Field Name: Rome
Wellsite Geologist: Jim Phillips	Producing Formation: SIMPSON
	Elevation: Ground: 1218 Kelly Bushing: 1229
Designate Type of Completion: New Well Re-Entry Workover	Total Depth: 4259 Plug Back Total Depth: 4230
	Amount of Surface Pipe Set and Cemented at 225 Feet
· · · · · · · · · · · · · · · · · · ·	Multiple Stage Cementing Collar Used? ☐Yes ☑No
Gas ENHR SIGW	If yes, show depth setFeet
Dry Other (Core, WSW, Expl., Cathodic, etc)	If Alternate II completion, cement circulated from
If Workover/Re-entry: Old Well Info as follows:	feet depth tow/sx cmt.
Operator:	
Well Name:	Drilling Fluid Management Plan (Data must be collected from the Reserve Pit)
Original Comp. Date: Original Total Depth: Conv. to Entr /SWD	Chloride content 40 ppm Fluid volume 240 bbls
Deepening Re-perf Conv. to Enhr./SWD	Dewatering method used Trucked
Plug BackPlug Back Total Depth Commingled Docket No	
	Location of fluid disposal if hauled offsite:
Duck Completion	Operator Name: Bear Petroleum, Inc.
Other (SWD or Enhr.?) Docket No	Lease Name: Rusk License No.: 4419
9-19-04	Quarter NW Sec. 18 Twp. 33 S. R. 1 Fast West
Spud Date or Date Reached TD Completion Date or Recompletion Date	County: Sumner Docket No.: E-18663
Kansas 67202, within 120 days of the spud date, recompletion, workown Information of side two of this form will be held confidential for a period of 107 for confidentiality in excess of 12 months). One copy of all wireline logs TICKETS MUST BE ATTACHED. Submit CP-4 form with all plugged wells	
All requirements of the statutes, rules and regulations promulgated to regul	late the oil and gas industry have been fully complied with and the statements
herein are complete and correct to the best of my knowledge.	
Singapura // Colon Alban	KCC Office Use ONLY
President Parts 1-10-05	Letter of Confidentiality Received
Title: Date.	If Denied, Yes Date:
Subscribed and sworn to before me this 10th day of January	Wireline Log Received
20 05	Geologist Report Received
Notary Public Sharran Souland A SHANNON	
ALIA/AS SEED NOTARY PUBLIC -	
Date Commission Expires: 310/00 My Appt. Expires 318	

Operator Name: Bear Petroleum, Inc.				Name: M	cCartney		. Well #: 1-7		
ec. 7 Twp. 33		✓ East West		Sumne		*			
STRUCTIONS: Sho sted, time tool open mperature, fluid reco	w important tops ar and closed, flowing very, and flow rates	nd base of formations pe and shut-in pressures, v if gas to surface test, al nal geological well site re	whether sho long with fir	if-in pres	sure reached s	tatic level, riyulo	static pressure	o, bottom	
rill Stem Tests Taken		Yes ✓ No		√ Lo	g Formatio	n (Top), Depth a	nd Datum	∏ Sa	ample
(Attach Additional S		☐ Yes ✓ No		Name Top Cherokee 3598				atum 2369	
amples Sent to Geol	ogical Survey	☐ Yes ✓ No			ssippi		3790	-2	2561
ores Taken lectric Log Run (Submit Copy)		✓ Yes No			son Sand		4188	-2	959
ist All E. Logs Run:				•		Kansas C	RECEIVED ORPORATION C) Ommissio	M
Dual Compensa Log, Sonic Cen	nent Bond Log	n utron			. 1	AN 1 1 2	005		
CCL - Sonic Bo	od						NSERVATION DI WICHITA, KS	/1810 1 8	
** v _,	,	CASING Report all strings set-	RECORD	Ne Irface, inte		ion, etc.	AMCHING		
Purpose of String	Size Hole Drilled	Size Casing Weig Set (In O.D.) Lbs./		ght	Setting Depth	Type of Cement	# Sacks Used		and Percent dditives
	12 1/4	8 5/8"	24		266	common	225	3% cc	
	7 7/8"	5 1/2"	15.5		4251	common	200	18% sa	alt, 5% gel
					1555 05000				
		ADDITIONA			JEEZE RECORD		Parcent Additive		
Purpose:	Depth Top Bottom	Type of Cement	#Sacks	s Used	Type and Percent Additives 1% FL squeezed Simpson				
Protect Casing Plug Back TD	4190-96	common	25						
Plug Off Zone	4190-95	common	25		1% FL sque	eezed Simpso	n secona ur	ne	
Shots Per Foot	PERFORAT Specify	TION RECORD - Bridge Plu Footage of Each Interval Po	ugs Set/Type erforated)	Acid, Fra	acture, Shot, Ceme mount and Kind of I	nt Squeeze Reco	ord •	. Depth
1	4190-96 6' sque				Natural - al	l water			4190-96
4	4190-95 5' sque				250 gal DM	l Acid			4190-95
4	4190-4200 10'				250 gal DM	1 Acid			4190-420
TUBING RECORD 2	Size 7/8"	Set At 4200	Packer	At	Liner Run	Yes 7	No		
Date of First, Resume	rd Production, SWD or	Enhr. Producing M	lethod	Flowi	ng 📝 Pum	ping Gas	Lift 🔲 O	ther (Explai	
Estimated Production Per 24 Hours	Oil 2	Bbls. Gas	Mcf	wa 200	ater	Bbls.	Gas-Oil Ratio		Gravity 40
Disposition of Gas		COMPLETION		1	Production Int	erval			
□Vented □Sole		<u> </u>		erf.	Dually Comp.	Commingled	J		



 $\begin{array}{cccc} \textbf{FIELD} & & \\ \textbf{ORDER} & N^{\underline{o}} & 25125 \end{array}$

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

				316-524-1	225	DATE	11-	02	20 64	
	7	BEAR	PeTD	010	in	. DATE				_
IS AUTHORI	ZED BY:	BUAK	1017	(NAME OF CU		·				_
Address				_ City			•	State	<u> </u>	
To Treat Well As Follows:	Lease//	MC CARTN	ey	_ Well No	1-7		Customer C	Order No	 	
Sec. Twp. Range				_ County	Sumi	NER		_ State _	ks	
not to be held li implied, and no reatment is pay our invoicing de	able for any dar representations rable. There will partment in acc	consideration hereof it is nage that may accrue in have been relied on, as I be no discount allowed ordance with latest publi himself to be duly autho	connection with to what may be subsequent to s shed price sche	n said service of the results or such date. 6% edules.	or treatment. Confect of the seinterest will be	Copeland Acid ervicing or tre charged afte	l Service has ating said wel	made no rep I. The consid	resentation, exp deration of said	ressed or service or
	IST BE SIGNED	enter a servición de la composición de	N.	<u>, </u>	F control	. Bu			,	
SEFURE WORK	IS COMMENCED		Well Owner o	r Operator				Agen	t	
CODE	QUANTITY	,		DESCRIP	TION	· 		UNIT COST	AMOU	NT
7030	80	MILCAG	e ')	Pump	TRU	ick		200	200	2 00
11731	/ 1	Pump		ar 6e	•				800	00
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1/100		<u> </u>	· · · · · · · · · · · · · · · · · · ·						100	00
	25	Bulk Charge						mIN	100	00
400		Bulk Truck Miles						MIN	150	
	-	Process L	icense Fee o	<u> </u>		Gallons				
L						TOTAL B				
I certify t	hat the above	e material has been ection, supervision a	accepted ar	nd used; that If the owner.	t the above operator or	service wa r his agent	is performe , whose sig	ed in a goo nature ap	d and workm bears below.	anlike
	Representati	1/	CANT	7(3 - 11		,		4
,	i rebieseikati	V-17-10-1	WILL		•		•			
Station	· · · · · · · · · · · · · · · · · · ·	(21)	<u> </u>	-		Well	Owner, Operato	or or Agent	RECEIVE	D COMMISSIO
Remarks		· · · · · · · · · · · · · · · · · · ·		NET 00	DAVC	·	·	KANSA	S CORPORATION	
KEN'S #41801	•			NET 30	DAIS				JUL 162	2007



Squeez () Job 11-2-04

ACIU	Cemei			,			Acid Stag	e No
41	/	•	. 1		Type Treatment: Amt.	Com - Tolania	a . • a.	
Date / -(02 -0 g	Intrict 6	5 B	0. No.	BkdownBbl./Gal.	Type Fluid		Pounds of Sand
Company	Bea	R Pe	TROLLU	m	Bbl. /Gal.		****** ********************************	************************
Well Name & 2	No. M	c CAD	ANEY 1		Bbl. /Gal.			
Location			Field	······	Bbl. /Gal.			
CountyS.L	IMNE	_	State	KS	FlushBbl. /Gal.			
					Treated from			
Casing: Size	5 12	Туре & Wt		Set at	from			
Formation:	SIMP	SON	Pert4	190 10 94	from			
				to				
Formation:	• • • • • • • • • • • • • • • • • • • •	•••••••••••	Perf	to	Actual Volume of Oil/Water to La	oad Hole:		Bbl. /Gal
Liner: Size	Туре & W	t	Top atft	. Bottom atft.	Pump Trucks. No. Used: Std	Sp	Tw	in
				ft. toft.				
Tubing: Size &	wil d	18 6 W	Swung at	<u> </u>	Auxiliary Equipment Packer: Model	<u>L</u>	Set at	140 n
		•			Auxiliary Tools			
					Plugging or Sealing Materials: Ty	ре	•••••	
Open Hole Size	·	T.D		3. toft.				tb,
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Company R					Treater H. C.	CULT	<u> </u>	
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				PILIX	20 SRS COM	MON W/	1-1410	2055
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15:30				IRAVE	10 Jts 0N	Well	OVERN	IGHT
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FIELD	٠		_	
ORDER		No	251	21

BOX 438 • HAYSVILLE, KANSAS 67060

				316-524	-	DATE	10-	26.	20 04	
IS ALITHODIZ	ED BV:	BEAR	Poma	1011	m	DATE_	.,,,,		20	
Address					CUSTOMER)	-67		State		
To Treat Well As Follows: L	ease	Manage Bu	MCCART	NEY Well No.		A STATE OF THE STA	_ .	Order No		
Sec. Twp. Range				,	_	NER		_ State <u>Ł</u>	5	_
not to be held lia implied, and no r treatment is paya our invoicing dep	ble for any dan epresentations able. There will partment in acc	consideration hereof it is nage that may accrue in have been relied on, as be no discount allowed ordance with latest publi himself to be duly autho	connection with to what may be subsequent to su ished price sched	said service the results o uch date. 6% dules. s order for w	or treatment r effect of the 6 interest will ell owner or o	 Copeland Ac servicing or to be charged aft perator. 	id Service has eating said we er 60 days. To	made no repre ill. The conside ital charges are	sentation, express ration of said servi subject to correcti	sed or
THIS ORDER MUS BEFORE WORK IS		•				By			**	
			Well Owner or	Operator	 		· · · · · · · · · · · · · · · · · · ·	Agent		
CODE	QUANTITY			DESCRI	PTION			UNIT COST	AMOUNT	- 1
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4101		Pump	ChARG	e	10-	26		,	800 0	
1115		Pump	Char	.60_	10	-27			8000	
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		material has been ction, supervision a								ike
Copeland I	Representativ	10 A, G.	CURT	15					•	
Station		GB						<u></u>		
						Well	Owner, Operato	n Oi Agoile	ECEIVED PORATION COMMISS	 SION
Remarks_ KEN'S #41801	-			NET 30	DAYS			<u> </u>	. 1 6 2007	
			•			•		JUL	, 1 U ZUU1	



10 0	nV	1	p	25121	Type Treatment: Amt.	Type Fluid	Sand Size Pour				
Date 10 × 26	DI DI	strict	<i>O</i> F. o.	No. 25121	BkdownBbl. /Ga						
Company	EPA.	LPPT	ROLLU	m	Bbl. /Ga						
Well Name & N	·o//	1 C CA1	LTWEY	1-12	Bbl. /Gal						
Location			Field								
County	1mne	2	State	<u> </u>	FlushBbl. /Ga						
	r-1/				Treated from						
Casing: Size	0/2	Type & Wt		Set atft.	from						
				to	from	ft. to	ft. No. ft				
				to	Actual Volume of Oll/Water to	Load Moles		Bbt //tal			
				to	Actual Volume of Oil / Water to	Doad Fiore.					
				Bottom atft.	Pump Trucks. No. Used: Std	Sp	Twin				
				t. toft.	Auxiliary Equipment			<i>7</i>			
Tubing: Siva &	w 27/	8	Swung at		Packer: HD		Set at 4/4	<i>0</i>			
Lorfe	oveted from	0	ft. to	ft.	Auxiliary Tools						
7,611	oraced from				Plugging or Scaling Materials:	Туре					
Open Hole Size		T D	(1. Р.Н	. toft.			Cals.	th.			
Open Role size					h /						
Commence on	on worantati	۵			Treater A (CURT	15				
Company R		SURES	Total Fluid			DVG					
TIME a.m /p.m.	Tubing	Casing	Pumped		REMA	AARO					
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- •				Pill	10 Jts - P	RESSURE 1	10 2 5h	UTIL			
		 		1450	1/470	1 4414 11	all Alla	(110			



FIELD ORDER N

 $N^{\underline{o}} = 25072$

BOX 438 • HAYSVILLE, KANSAS 67060

		,	316-524-1225	DATE 10-	6	20 04
IS AUTHORI	ZED BY:	Boar Su	Trole ur			
Address					State	· · · · · · · · · · · · · · · · · · ·
To Treat Well As Follows:		MacArtry	_ Well No	Customer	Order No.	
Sec. Twp. Range		<i>V</i> .	County Sur	nmnos	State	1/5
not to be held I implied, and no treatment is pay our invoicing de	liable for any dai prepresentations yable. There will epartment in acc	consideration hereof it is agreed that Co mage that may accrue in connection with have been relied on, as to what may be be no discount allowed subsequent to s ordance with latest published price sche himself to be duly authorized to sign thi	said service or treatment. the results or effect of the s uch date. 6% interest will be dules.	Copeland Acid Service has ervicing or treating said we e charged after 60 days. To	s made no repre ell. The conside	sentation, expressed or ration of said service or
	UST BE SIGNED		r Operator	By	Agent	
CODE	QUANTITY	Well Owner o	DESCRIPTION		UNIT	AMOUNT
1/11/1	QUANTITY	<u></u>	DESCRIPTION		COST	22050
	72	1111 telege			200	8778
1607	1	THE THE	Fill 40 1	10.11.0		45.10
MM	1.	5/2 Centra	3 .	sur ju	55.11	330.00
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1/1/3	16.5				/ 12	16.1
700	100	Bulk Charge			1.00	100
1100	60	Bulk Truck Miles 4. 15	<u> </u>	Gallons	100	27,34
		Process License Fee or		TOTAL BILLING		
1 continue	hat the above	e material has been accepted an	d used; that the above		ed in a good	and workmanlike
manner i	under the dire	ection, supervision and control o	the owner, operator o	r his agent, whose si	gnature appe	ars below.
Copeland	l Representati	ve War	 (/.			RECEIVED
Station				Well Owner, Opera		S CORPORATION COMMISSION
Remarks	·····		NET 20 DAVE			JUL 1 6 2007
KEN'S #41801			NET 30 DAYS		c	ONSERVATION DIVISION



Manual	1 - Mol				Type Treatment: Amt.	Type Fluid	Sand Size 1'ou	
Date OT	0-04 Dis	trict	F. (). No	BkdownBbl. /Gal			
Company	Bear	gre 1 ra	yeurn.	177	Bbl. /Gal			
Well Name & N	۱o		NcCart	new /-/	Bbl. /Gal			
Location		·	Fleld	<i></i>	Bbl. /Gal			
			State		FlushBbl./Gal			
		\ · · · · · · · · · · · · · · · · · · ·			Treated from	t. to	ft. No. ft	•••••
Otem Plan		Type & Wt		Set atft.	from1	't. to	ft. No. ft	
				to	from	t. to	ft. No. ft	
Formation:			Pert	toto	Actual Volume of Oil/Water to Los	d Hole;		Bbl. /Gal.
					Pump Trucks. No. Used: Std		Turin	
				. Bottom atft.				
				ft. toft.	Auxiliary Equipment			
Tubing: Size &	Wtn	· · · · · · · · · · · · · · · · · · ·	Swung at	ft.	Packer			
Perf	orated from		ft. to	tt	Auxiliary Tools			
				. 54% 1	Plugging or Sealing Materials: Typ-	e		
Open Hole Size		. T. D	t. P.	B. toft.	1			tb.
Company R	epresentative				Treater		·	
	PRESS		Total Fluid		, , , , , , , , , , , , , , , , , , , ,			
TIME a.m/p.m.	Tubing	Casing	Pumped		REMAR	KS		· · · · · · · · · · · · · · · · · · ·
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7 95				DILLOCO	11011	16		
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:				13ft all	Ove Rully Bu:	34 /mg	PY'11 Back	COUT
:				Run	11 Pt landing a	toin!	4251 F	Z
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			,	fum D	18001 KC	Water.		
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-:-				7	Rank VOH 1	~ nc_	GONSERVATIO	
-				 	,		- West	- TW
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			 	7057	10	Join a C	J. / L MOI	<u> </u>
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Remarks

KEN'S #41801

FIELD ORDER

Nº 24685

			BOX 438 •	HAYSVILL 316-524-			9-1	9	20 04	
IS AUTHORIZ	ZED BY:	BEAR	Petz	eoce	um	DAIR	=		20	
				(NAME OF C	USTOMER)		•	State		
To Treat Well	9359 M	CARTNE	/	Well No	1-	7	Customer	Order No.		
Sec. Twp. Range	ease	- CAN TOO	J	County	Sun	INPR		State	KS	
CONDITIONS: not to be held li implied, and no treatment is pay	able for any dam representations able. There will partment in acco	onsideration hereof it is age that may accrue in have been relied on, as be no discount allowed ordance with latest publi himself to be duly autho	connection with to what may be t subsequent to su shed price sched	eland Acid S said service the results ouch date. 6% Jules.	ervice is to or treatme r effect of to interest w	o service or treent. Copeland the servicing of till be charged	eat at owners risk I Acid Service ha or treating said w I after 60 days. T	, the hereinbefor s made no repre ell. The conside otal charges are	e mentioned well sentation, expres ration of said ser	ssed o rvice o
THIS ORDER MU BEFORE WORK	ST BE SIGNED IS COMMENCED	The state of the s	Well Owner or	Operator		8	Зу	Agent	Property and the second	₹* *
CODE	QUANTITY			DESCRI	PTION			UNIT COST	TAUOMA	<u></u> -
11) 50	76	MILEAU	. P ,					250	190-	00
#121	1	Pump	Cha	060					500°	00
704	/	WOOD	en F	Pluc					75- 9	00
			. 1			· · · · · · · · · · · · · · · · · · ·				
7			·							
Hom	225	Caman	04/					715	1608.7	75
1/1/5	200	CALCUM	Chlor	ine.	3%	CC		25-00		0
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4)00	225	Bulk Charge				~ -		100	225	
1)11		Bulk Truck Miles	10.5TX	76n	= (803,7	TM	185	683,1	9_
		Process L	icense Fee or	1		Gallons				
				· · <u>_</u>		TOTA	L BILLING			
I certify t	hat the above	material has been	accepted an	d used; th	at the at	ove servic	e was perform	ned in a good	and workmar	nlike
•	under the dire	oction, supervision a	and control of	The owne	ii, opeiai	or or ms ay	gent, whose s	ignaturo appe	, 4.0 50.0	
•		/a B								
Station		<i>U</i>	· · · · · · · · · · · · · · · · · · ·			-	Well Owner, Opera		CEIVED	

NET 30 DAYS

JUL 1 6 2007

KANSAS CORPORATION COMMISSION



			· ·
•	0 01/		Type Treatment: Amt. Type Fluid Sand Size Pounds of San
Date 8-	19-04 District 6 B BCAR Pe	F. O. I	No. 24685 Bkdown Bbl. /Gal.
Company	ROAR PO	moleum	
Well Name &	NO MCCADTI	Vev / -	7
Location	» Mc CARTI	Fleld	Bbl. /Gal.
County 5	UMNER	State	FlushBbl. /Gal
	15/		Treated fromft. to
Casing: Size	8 // Type & Wt		Set atft. fromft. toft. No. ft.
			to.
	Type & Wt		
	ented: Yes/No. Perforated fr		
	٠ ٤ Wt		
	forated from		
			Plugging or Sealing Materials: Type
Open Hole Siz	e	ft. P.B.	to
Company I	Representative		Treater A, 6, CURTIS
TIME	PRESSURES	Total Fluid	REMARKS
a.m /p.m.	Tubing Casing	Pumped	REMARKS
15:00			ON LOCATION
/ <u>) </u>			
:			BREAK CIRCULATION W/ PUMPIRK.
:			
:			MIX 225 Common 390 CC
:			
:			DISPIACE COMENT
: .			
:			Plu6 down @ 1830
:			· •
:			CEMENT DID CRECULATE to SUNFACE.
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<u>:</u>		1	
		<u> </u>	TOR lamploto-
:		-	JOB Complete
<u>:</u>			
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<u>:</u>			1114110 900
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