

KANSAS CORPORATION COMMISSION  
OIL & GAS CONSERVATION DIVISION

ORIGINAL

Form ACO-1  
September 1999  
Form Must Be Typed

WELL COMPLETION FORM  
WELL HISTORY - DESCRIPTION OF WELL & LEASE

Operator: License # 4419  
Name: Bear Petroleum, Inc.  
Address: P.O. Box 438  
City/State/Zip: Haysville, KS 67060  
Purchaser: West Wichita Gas Gathering  
Operator Contact Person: Dick Schremmer  
Phone: (316) 524-1225  
Contractor: Name: Warren Drilling, LLC  
License: 33724  
Wellsite Geologist: Terry McLeod

Designate Type of Completion:  
 New Well  Re-Entry  Workover  
 Oil  SWD  SLOW  Temp. Abd.  
 Gas  ENHR  SIGW  
 Dry  Other (Core, WSW, Expl., Cathodic, etc)

If Workover/Re-entry: Old Well Info as follows:  
Operator: \_\_\_\_\_  
Well Name: \_\_\_\_\_

Original Comp. Date: \_\_\_\_\_ Original Total Depth: \_\_\_\_\_  
 Deepening  Re-perf.  Conv. to Enhr./SWD  
 Plug Back  Plug Back Total Depth  
 Commingled Docket No. \_\_\_\_\_  
 Dual Completion Docket No. \_\_\_\_\_  
 Other (SWD or Enhr.?) Docket No. \_\_\_\_\_

7-31-07	8-9-07	8-29-07
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 095-22110-0000  
County: Kingman  
SE    NW    SE    Sec. 18 Twp. 28 S. R. 5  East  West  
1650 feet from S N (circle one) Line of Section  
1650 feet from E W (circle one) Line of Section

Footages Calculated from Nearest Outside Section Corner:  
(circle one) NE SE NW SW  
Lease Name: Viney A Well #: 5  
Field Name: Broadway

Producing Formation: Mississippi  
Elevation: Ground: 1418 Kelly Bushing: 1423  
Total Depth: 3950 Plug Back Total Depth: 3995  
Amount of Surface Pipe Set and Cemented at 318 Feet  
Multiple Stage Cementing Collar Used?  Yes  No  
If yes, show depth set \_\_\_\_\_ Feet  
If Alternate II completion, cement circulated from \_\_\_\_\_  
feet depth to \_\_\_\_\_<sup>W</sup> \_\_\_\_\_ sx cmt.

Drilling Fluid Management Plan ATTN: 7-21-08  
(Data must be collected from the Reserve Pit)  
Chloride content 200 ppm Fluid volume 160 bbls  
Dewatering method used trucked

Location of fluid disposal if hauled offsite:  
Operator Name: Bear Petroleum, Inc.  
Lease Name: Viney A License No.: 4419  
Quarter SW Sec. 17 Twp. 28 S. R. 5  East  West  
County: Kingman Docket No.: D-28343

**INSTRUCTIONS:** An original and two copies of this form shall be filed with the Kansas Corporation Commission, 130 S. Market - Room 2078, Wichita, Kansas 67202, within 120 days of the spud date, recompletion, workover or conversion of a well. Rule 82-3-130, 82-3-106 and 82-3-107 apply. Information of side two of this form will be held confidential for a period of 12 months if requested in writing and submitted with the form (see rule 82-3-107 for confidentiality in excess of 12 months). One copy of all wireline logs and geologist well report shall be attached with this form. ALL CEMENTING TICKETS MUST BE ATTACHED. Submit CP-4 form with all plugged wells. Submit CP-111 form with all temporarily abandoned wells.

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.

Signature: \_\_\_\_\_  
Title: President Date: \_\_\_\_\_  
Subscribed and sworn to before me this 10th day of September  
20 07  
Notary Public: Shannon Howland  
Date Commission Expires: 3/10/08

**SHANNON HOWLAND**  
Notary Public - State of Kansas  
My Appt. Expires 3/10/08

**KCC Office Use ONLY**

Letter of Confidentiality Received  
 If Denied, Yes  Date: \_\_\_\_\_  
 Wireline Log Received  
 Geologist Report Received  
 UIC Distribution

**RECEIVED**  
KANSAS CORPORATION COMMISSION  
**SEP 14 2007**  
CONSERVATION DIVISION  
WICHITA, KS

Operator Name: Bear Petroleum, Inc. Lease Name: Viney A Well #: 5  
 Sec. 18 Twp. 28 S. R. 5  East  West County: Kingman

**INSTRUCTIONS:** Show important tops and base 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. Attach copy of all Electric Wireline Logs surveyed. Attach final geological well site report.

Drill Stem Tests Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(Attach Additional Sheets)</i>  Samples Sent to Geological Survey <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  Cores Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Electric Log Run <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(Submit Copy)</i>  List All E. Logs Run:  <b>Sonic Cement Bond, Dual Induction, &amp; Dual Compensated Porosity</b>	<input checked="" type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample  <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;">Name</td> <td style="width:20%;">Top</td> <td style="width:20%;">Datum</td> </tr> <tr> <td>Heebner Shale</td> <td>2749</td> <td>-1326</td> </tr> <tr> <td>Lansing</td> <td>3027</td> <td>-1604</td> </tr> <tr> <td>Hertha</td> <td>3371</td> <td>-1948</td> </tr> <tr> <td>Swope</td> <td>3398</td> <td>-1975</td> </tr> <tr> <td>Base KC</td> <td>3475</td> <td>-2052</td> </tr> <tr> <td>Miss Chert</td> <td>3818</td> <td>-2395</td> </tr> </table>	Name	Top	Datum	Heebner Shale	2749	-1326	Lansing	3027	-1604	Hertha	3371	-1948	Swope	3398	-1975	Base KC	3475	-2052	Miss Chert	3818	-2395
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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
Surface		8 5/8"		318	60/40	250	3% cc
Production		4 1/2"	10.5#	3932	60/40 poz	150	18% salt, 3/4% CFL117L
							3/4% C37L

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	#Sacks Used	Type and Percent Additives
<input type="checkbox"/> Perforate <input checked="" type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> Plug Off Zone	3150	common	80	None

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record (Amount and Kind of Material Used)	Depth
4	3868-70'		

TUBING RECORD	Size	Set At	Packer At	Liner Run <input type="checkbox"/> Yes <input type="checkbox"/> No
Date of First, Resumerd Production, SWD or Enhr.		Producing Method <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)		
Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio Gravity
NA	NA	NA	NA	

Disposition of Gas  Vented  Sold  Used on Lease *(If vented, Submit ACO-18.)*

METHOD OF COMPLETION  Open Hole  Perf.  Dually Comp.  Commingled  Other (Specify) \_\_\_\_\_

Production Interval \_\_\_\_\_

*Casing collapsed @ 3150'*

**RECEIVED**  
 KANSAS CORPORATION COMMISSION  
 SEP 14 2007  
 CONSERVATION DIVISION  
 WICHITA, KS



FIELD ORDER N° C 32465

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

DATE 8-01 2007

IS AUTHORIZED BY: BEAR PET  
(NAME OF CUSTOMER)

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

To Treat Well As Follows: Lease Viney A Well No. 5 Customer Order No. \_\_\_\_\_

Sec. Twp. Range \_\_\_\_\_ County KINGMAN 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
Pick up	60	Mileage	1.00	60.00
21101	60	Mileage	3.00	180.00
21100	1	Pump Charge		600.00
2051	30	Calcium Chloride	8.00	240.00
21000	250	60/40 P02	8.05	2012.50
21000	250	Bulk Charge	1.25	312.50
2111		Bulk Truck Miles 11T x 60M = 660 TM	1.10	726.00
		Process License Fee on _____ Gallons		
TOTAL BILLING				4131

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 Art C. Curtis  
Station OB

Dick  
Well Owner, Operator or Agent

RECEIVED  
KANSAS CORPORATION COMMISSION

Remarks \_\_\_\_\_

NET 30 DAYS

SEP 14 2007

CONSERVATION DIVISION  
WICHITA, KS

**TREATMENT REPORT**

Acid Stage No. ....

Date: 8-01-07 District: GB F. O. No.: e32465  
 Company: B CAR PETR  
 Well Name & No.: VINEY A-5  
 Location: \_\_\_\_\_ Field: \_\_\_\_\_  
 County: KINGMAN State: KS  
 Casing: Size: 8 5/8 Type & Wt. \_\_\_\_\_ Set at \_\_\_\_\_ ft.  
 Formation: \_\_\_\_\_ Perf. \_\_\_\_\_ to \_\_\_\_\_ to.  
 Formation: \_\_\_\_\_ Perf. \_\_\_\_\_ to \_\_\_\_\_ to.  
 Formation: \_\_\_\_\_ Perf. \_\_\_\_\_ to \_\_\_\_\_ 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. \_\_\_\_\_  
 from \_\_\_\_\_ ft. to \_\_\_\_\_ ft. No. ft. \_\_\_\_\_  
 from \_\_\_\_\_ ft. to \_\_\_\_\_ ft. No. ft. \_\_\_\_\_  
 Actual Volume of Oil/Water to Load Hole: \_\_\_\_\_ Bbl. /Gal. \_\_\_\_\_  
 Pump Trucks. No. Used: 320 Sp. \_\_\_\_\_ Twin \_\_\_\_\_  
 Auxiliary Equipment \_\_\_\_\_  
 Packer: \_\_\_\_\_ Set at \_\_\_\_\_ ft.  
 Auxiliary Tools \_\_\_\_\_  
 Plugging or Sealing Materials: Type \_\_\_\_\_

Company Representative: DICK Treater: A.G. CURTIS

TIME a.m /p.m.	PRESSURES		Total Fluid Pumped	REMARKS
	Tubing	Casing		
:				
:				
:				8 5/8 @ 323'
:				12 1/4 hole @ 325'
:				MIX 250 60/40 P02
:				Displace 19 Bbl's
:				Plug down @ 0500
:				Cement dub Cue
:				Job Complete
:				Thank You A.G. CURTIS

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KANSAS CORPORATION COMMISSION  
SEP 14 2007  
CONSERVATION DIVISION  
WICHITA, KS



FIELD ORDER N° C 031674

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

DATE 8-09 2007

IS AUTHORIZED BY: Bear Petroleum  
(NAME OF CUSTOMER)

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

To Treat Well As Follows: Lease Viney A Well No. 5 Customer Order No. \_\_\_\_\_

Sec. Twp. Range \_\_\_\_\_ County KINGMAN 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
<del>MILE</del>	60	MILEAGE Pickup	1 <sup>00</sup>	60 <sup>00</sup>
<del>MILE</del>	60	MILEAGE Pump Truck	3 <sup>00</sup>	180 <sup>00</sup>
<del>PUMP</del>	1	Pump Charge		1000 <sup>00</sup>
<del>ELE</del>	1	4 1/2 Wiper Plug		65 <sup>00</sup>
<del>HOV</del>	4	4 1/2 CENTRALIZERS	55 <sup>00</sup>	220 <sup>00</sup>
<del>MW</del>	1	4 1/2 Guide Shoe		175 <sup>00</sup>
<del>POZ</del>	150	60/40 Poz	8 <sup>00</sup>	1207 <sup>50</sup>
<del>FLU</del>	10	CFL117L Fluid loss	115 <sup>00</sup>	1150 <sup>00</sup>
<del>FRIC</del>	10	C-31L FRICTION Reducer	20 <sup>00</sup>	200 <sup>00</sup>
<del>SALT</del>	1500	SALT	.17	255 <sup>00</sup>
<del>VALVE</del>	1	INSERT FLOAT VALVE 4 1/2		110 <sup>00</sup>
<del>FILLUP</del>	1	AUTO FILLUP		50 <sup>00</sup>
<del>KCL</del>	2	KCL	22 <sup>50</sup>	45 <sup>00</sup>
<del>BATERCID</del>	5	BATERCID		112 <sup>50</sup>
<del>BULK</del>	150	Bulk Charge		187 <sup>50</sup>
<del>MILES</del>		Bulk Truck Miles 7.35Tx 60m = 441 TM	1 <sup>10</sup>	485 <sup>10</sup>
		Process License Fee on _____ Gallons		
		<b>TOTAL BILLING</b>		<b>5220<sup>10</sup></b>

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 A.G. CURTIS

Station 6B

Dick Schremmer  
Well Owner, Operator or Agent

Remarks \_\_\_\_\_

NET 30 DAYS

RECEIVED  
KANSAS CORPORATION COMMISSION

SEP 14 2007

CONSERVATION DIVISION  
WICHITA, KS





FIELD ORDER N<sup>o</sup> C 031982

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

DATE 8-15 2009

IS AUTHORIZED BY: Bear Petroleum Inc  
(NAME OF CUSTOMER)

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

To Treat Well \_\_\_\_\_  
As Follows: Lease Viney Well No. A# 5 Customer Order No. \_\_\_\_\_

Sec. Twp. \_\_\_\_\_  
Range \_\_\_\_\_ County Ringman 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
<u>4100</u>	<u>1</u>	<u>Pump Truck to squeeze</u>		<u>900</u>
<u>4101</u>	<u>80</u>	<u>80 x common</u>	<u>10.20</u>	<u>816.00</u>
<u>4101</u>	<u>40</u>	<u>Pump Truck miles</u>	<u>3-</u>	<u>120.00</u>
<u>4500</u>	<u>80</u>	<u>Bulk Charge</u>		<u>150.00</u>
<u>4501</u>	<u>40</u>	<u>Bulk Truck Miles 3.76</u>	<u>1.10</u>	<u>165.44</u>
		<u>Process License Fee on _____ Gallons</u>		
<b>TOTAL BILLING</b>				

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 \_\_\_\_\_

Station \_\_\_\_\_

Remarks \_\_\_\_\_

Well Owner, Operator or Agent **RECEIVED**  
KANSAS CORPORATION COMMISSION

**NET 30 DAYS**

**SEP 14 2007**

CONSERVATION DIVISION  
WICHITA, KS