



KANSAS CORPORATION COMMISSION 1098088
OIL & GAS CONSERVATION DIVISION

Form ACO-1
June 2009

Form Must Be Typed
Form must be Signed
All blanks must be Filled

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # 4419
Name: Bear Petroleum, LLC
Address 1: PO BOX 438
Address 2:
City: HAYSVILLE State: KS Zip: 67060 + 0438
Contact Person: R. A. (Dick) Schremmer
Phone: (316) 524-1225
CONTRACTOR: License # 33549
Name: Landmark Drilling, LLC
Wellsite Geologist: None
Purchaser: Coffeyville Resources

Designate Type of Completion:
 New Well Re-Entry Workover
 Oil WSW SWD SIOW
 Gas D&A ENHR SIGW
 OG GSW Temp. Abd.
 CM (Coal Bed Methane)
 Cathodic Other (Core, Expl., etc.):

If Workover/Re-entry: Old Well Info as follows:
Operator: Greenland Drilling Co.

Well Name: Viney #4
Original Comp. Date: 04/29/1955 Original Total Depth: 3905
 Deepening Re-perf. Conv. to ENHR Conv. to SWD
 Conv. to GSW
 Plug Back: _____ Plug Back Total Depth
 Commingled Permit #: _____
 Dual Completion Permit #: _____
 SWD Permit #: _____
 ENHR Permit #: _____
 GSW Permit #: _____

09/10/2012	09/14/2012	09/27/2012
Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date

API No. 15 - 15-095-01490-00-01
Spot Description:
NE NW NW Sec. 19 Twp. 28 S. R. 5 East West
4950 Feet from North / South Line of Section
4290 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Kingman
Lease Name: Viney D Well #: 4
Field Name: Broadway West
Producing Formation: Mississippi
Elevation: Ground: 1429 Kelly Bushing: 1437
Total Depth: 3944 Plug Back Total Depth: 3905
Amount of Surface Pipe Set and Cemented at: 183 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: 100 ppm Fluid volume: 120 bbls
Dewatering method used: Hauled to Disposal
Location of fluid disposal if hauled offsite:
Operator Name: Bear Petroleum LLC
Lease Name: Viney A License #: 4419
Quarter SW Sec. 17 Twp. 28 S. R. 5 East West
County: Kingman Permit #: D-28343

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

Letter of Confidentiality Received
Date: _____
 Confidential Release Date: _____
 Wireline Log Received
 Geologist Report Received
 UIC Distribution
ALT I II III Approved by: Deanna Garrison Date: 10/30/2012



1098088

Operator Name: Bear Petroleum, LLC Lease Name: Viney D Well #: 4
 Sec. 19 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 complete copy of all Electric Wire-line Logs surveyed. Attach final geological well site report.

Drill Stem Tests Taken <i>(Attach Additional Sheets)</i>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Log	Formation (Top), Depth and Datum	<input checked="" type="checkbox"/> Sample
Samples Sent to Geological Survey	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Name	Top	Datum
Cores Taken	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Miss Chert	3860	-2420
Electric Log Run	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	TD	3944	-2504
Electric Log Submitted Electronically <i>(If no, Submit Copy)</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
List All E. Logs Run:				
Dual Induction Log Compensated Density Neutron Log Dual Receiver Cement Bond Log				

CASING RECORD <input type="checkbox"/> New <input checked="" 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	8	24	183		200	
Production	7.875	4.5	10.5	3939	60/40 poz 2% ge	250	2100# salt

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	-			

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>	Depth
1	3867-3900	1680 gal 15% DSFE-NE Acid	3867-3900
		30,000 # sand	3867-3900

TUBING RECORD:	Size: <u>2.375</u>	Set At: <u>3884</u>	Packer At: <u>NA</u>	Liner Run: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date of First, Resumed Production, SWD or ENHR. <u>10/09/2012</u>	Producing Method: <input type="checkbox"/> Flowing <input checked="" type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other <i>(Explain)</i> _____			
Estimated Production Per 24 Hours	Oil Bbls. <u>4</u>	Gas Mcf <u>0</u>	Water Bbls. <u>200</u>	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 checked="" type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <i>(Submit ACO-5) (Submit ACO-4)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: <u>3867-3900</u>
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Cement long string

FIELD ORDER N° C 38671

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

DATE 9/13/12 20

IS AUTHORIZED BY: Bess Petroleum
(NAME OF CUSTOMER)
Address _____ City _____ State _____
To Treat Well As Follows: Lease Uincy Well No. 04 Customer Order No. _____
Sec. Twp. _____ Range _____ County Kingsman 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
	80	milesse pump truck	4. ⁰⁰ / ₁₀₀	320. ⁰⁰ / ₁₀₀
	80	milesse pickup	2. ⁰⁰ / ₁₀₀	160. ⁰⁰ / ₁₀₀
	1	Pump Cherge (Long string)		1,600. ⁰⁰ / ₁₀₀
	250	60/40 por. 2% sal.	9. ²⁵ / ₁₀₀	2,312. ⁵⁰ / ₁₀₀
	150	C-37	3. ⁷⁵ / ₁₀₀	562. ⁵⁰ / ₁₀₀
	2,100	Salt	.20	420. ⁰⁰ / ₁₀₀
	1,250	Gilsonite	.50	625. ⁰⁰ / ₁₀₀
	150	C-41p	3. ⁷⁵ / ₁₀₀	562. ⁵⁰ / ₁₀₀
	1	4 1/2" shoe w/ auto-fill		355. ⁰⁰ / ₁₀₀
	1	4 1/2" latch down plus & beffle		175. ⁰⁰ / ₁₀₀
	5	Centralizers	65. ⁰⁰ / ₁₀₀	325. ⁰⁰ / ₁₀₀
	2	Baskets	155. ⁰⁰ / ₁₀₀	310. ⁰⁰ / ₁₀₀
	600	B Mud-flush	.50	300. ⁰⁰ / ₁₀₀
	323	Bulk Charge	1. ²⁵ / ₁₀₀	403. ⁷⁵ / ₁₀₀
		Bulk Truck Miles 17.83 T x 80m = 1026.4 Tm x 1. ¹⁰ / ₁₀₀		1,129. ⁰⁰ / ₁₀₀
		Process License Fee on _____ Gallons		
		TOTAL BILLING		9,560.²⁹/₁₀₀

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.

Station G.B.

Dick
Well Owner, Operator or Agent

Remarks _____

NET 30 DAYS



TREATMENT REPORT

Acid Stage No.

Date: 9/13/12 District: G.B F. O. No.: (38671)
 Company: Beer Petroleum
 Well Name & No.: Uiney #
 Location: Field: Kingman State: KS
 Casing: Size: 4 1/2" Type & Wt. Set at: ft.
 Formation: Perf. to: ft.
 Formation: Perf. to: ft.
 Formation: Perf. to: ft.
 Liner: Size: Type & Wt. Top at: ft. Bottom at: ft.
 Cemented: Yes/No. Perforated from: ft. to: ft.
 Tubing: Size & Wt. Swung at: ft. to: ft.
 Perforated from: ft. to: ft.
 Open Hole Size: T.D. ft. P.U. to: ft.

Type Treatment: Amt. Type Fluid Sand Size Pounds of Sand
 Breakdown: 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: Std. 320 Sp. Twin
 Auxiliary Equipment: 327
 Packer: Set at: ft.
 Auxiliary Tools
 Plugging or Sealing Materials: Type

Company Representative: Dick Treater: Nathan W.

TIME a.m. (p.m.)	PRESSURES		Total Fluid Pumped	REMARKS
	Tubing	Casing		
6:00	-	4 1/2"		On location.
:				
:				TD = 3944'
:				Pipe = 3939'
:				L.S =
:				
:				Break - circulation w/ mud pump.
:				circulate for 30 min.
:				
:				Pump 600 gal. mud - flush
:				Plus Rat-Hole w/ 25 sks.
:				
:				Mix 225 sks. 00/40 per. 2% gel. 1 1/2% solt + 3/4% CR-2. 5#/sk. Gilsonite.
:				
:				Displace w/ 63 bbls @ 8 bpm @ 700 #
:				plus landed @ 1,000 #
11:30				Released. Flact Held.
:				
:				
:				Thank You!
:				Nathan W.