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KCC WICHITA

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

WELL COMPLETION FORM

WELL HISTORY - DESCRIPTION OF WELL & LEASE

Form ACO-1
June 2009

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

OPERATOR: License # 4419
Name: Bear Petroleum LLC
Address 1: P.O. Box 438
Address 2: _____
City: Haysville State: KS Zip: 67060 +
Contact Person: R. A. (Dick) Schremmer
Phone: (316) 524-1225
CONTRACTOR: License # 3004
Name: Gressel Oil Field Service LLC
Wellsite Geologist: None
Purchaser: None

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: Bear Petroleum LLC
Well Name: Krehbiel #1
Original Comp. Date: 6/29/32 Original Total Depth: 3373
 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 #: _____

Spud Date or Recompletion Date _____ Date Reached TD _____ Completion Date or Recompletion Date 12-7-12

API No. 15 - 079-00695-00-0102
Spot Description: _____
NE SE SW SW Sec. 19 Twp. 23 S. R. 3 East West
632 Feet from North / South Line of Section
4,026 Feet from East / West Line of Section
Footages Calculated from Nearest Outside Section Corner:
 NE NW SE SW
County: Harvey
Lease Name: Krehbiel Well #: 1
Field Name: Burrtton
Producing Formation: _____
Elevation: Ground: 1460 Kelly Bushing: _____
Total 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 cmf.

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 #: _____

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.

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.
Signature: _____
Title: President Date: 12-7-12

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: Dlg Date: 12/18/12

Operator Name: Bear Petroleum LLC Lease Name: Krehbiel Well #: 1
 Sec. 19 Twp. 23 S. R. 3 East West County: Harvey

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 <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 Electric Log Submitted Electronically <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If no, Submit Copy)</i> List All E. Logs Run:	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum <div style="text-align: right; font-weight: bold; font-size: 1.2em;"> RECEIVED DEC 10 2012 KCC WICHITA </div>
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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
Liner		4 1/2"	10.5	3240	60/40 poz 4%	425	
					Class A Common	215	

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 (Amount and Kind of Material Used)	Depth

TUBING RECORD: Size: Set At: Packer At: Liner Run: Yes No

Date of First, Resumed 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		

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> <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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FIELD ORDER Nº C 41736

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

DATE Dec 6 20 12

IS AUTHORIZED BY: Gene Ray (NAME OF CUSTOMER)

Address _____ City _____ State _____

To Treat Well _____
As Follows: Lease Keahbie Well No. 1 SWD Customer Order No. _____

Sec. Twp. _____
Range _____ County Harvey 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
	1	Pump chys for 1125		950 ⁰⁰
	425 sacks	60-40-4% Poz @ 9.69/sack		4118 ²⁵
	215 sacks	Class A Cem. @ 11.25/sack		2418 ⁷⁵
	5 gal	C-372 Friction Reducer @ 25 ⁰⁰ /gal		125 ⁰⁰
	3 1/2 hrs	Overage of 4 hrs min @ 100 ⁰⁰ /hr		350 ⁰⁰
	1 mile	1 way mileage @ 4 ⁰⁰ /mile		4 ⁰⁰
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	640 sacks	Bulk Charge @ 1.25/sack two trucks		800 ⁰⁰
	88.81	Bulk Truck Miles @ 1.10/mile min charge x 2 trucks 150 ea		300 ⁰⁰
		Process License Fee on _____ Gallons		
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 [Signature]

Station Burrton

Well Owner, Operator or Agent _____

Remarks _____

NET 30 DAYS



TREATMENT REPORT

Acid Stage No. 1

Date: 12-6-12 District: Beckton F. O. No. _____
 Company: Beckon
 Well Name & No.: Lechbid #1 SWD
 Location: _____ Field: _____
 County: Haskell State: Ka.
 Casing: Size _____ Type & Wt. _____ Set at _____ ft.
 Formation: _____ Perf. _____ to _____ ft.
 Formation: _____ Perf. _____ to _____ ft.
 Formation: _____ Perf. _____ to _____ ft.
 Liner: Size: 4 1/2 Type & Wt. _____ Top at: 545 ft. Bottom at: 3240 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.D. 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: 50 (Bbl./Gal.)
 Pump Trucks: No. Used: 325 Sp. _____ Twin _____
 Auxiliary Equipment: Bulk 322 + 310 T TT 132 + 321
 Packer: _____ Set at _____ ft.
 Auxiliary Tools _____
 Plugging or Sealing Materials: Type: 425 60-40-4% Poz
215 com. (Gals.) _____ (lb.)

Company Representative _____ Treater: Jay Bell

TIME a.m / p.m.	PRESSURES		Total Fluid Pumped	REMARKS
	Tubing	Casing		
1:00				On loc. TSA move truck around to rig up for use of both Bulk truck, non stop. Help run pipe
4:00				4 1/2 @ 3240' landing line
				Tie on 4 1/2 y plug injector. Hook up to water tank
				use salt water to load 4 1/2
		500	50 Bbl.	Casing loaded 5 RPM @ 500 #
			55 Bbl.	Stop pump 4 1/2 RPM @ 500 # Hook up to 321
				20 Bbl. water in tank w/ friction reducer start in mix
				1st Run 4.9 sack Slurry Start Down Hole
			19 Bbl.	Break circulation up around outside of 8 7/8
			30 Bbl.	125 sacks 60-40-4% / Friction reducer away start straight water mix
5:08		Var	60 Bbl.	3 RPM Var go to 4.9 sack mix
5:33		50 #	90 Bbl.	Just along pressure 425 sack Poz away start com mix
5:33		150	95 Bbl.	5.3 sack mix 2 1/2 RPM @ 150
5:42		300	120 Bbl.	2 1/2 RPM 300
5:55		450	160 Bbl.	2 1/2 RPM 450 Start enough water to finish Job
				Stop mixing 1 1/2 RPM @ Lemach Plug
6:05		500	118 Bbl.	Color up outside of 8 7/8 2 1/2 RPM @ 500
		700	16 Bbl.	light cement up outside 8 7/8 @ 2 1/2 RPM @ 700
		850 #	24 Bbl.	Good cement up inside 8 7/8 @ 2 RPM @ 850
		1100	32 Bbl.	Break circulation up inside 8 7/8 @ 2 RPM @ 1100
6:20		1200 #	40 Bbl.	Good cement up both sides 2 RPM @ 1200 Slow down to 1 1/2 RPM @ 1000
			53 Bbl.	1 RPM hard Plug to 1500 Shut in
6:45				Wash up back up last location

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