

ORIGINAL

STATE CORPORATION COMMISSION OF KANSAS  
OIL & GAS CONSERVATION DIVISION  
WELL COMPLETION FORM  
ACO-1 WELL HISTORY  
DESCRIPTION OF WELL AND LEASE

Operator: License # 4419

Name: Bear Petroleum, Inc.

Address Box 438

City/State/Zip Haysville, KS 67060

Purchaser: MacLaskey Crude & Peoples Natural Gas

Operator Contact Person: Dick Schremmer

Phone (316) 524-1225

Contractor: Name: Summit Drilling

License: 30141

Wellsite Geologist: None

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: D.R. Lauck Oil Co., Inc.

Well Name: Delp #2

Comp. Date 6/20/80 Old Total Depth 3915

Deepening  Re-perf.  Conv. to Inj/SWD  
Plug Back 3888' PBTB

Commingled Docket No. \_\_\_\_\_

Dual Completion Docket No. \_\_\_\_\_

Other (SWD or Inj?) Docket No. \_\_\_\_\_

9/3/93 9/4/93 9/13/93  
Spud Date Date Reached TD Completion Date

API NO. 15- 095-20967-00-01

County Kingman

NE - SW - SE - 18 Sec. 28 Twp. 5 Rge. X X E

1030 Feet from S/W (circle one) Line of Section

1650 Feet from E/W (circle one) Line of Section

Footages Calculatr' from Nearest Outside Section Corner:  
NE, SE, NW or SW (circle one)

Lease Name Viney Well # A-#2

Field Name Broadway West

Producing Formation Mississippi

Elevation: Ground 1235 KB 1241

Total Depth 3915 PBTB 3888

Amount of Surface Pipe Set and Cemented at 298 Feet

Multiple Stage Cementing of Cased Holes 7 Yes X No

If yes, show depth \_\_\_\_\_ Feet

If Alternative II completion, cement circulated from \_\_\_\_\_

feet depth to \_\_\_\_\_ sx cmt.

Drilling Fluid Management Plan REWORK 10-25-93  
(Data must be collected from the Reserve Pit)

Chloride content 4000 ppm Fluid volume 120 bbls

Dewatering method used Trucked

Location of fluid disposal if hauled offsite:

Operator Name Bear Petroleum, Inc.

Lease Name Graber SWD License No. 4419

NE Quarter Sec. 4 Twp. 27 S Rng. 6 E/W

County Kingman Docket No. CD-98319

INSTRUCTIONS: An original and two copies of this form shall be filed with the Kansas Corporation Commission, 200 Colorado Derby Building, 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 on 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 [Signature]  
Title President Name R.A. (Dick) Schremmer Date 9/17/93

Subscribed and sworn to before me this 17 day of September, 1993.

Notary Public [Signature]  
Name Debra K. Hill-Johnson  
Date Commission Expires April 15, 1995

K.C.C. OFFICE USE ONLY  
F  Letter of Confidentiality Attached  
C  Wireline Log Received  
C  Geologist Report Received NA  
Distribution  
 SWD/Rep  NGPA  
 Plug  Other (Specify)  
KCC  
DEBRA K. HILL JOHNSON  
NOTARY PUBLIC  
STATE OF KANSAS  
My Appl. Exp. Apr. 15 1995

Operator Name Bear Petroleum, Inc. Lease Name Viney Well # A-#2

Sec. 18 Twp. 28 Rge. 5  
 East  
 West

County Kingman

INSTRUCTIONS: Show important tops and base of formations penetrated. Detail all cores. Report all drill stem 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 during test. Attach extra sheet if more space is needed. Attach copy of log.

Drill Stem Tests Taken (Attach Additional Sheets.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Log	Formation (Top), Depth and Datum	<input 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	Brown Lime	2985 - 1564	
Electric Log Run (Submit Copy.)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Lans	3023 - 1602	
List All E.Logs Run:		Hertha	3372 - 1951	
Subteranean Logging		BKC	3476 - 2055	
Gamma Ray Neutron		Mississippi	3812 - 2391	
Cement Bond Log		Mississippi Chert	3820 - 2399	
		Mississippi DOL	3858 - 2437	
		RTD	3915 - 2494	
		LTD	3916 - 2495	

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 5/8"	24#	291			to surface
Production	7 7/8"	4 1/2"	10 1/2#	3914	40/60 Poz	175	2% gel 10% salt 6# Gilsonite 5/10ths

ADDITIONAL CEMENTING/SQUEEZE RECORD

Halad 322

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	Acid, Fracture, Shot, Cement Squeeze Record
	Specify Footage of Each Interval Perforated	(Amount and Kind of Material Used) Depth
One	3814' - 3816' - 3832' - 3834'	1000 gal. 15% M.A. 400 psi
20 holes total	13838' - 3840' - 3849' - 3851' - 3852'	2 1/2 bpm - retreat 2,000 gal.
	3853' - 3854' - 3856' - 3862' - 3864'	15% NE Acid with Balls
	3870' - 3872' - 3873'	5 1/2 bpm 750 psi

TUBING RECORD	Size 2 3/8"	Set At 3888'	Packer At NA	Liner Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Date of First, Resumed Production, SWD or Inj. 9/13/93 Producing Method  Flowing  Pumping  Gas Lift  Other (Explain)

Estimated Production Per 24 Hours	Oil 5 bbls.	Gas 70 Mcf	Water 15 Bbls.	Gas-Oil Ratio .07	Gravity 35
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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 3814' - 73'

CUSTOMER COPY



HALLIBURTON ENERGY SERVICES ORIGINAL

REMIT TO: P.O. BOX 951046 DALLAS, TX 75395-1046

INVOICE

INVOICE NO.	DATE
509511	09/04/1993

WELL LEASE NO./PROJECT		WELL/PROJECT LOCATION		STATE	OWNER
VINEY A-2		KINGMAN		KS	SAME
SERVICE LOCATION	CONTRACTOR	JOB PURPOSE		TICKET DATE	
PRATT	SUMMIT DRLO.	CEMENT PRODUCTION CASING		09/04/1993	
ACCT. NO.	CUSTOMER AGENT	VENDOR NO.	CUSTOMER P.O. NUMBER	SHIPPED VIA	FILE NO.
061610	R.A. SCHREMMER			COMPANY TRUCK	56071

BEAR PETROLEUM  
P. O. BOX 438  
HAYSVILLE, KS 67060-0438

DIRECT CORRESPONDENCE TO:  
OKLAHOMA TOWER  
210 WEST PARK AVENUE  
SUITE 2000  
OKLAHOMA CITY, OK 73102-5601

REFERENCE NO.	DESCRIPTION	QUANTITY	UM	UNIT PRICE	AMOUNT
PRICING AREA - MID CONTINENT					
000-117	MILEAGE	54	MI	2.75	148.50
		1	UNT		
001-016	CEMENTING CASING	3914	FT	1,455.00	1,455.00
		1	UNT		
030-016	CEMENTING PLUG SW ALUM TOP	4.5	IN	45.00	45.00
		1	EA		
018-315	MUD FLUSH	500	GAL	.65	325.00
40	CENTRALIZER 4-1/2 X 7 7/8 8.	3	EA	43.00	129.00
807.93004					
12A	GUIDE SHOE - 4 1/2" 8RD THD.	1	EA	95.00	95.00
825.201					
24A	INSERT FLOAT VALVE - 4 1/2" 8	1	EA	73.00	73.00
815.19101					
27	FILL-UP UNIT 4 1/2"-5"	1	EA	45.00	45.00
815.19113					
350	HALLIBURTON WELD-A	1	LB	14.50	14.50
890.10802					
504-136	CEMENT - 40/60 POZMIX STANDA	175	SK	5.68	994.00
508-291	GILSONITE BULK	1050	LB	.40	420.00
509-968	SALT	900	LB	.13	117.00
507-775	HALAD-322	73	LB	6.90	503.70
500-207	BULK SERVICE CHARGE	209	CFT	1.35	282.15
500-306	MILEAGE CMTG MAT DEL OR RETU	457.542	TMI	.95	434.66

INVOICE SUBTOTAL

5,081.51

DISCOUNT-(BID)  
INVOICE BID AMOUNT

914.65-  
4,166.86

\*-KANSAS STATE SALES TAX  
\*-PRATT COUNTY SALES TAX

122.00  
24.89

INVOICE TOTAL - PLEASE PAY THIS AMOUNT =====>

\$4,313.75

**RECEIVED**  
KANSAS CORPORATION COMMISSION  
SEP 18 1993  
CONSERVATION DIVISION  
WICHITA, KS

TERMS: If Customer does not have an approved open account with Halliburton, all sums due are payable in cash at the time of performance of services or delivery of equipment, products or materials. If customer has an approved open account, invoices are payable on the twentieth day after date of invoice. Customer agrees to pay interest on any unpaid balance from the date payable until paid at the highest lawful contract rate applicable, but never to exceed 18% per annum. In the event Halliburton employs an attorney for collection of any account, Customer agrees to pay attorney fees of 20% of the unpaid account, plus all collection and court costs.



CHARGE TO: *Beaumont Petroleum*  
 ADDRESS:  
 CITY, STATE, ZIP CODE:

COPY

TICKET

No.

509511 - 2

PAGE 1 OF 2

FORM 1906 R-12

1. SERVICE LOCATIONS <i>Beaumont Petroleum</i>	WELL/PROJECT NO. <i>01</i>	LEASE <i>W. 421</i>	COUNTY/PARISH <i>Beaumont</i>	STATE <i>TX</i>	CITY/OFFSHORE LOCATION	DATE <i>7-1-93</i>	OWNER <i>Beaumont</i>
2.	TICKET TYPE <input type="checkbox"/> SERVICE <input type="checkbox"/> SALES	NITROGEN JOB? <input type="checkbox"/> YES <input type="checkbox"/> NO	CONTRACTOR <i>Selmons 1211</i>	RIG NAME/NO.	SHIPPED VIA <i>WELLS</i>	DELIVERED TO	ORDER NO.
3.	WELL TYPE <i>01</i>	WELL CATEGORY <i>01</i>	JOB PURPOSE <i>OT</i>	WELL PERMIT NO.	WELL LOCATION <i>1110</i>		
4.	REFERRAL LOCATION	INVOICE INSTRUCTIONS					

PRICE REFERENCE	SECONDARY REFERENCE/ PART NUMBER	ACCOUNTING			TIME	DESCRIPTION	QTY.		U/M		UNIT PRICE	AMOUNT
		LOC	ACCT	DF								
<i>000-117</i>						MILEAGE	<i>54</i>	<i>MIL</i>	<i>1</i>	<i>MIL</i>	<i>2.75</i>	<i>148.50</i>
<i>001-016</i>						<i>Pump CHANGE</i>	<i>39</i>	<i>HR</i>	<i>3</i>	<i>HR</i>		<i>1455.00</i>
<i>030-016</i>						<i>Top Plug</i>	<i>1</i>	<i>EA</i>	<i>47</i>	<i>EA</i>		<i>47.00</i>
<i>018-315</i>						<i>Man Refresh</i>	<i>500</i>	<i>GM</i>			<i>.45</i>	<i>325.00</i>
<i>40</i>	<i>807 9 3004</i>					<i>Centralizers</i>	<i>3</i>	<i>EA</i>	<i>47</i>	<i>EA</i>	<i>4.93</i>	<i>129.00</i>
<i>12-A</i>	<i>825-201</i>					<i>Conc. Shot</i>	<i>1</i>	<i>EA</i>	<i>47</i>	<i>EA</i>		<i>47.00</i>
<i>24-A</i>	<i>815-19111</i>					<i>TRUSSER PLANT W/1111</i>	<i>1</i>	<i>EA</i>	<i>47</i>	<i>EA</i>		<i>7.30</i>
<i>27</i>	<i>815-19119</i>					<i>FULL 1/2 ASSEMBLY</i>	<i>1</i>	<i>EA</i>	<i>47</i>	<i>EA</i>		<i>47.00</i>
<i>350</i>	<i>810 10302</i>					<i>Man refresh</i>	<i>1</i>	<i>EA</i>				<i>14.00</i>

**LEGAL TERMS:** Customer hereby acknowledges and agrees to the terms and conditions on the reverse side hereof which include, but are not limited to, PAYMENT, RELEASE, INDEMNITY, and LIMITED WARRANTY provisions.

CUSTOMER OR CUSTOMER'S AGENT SIGNATURE: *X [Signature]*

DATE SIGNED: \_\_\_\_\_ TIME SIGNED: \_\_\_\_\_  A.M.  P.M.

do  do not require IPC (Instrument Protection).  Not offered

SUB SURFACE SAFETY VALVE WAS:  
 PULLED & RETURN  PULLED  RUN

TYPE LOCK	DEPTH	SURVEY	AGREE	UN-DECIDED	DIS-AGREE	PAGE TOTAL	
BEAN SIZE	SPACERS		OUR EQUIPMENT PERFORMED WITHOUT BREAKDOWN?				FROM CONTINUATION PAGE(S)
TYPE OF EQUALIZING SUB.	CASING PRESSURE		WE UNDERSTOOD AND MET YOUR NEEDS?				STATE CORPORATION COMMISSION
TUBING SIZE	TUBING PRESSURE	WELL DEPTH	OUR SERVICE WAS PERFORMED WITHOUT DELAY?			OCT 26 1993	
TREE CONNECTION	TYPE VALVE		WE OPERATED THE EQUIPMENT AND PERFORMED JOB CALCULATIONS SATISFACTORILY?			SUB-TOTAL	
			ARE YOU SATISFIED WITH OUR SERVICE? <input type="checkbox"/> YES <input type="checkbox"/> NO			APPLICABLE TAXES WILL BE ADDED ON INVOICE	
			<input type="checkbox"/> CUSTOMER DID NOT WISH TO RESPOND			OPERATION DIVISION Wichita, Kansas	

**CUSTOMER ACCEPTANCE OF MATERIALS AND SERVICES-** The customer hereby acknowledges receipt of the materials and services listed on this ticket

CUSTOMER OR CUSTOMER'S AGENT (PLEASE PRINT) <i>R A Schrammer</i>	CUSTOMER OR CUSTOMER'S AGENT (SIGNATURE) <i>X [Signature]</i>	HALLIBURTON OPERATOR/ENGINEER <i>[Signature]</i>	EMP #	HALLIBURTON APPROVAL
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JOB LOG FORM 2013 R-3

DATE RECEIVED: OCT 26 1993  
STATE CORPORATION COMMISSION  
CONSERVATION DIVISION  
Wichita, Kansas

CUSTOMER: [Blank] WELL NO.: A-2 LEASE: VINEY JOB TYPE: 4 1/2 Longstring

CHART NO.	TIME	RATE (BPM)	VOLUME (BBL) (GAL)	PUMPS		PRESSURE (PSI)		DESCRIPTION OF OPERATION AND MATERIALS
				T	C	TUBING	CASING	
								Called to [Blank]
								Drill out of Hole
								Rig up to Run 7/8 Casing
	1:20							START CASING in Hole
	1:27							CASING on Bottom D. 5111
	1:57:05							4.6% Cement Port
	1:57:25							BREAK CIRCULATION
	1:57:30							FINISH CIRCULATING
								Hook to HOSES
								CEMENT IS [Blank]
	11:50	1	0			500		START Pumping MUD Flush
	1:55	1	12			20		FINISH Pumping MUD Flush
	1:55	1	0			40		START Pumping CEMENT
	1:57	1	11.5			200		FINISH Pumping CEMENT
								WASH OUT [Blank] & LINES
								Plug
	11:41		0			40		START DISPLACEMENT
	1:59		61.9			100		Plug DOWN
								FLOAT HELD
	17:53		7					J [Blank]

Thank you  
Will [Blank]  
Ding

**JOB SUMMARY**

HALLIBURTON DIVISION

HALLIBURTON LOCATION

BILLED ON TICKET NO.

**WELL DATA**

FIELD \_\_\_\_\_ SEC. \_\_\_\_\_ TWP. \_\_\_\_\_ RNG. \_\_\_\_\_ COUNTY \_\_\_\_\_

FORMATION NAME \_\_\_\_\_ TYPE \_\_\_\_\_  
 FORMATION THICKNESS \_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_  
 INITIAL PROD: OIL \_\_\_\_\_ BPD. WATER \_\_\_\_\_ BPD. GAS \_\_\_\_\_ MCFD  
 PRESENT PROD: OIL \_\_\_\_\_ BPD. WATER \_\_\_\_\_ BPD. GAS \_\_\_\_\_ MCFD  
 COMPLETION DATE \_\_\_\_\_ MUD TYPE \_\_\_\_\_ MUD WT. \_\_\_\_\_  
 PACKER TYPE \_\_\_\_\_ SET AT \_\_\_\_\_  
 BOTTOM HOLE TEMP. \_\_\_\_\_ PRESSURE \_\_\_\_\_  
 MISC. DATA \_\_\_\_\_ TOTAL DEPTH \_\_\_\_\_

	NEW USED	WEIGHT	SIZE	FROM
CASING				
LINER				
TUBING				
OPEN HOLE				
PERFORATIONS				
PERFORATIONS				
PERFORATIONS				

RECEIVED  
 STATE CORPORATION COMMISSION  
 OCT 26 1993  
 CONSERVATION DIVISION  
 WICHITA, KANSAS

**JOB DATA**

**TOOLS AND ACCESSORIES**

TYPE AND SIZE	QTY.	MAKE
FLOAT COLLAR		
FLOAT SHOE		
GUIDE SHOE		
CENTRALIZERS		
BOTTOM PLUG		
TOP PLUG		
HEAD		
PACKER		
OTHER		

CALLED OUT	ON LOCATION	JOB STARTED	JOB COMPLETED
DATE _____	DATE _____	DATE _____	DATE _____
TIME _____	TIME _____	TIME _____	TIME _____

**PERSONNEL AND SERVICE UNITS**

NAME	UNIT NO. & TYPE	LOCATION

**MATERIALS**

TREAT. FLUID \_\_\_\_\_ DENSITY \_\_\_\_\_ LB/GAL. API  
 DISPL. FLUID \_\_\_\_\_ DENSITY \_\_\_\_\_ LB/GAL. API  
 PROP. TYPE \_\_\_\_\_ SIZE \_\_\_\_\_ LB.  
 PROP. TYPE \_\_\_\_\_ SIZE \_\_\_\_\_ LB.  
 ACID TYPE \_\_\_\_\_ GAL. \_\_\_\_\_ %  
 ACID TYPE \_\_\_\_\_ GAL. \_\_\_\_\_ %  
 ACID TYPE \_\_\_\_\_ GAL. \_\_\_\_\_ %  
 SURFACTANT TYPE \_\_\_\_\_ GAL. \_\_\_\_\_ IN.  
 NE AGENT TYPE \_\_\_\_\_ GAL. \_\_\_\_\_ IN.  
 FLUID LOSS ADD. TYPE \_\_\_\_\_ GAL.-LB. \_\_\_\_\_ IN.  
 GELLING AGENT TYPE \_\_\_\_\_ GAL.-LB. \_\_\_\_\_ IN.  
 FRIC. RED. AGENT TYPE \_\_\_\_\_ GAL.-LB. \_\_\_\_\_ IN.  
 BREAKER TYPE \_\_\_\_\_ GAL.-LB. \_\_\_\_\_ IN.  
 BLOCKING AGENT TYPE \_\_\_\_\_ GAL.-LB. \_\_\_\_\_  
 PERFPAC BALLS TYPE \_\_\_\_\_ QTY. \_\_\_\_\_  
 OTHER \_\_\_\_\_  
 OTHER \_\_\_\_\_

DEPARTMENT \_\_\_\_\_  
 DESCRIPTION OF JOB \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

JOB DONE THRU: TUBING  CASING  ANNULUS  TBG./ANN.

CUSTOMER REPRESENTATIVE **X** \_\_\_\_\_

HALLIBURTON OPERATOR \_\_\_\_\_ COPIES REQUESTED \_\_\_\_\_

**CEMENT DATA**

STAGE	NUMBER OF SACKS	CEMENT	BRAND	BULK SACKED	ADDITIVES	YIELD CU.FT./SK.	MIXED LBS./GAL.
	1.15						

**PRESSURES IN PSI**

CIRCULATING \_\_\_\_\_ DISPLACEMENT \_\_\_\_\_  
 BREAKDOWN \_\_\_\_\_ MAXIMUM \_\_\_\_\_  
 AVERAGE \_\_\_\_\_ FRACTURE GRADIENT \_\_\_\_\_  
 SHUT-IN: INSTANT \_\_\_\_\_ S-MIN \_\_\_\_\_ 15-MIN. \_\_\_\_\_  
 HYDRAULIC HORSEPOWER \_\_\_\_\_  
 ORDERED \_\_\_\_\_ AVAILABLE \_\_\_\_\_ USED \_\_\_\_\_  
 AVERAGE RATES IN BPM \_\_\_\_\_  
 TREATING \_\_\_\_\_ DISPL. \_\_\_\_\_ OVERALL \_\_\_\_\_  
 CEMENT LEFT IN PIPE \_\_\_\_\_  
 FEET \_\_\_\_\_ REASON \_\_\_\_\_

**SUMMARY**

**VOLUMES**

PRESLUSH: BBL.-GAL. \_\_\_\_\_ TYPE \_\_\_\_\_  
 LOAD & BKDN: BBL.-GAL. \_\_\_\_\_ PAD: BBL.-GAL. \_\_\_\_\_  
 TREATMENT: BBL.-GAL. \_\_\_\_\_ DISPL: BBL.-GAL. \_\_\_\_\_  
 CEMENT SLURRY: BBL.-GAL. \_\_\_\_\_  
 TOTAL VOLUME: BBL.-GAL. \_\_\_\_\_

**RAMARKS**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

CUSTOMER \_\_\_\_\_  
 LEASE \_\_\_\_\_  
 WELL NO. \_\_\_\_\_  
 JOB TYPE \_\_\_\_\_  
 DATE \_\_\_\_\_

